ALDACTONE

Substance: spironolactone
Trade Names:test
Aldactacine 40 comp 25 mg tab.; Searle ES
Aldactone 25, 50, 100 mg tab; Searle S, PT, FI, DK, ES, FR, CH, NL, U.S. Mexico,
Aldactone 25, 50 mg drg.; Boehringer G, A
Aldactacine 40 comp 25 mg tab.; Searle ES
Aldactone 25, 50, 100 mg tab; Searle S, PT, FI, DK, ES, FR, CH, NL, U.S. Mexico,
Aldactone 25, 50 mg drg.; Boehringer G, A
Aldactone 100 mg cap.; Boehringer G, A
Aldactone 100 mg tab.; Searle GR, ES
Aldopur 5 0, 100 mg drg.; Hormosan G
Aquareduct (o.c.) 50, 100 mg tab.; Azupharma G
Deverol 50 mg tab.; Waldheim A
Duraspiron 5 0, 100 mg tab.; Durachemie G
Jenaspiron 5 0, 100 mg tab.; Jenapharm G
Osyrol 50, 100 mg tab; Hoechst G
Spiractone 25, 100 mg tab.; Elvipi GR
Spiresis 25, 50, 100 mg tab.; Lkefarmos FI
5pirldon 25, 100 mg tab.; Orion FI
Spirix 25, 50, 100 mg tab.; Benzon FI, NO; Nycomed DK
Spiroctan 25, 50 mg drg.; Boehringer CH
Spiroctan 100 mg cap.; Boehringer CH
Spirohexal 100 mg tab.; Hexal Pharma A
Spirolang 25, 50, 100 mg cap.; Sit I
Spirolone 25 mg tab.; Berk CZ
Spiron 25, 100 mg tab.; Ercopharm DK
Spirono-ISIS 50/100 50, 100 mg tab.; ISIS Pharma G
Spironolacton dumex 50, 100 mg tab.; Dumex NL
Spironolacton Heumann 50, 100 mg tab.; Heumann G
Spironolacton mp 25, 50 mg, tab.; MP NO
Spironolacton Stada 50, 100 mg tab.; Stadapharm G (o.c.)
Spironolacton-- ratiopharm(o.c.) 50, 100 mg. tab.; ratiopharm G
Spironolactone scher 50, 75 mg tab.; Scher FR
Spironolactone (o.c.) 50, 100 mg tab.; Lederle U.S.
Spironolactone (o.c.) 50, 100 mg tab.; Geneva U.S.
Spironolactone (o.c.) 50, 100 mg tab.; Warner Chilcott U.S.
Spironolactone 25 mg tab.; Mylan U.S.
Spironolactonum gf 25, 50, 100 mg tab.; Gf NL
Spironolactonum pharbita. 25, 50, 100 mg tab.; Pharbita NL
Spironolakton Bota 25, 5 0, 100 mg tab.; Bota S
Spironolakton Fermenta 50, 100 mg tab. Fermenta S

Spironolakton NM Parma 25, 50, 100 mg tab.; NM Pharma S
Spiro-Tablinen (o.c.) 100 mg tab.; Sanorana G
Spiro-Tablinen- Tabletten 100 mg tab.; Wenig A
Verospiron 25 mg tab.; Hormosan G
Verospiron 50, 100 mg cap. Hormosan G
Verospiron 25 mg tab.; Gedeon Richter HU, CZ

Remark: Internationally, numerous other compounds containing the substance spironolactone are available. Due to limited space they are not listed here.

Aldactone is a diuretic and belongs to the subgroup of potassium--sparing diuretics. Aldactone is an aldosterone antagonist. It influ-ences the body's own hormone, aldosterone, which accelerates the excretion o potassium and reduces the excretion of sodium and water. Simplified, aldosterone regulates the endogenous water household. The higher the aldosterone level, the more water is stored in the body. The use of Aldactone results in a significant reduction in the aldosterone level so that an increased excretion of sodium and water occurs while, at the same time, potassium is reabsorbed. This also explains why Aldactone is called a potassium-sparing diuretic since it does not cause a loss of potassium like thiazides and furosemides (lasix) do. Athletes must strictly observe that during the use of Aldactone no additional potassium is taken since this would cause a life-threatening increase in the serum potassium level. Potassium--sparing diuretics have relatively low diuretic effects so that Aldactone can be called a mild diuretic. It is interesting to note that Aldactone is also an antiandrogen since it reduces the androgen level. Female athletes take advantage of this characteristic by using it to minimize the virilization symptoms during steroid treatment or the symptoms after treatment. For this purpose Aldactone is normally taken daily for 10 to14 days, usually in a dose of 50 mg/day. In men this could cause problems since the relationship of the androgen level to the estrogen level changes in favor of the latter. Thus, common side effects in men include pain in the nipples and breast swelling (gynecomastia).

Bodybuilders use Aldactone almost exclusively during the last week before a competition. Since this causes neither a dramatic nor an immediately noticeable draining effect, it is usually taken over 5-6 days in a dosage of 2 tablets of 50 mg daily. Both male and female athletes take it. The main problems in men consist of gynecomastia and possible impotence. Other side effects can be low blood pressure, muscle spasms, dizziness, gastrointestinal pain, vomiting, irregular pulse rate, and fatigue.

Aldactone by Boehringer Mannheim of Germany is often found on the black market. A package contains 50 dragees of 50 mg each and costs approx. $30 on the black market. There are currently no Aldactone fakes available.

ANABOLICUM VISTER

Substance: quinbolone
Trade Names:
Anabolicum Vister 10 mg cap.; Parke Davis Italy
Anabolicum Vister drops; Parke Davis Italy

Anabolicum Vister is an oral steroid produced only in Italy. It is administered in an unusual form since it is either taken as a capsule or in drops. The latter type of administration is not used by athletes. In schools of medicine Anabolicum Vister is used primarily in treating of the elderly, in particular women after menopause, and for the treatment of general diseases and symptoms of old age. This is due to the fact that Anabolicum Vister is a very weak androgenic steroid which is well-tolerated. It has mainly an anabolic effect which stimulates the protein synthesis and has the welcome characteristic that it only slightly aromatizes. It also causes only a low retention of water and salt. In addition, the substance is not I 7-alpha alkalifying and consequently, not liver-toxic. However, all these positive characteristics make Anabolicurn Vister a very weak steroid which does not help athletes achieve significant improvements. Women, older athletes, and steroid novices may gain some advantages while the more advanced will be disappointed by its effect. Men usually need very high doses in the range of 80-120 mg/day to feel anything at all, while some women react with a small muscle gain and a nice strength gain by taking only 30-40 mg/day. As mentioned earlier, the side effects are minimal and usually occur in persons taking high doses and showing sensitivity to the androgenic residual effect. Thirty capsules come in a glass bottle with a screw cap, pack-aged in a matching box. Anabolicum Vister is rarely found on the black market since there are very few requests from athletes.

Substance: oxymetholone
Trade Names:
Anadrol 50 50 mg tab.; Syntex U.S.

Anadrol 50 is the strongest and, at the same time, also the most effective oral steroid. The compound has an extremely high andro-genic effect which goes hand in hand with an extremely intense anabolic component. For this reason, dramatic gains in strength and muscle mass can be achieved in a very short time. An increase in body weight of 10 - 15 pounds or more in only 14 days is not un-usual. Water retention is considerable, so that the muscle diameter quickly increases and the user gets a massive appearance within record time. Since the muscle cell draws a lot of water, the entire muscle system of most athletes looks smooth, in part even puffy. Anadrol does not cause a qualitative muscle gain but rather a quan-titative one which in the off-season is quite welcome. Anadrol "lu-bricates" the joints since water is stored there as well. On the one hand this is a factor in the enormous increase of strength and, on the other hand, it allows athletes with joint problems a painless workout. Powerlifters in the higher weight classes are sold on Anadrol. A strict diet, together with the simultaneous intake of Nolvadex and Proviron, can significantly reduce water retention so that a distinct increase in the solid muscles is possible. By taking Anadrol the athlete experiences an enormous "pump effect" during the workout in the exercised muscles. The blood volume in the body is significantly elevated causing a higher blood supply to the muscles during workout. Anadrol increases the number of red blood cells, allowing the muscle to absorb more oxygen. The muscle thus has a higher endurance and performance level. Consequently, the athlete can rely on great power and high strength even after several sets. The highly androgenic effect of Anadrol stimulates the regeneration of the body so that the often-feared "overtraining" is unlikely. Although Anadrol is not a steroid used in preparation for a compe-tition, it does help more than any other steroid during dieting to maintain the muscle mass and to allow an intense workout. Many bodybuilders therefore use it up to about one week before a compe-tition, solving the problem of water retention by taking antiestrogens and diuretics so that they will appear bulky and hard when in the limelight.

As for the dosage, opinions differ. A dosage sufficient for any athlete would be 0,5 - 0,8 mg per pound of body weight/day. This corresponds to 1-4 tablets; i.e. 50-200 mg/day. Under no circumstances should an athlete take more than four tablets in any given day. We are of the opinion that a daily intake of three tablets should not be exceeded. Those of you who would like to try Anadrol 50 for the first time should begin with an intake of only one 50 mg tablet. After a few days or even better, after one week, the daily dosage can be increased to two tab-lets, one tablet each in the morning and evening, taken with meals. Athletes who are more advanced or weigh more than 220 pounds can increase the dosage to 150 mg/day in the third week. This dos-age, however, should not be taken for periods longer than two to three weeks. Anadrol 50 should not exceed six weeks. After discontinuing Anadrol, it is important to continue ste-roid treatment with another compound since, otherwise, a drastic reduction takes place and the user, as is often observed, within a short period looks the same as before the treatment. No other ana-bolic/androgenic steroid causes such a fast and drastic loss in strength and mass as does Anadrol 50. Athletes continue their treatment with injectable testosterone such as

Sustanon 250 or Testosterone enanthate for several weeks. Body-builders often combine Anadrol with Deca-Durabolin or Testoster-one to build up strength and mass. A very effective stack which is also favored by professionals consists of Anadrol 100 mg +/day, Parabolan 228 mg +/week, and 5ustanon 500 mg +/week. This stack quickly improves strength and mass but it is not suitable for and steroid novices. Anadrol 50 is to be taken seriously and the prevailing bodybuilder mentality "more is bet-ter" is out of place.

Anadrol 50 is unfortunately also the most harmful oral steroid. Its intake can cause many considerable side effects. Since it is I 7-alpha alkylated it is very liver-toxic. Most users can expect certain pathological changes in their liver values after approximately one week. An increase in liver values of both the enzymes GOT and GPT also called transaminases, often cannot be avoided. Elevated GOT and GPT values are indications of hepatitis, i.e. a liver infection. Those who discontinue oxymetholone will usually show normal values within two months. Longer intake and/or higher doses can cause a yellow discoloration of fingernails, eyes, or skin 0aundice). This is because oxymetholone induces an increase of biliburin in the liver, producing a bile pigment which causes the yellow discoloring of the skin. The liver enzyme gamma-GT also reacts sensitively to the oxymetholone, causing it to elevate. If high dosages of Anadrol 50 are taken over a long period, there is an increased risk that the de-scribed liver changes could end up damaging the liver. During the intake of Anadrol 50, the liver values, GOT, GPT, bilirubin, gamma--GT and alkaline phosphatase (AP), as well as the LDH/HBDH quo-tient, should always be checked by a competent physician. Anadrol 50 (representing all oxymetholone-containing steroid products) is the only anabolic/androgenic steroid which was linked with liver cancer.

The compound oxymetholone easily converts into estrogen. This causes signs of feminization (e.g. gynecomastia) and the already -mentioned water retention which in turn requires the intake of antiestrogens (e.g. Nolvadex and Proviron) and an increased use of diuretics (e.g. Lasix) before a competition. The increased water retention, in addition to the aesthetical problems, can be further detrimental since it may cause high blood pressure. In extreme cases the intake of an anti-hypertensive drug, e.g. Catapresan, may be necessary. Oxymetholone doesn't convert to DHT. However, it is a potent androgen. Bodybuilders who experience severe steroid acne caused by Anadrol can get this problem under control by using the prescription drug Accutane.

Other possible side effects may include headaches, nausea, vomiting, stomach aches, lack of appetite, insomnia, and diarrhea. The athlete can expect a feeling of "general indisposition" with the in-take of Anadrol which is completely in contrast to Dianabol which conveys a "sense of well-being". The increased aggressiveness is caused by the resulting high level of androgen and occurs mostly when large quantities of testosterone are "shot" simulta-neously with the Anadrol. The body's own production of testoster-one is considerably reduced since Anadrol has an inhibiting effect on the hypothalamus, which in turn completely reduces or stops the release of GnRH (gonadotropin releasing hormone). For this reason the intake of testosterone-stimulating compounds such as HCG and Clomid is absolutely necessary to main-tain the hormone production in the testes.
Anadrol 50 is not recommended for women since it causes many and, in part, irreversible virilizing symptoms such as acne, clitorial hypertrophy, deep voice, increased hair growth on the legs, beard growth, missed periods, increased libido, and hair loss. Anadrol is simply too strong for the female organism and accordingly, it is poorly tolerated.

ANADUR- nandrolone hexyloxyphenylpropionate

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

Anadur is one of many steroids which contain the compound nandrolone. Although available in many countries athletes do not use it often. Since its effect is similar to Deca-Durabolin's most people see no reason to take Anadur. This product does, however, have a few characteristics which make it different from "Deca" and therefore an interesting drug. Anadur is the longest lasting nandrolone. After only one injection the substance remains active in the body for four weeks. Anadur, above all, has an anabolic effect which stimu-lates the protein synthesis and, as with all nandrolones, requires a high protein intake. Anadur is not a steroid to be used to achieve rapid gains in weight and strength but is a classic, basic anabolic steroid which can be stored in the body, allowing a slow but solid muscle gain and an even strength gain. Athletes using Anadur report less water reten-tion than with Deca. For this reason some bodybuilders prefer Anadur when preparing for a competition. It must be observed, however, that in this phase usage of Anadur should be combined with stronger androgenic steroids such as Parabolan or Testosterone propionate. Because of its slow, even, and compatible effect it is mostly used during steroid treatments which last for several months. For the most part, progress made during this period usually remains after discontinuing the product. When taking 50-100 mg every 10 days some women normally show no virilization symptoms but it has been shown that only a few weeks of such use will result in some irreversible virilization for some women. They like to combine Anadur with Winstrol tablets, Primobolan S-tablets, or Oxandrolone. Men do not have to take antiestrogens since Anadur aromatizes only lightly and only in rare cases does it lead to gynecomastia.

The side effects of Anadur are even less than those of Deca-Durabolin. Liver damage can be excluded so that it can even be taken by people with liver disease. Virilization symptoms such as acne, hoarseness, deep voice, hirsutism, and increase in libido only occur, if at all, in very sensitive women. A higher blood pressure, due to a low water and salt retention, cannot be excluded but rarely occurs. The use of testosterone-stimulating compounds such as HCG or Clomid is not necessary since Anadur influences the hypothalamohypophysial tes-ticular axis only slightly so that the endogenous testosterone pro-duction is not

significantly reduced and the risk of a spermatogenic inhibition is minimal. Anadur is a very compatible steroid which improves the general condition and well-being of its user. Some ath-letes mention an improved psychological well being. As for the dos-age, good results can be obtained with 200 mg every 10 days. On the U.S. black market, one large ampule costs approx. $13 to $15. A U.S pharmaceutical product does not exist. The Bel-gian and Turkish Anadur, the French Anador, and the Greek version Anadurin are individually packed and costs approx. $10-15 per 50 mg/ampule on the black market. Insufficient availability on the black market forces athletes to use the more readily available Deca- Durabolin. Unlike Deca, there are no fakes of Anadur.

ANAPOLAN

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

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

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

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

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

ANDRIOL- testosterone undecanoate

Substance: testosterone undecanoate
Trade Names:
Andriol 40 mg caps.; Organon CH, NL, PL, G, A, PT HU, Thailand; Ravasin
Androxon 40 mg caps.; Organon NO, Brazil
Panteston 40 mg caps.; Organon FI, FR
Restandol 40 mg caps.; Organon DK, GB, GR
Undestor 40 mg caps.; Organon B, 5, BG, CZ
Virigen 40 mg caps.; Organon TK

Andriol is a revolutionary steroid because, besides methyltestosterone, it is the only effective oral testosterone compound. Testosterone itself, if taken orally, is ineffective since it is reabsorbed through the portal vein (1) and immediately deactivated by the liver. The substance testosterone undecanoate contained in Andriol, however, is reabsorbed from the intestine through the lymphatic system, thus bypassing the liver and becoming effective. The liver function is not affected by this. Andriol aromatizes only minimally, meaning that only a very small part of the substance can be converted into estrogen, since the dihydrotestosterone does not aromatize. The users of Andriol therefore do not experience feminization symptoms such as gynecomastia or increased body fat. Andriol's non-aromatizing quality consists of the fact that the body's own hormone production is only affected after a long-term administration of very high dosages. Andriol should be the perfect steroid; however, this is not the case.

The disadvantage of Andriol is that it only becomes effective if taken in high doses. Even if a dose of 200 mg of Andriol/day is taken, the testosterone level in the blood is still too low for a bodybuilder to gain strength and muscle growth. The capsules, therefore, are effective for only a few hours so that 6-7 capsules, that is 240-280 mg (minimum), must be taken daily to achieve good results comparable to those of injectable compounds. This, however, puts the athlete in a dosage range which begins to influence the hormone production and the compound now more readily converts into estrogen. Such a dose can also manifest itself in a higher retention of sodium and water. This is one factor which competing athletes must consider. Another disadvantage is Andriol's high price. A package with 60 capsules costs approximately $80 and the minimum daily dose of 6-7 capsules thus costs almost $8. For those athletes who would like to try Andriol 8 capsules (320 mg daily) should be taken. The capsules should be taken three times daily (approximately every 8 hours) after meals so that the substance can be properly reabsorbed. However, even this high dosage does not guarantee satisfactory results. Those of you who believe that you need even higher doses should then consider that it might be more sensible to switch to the injectable testosterone. The Andriol/ Oxandrolone stack gives athletes who do not yet have much experience with steroids a fairly large strength increase and also often substantial muscle growth. Andriol is quickly eliminated by the body it should also be considered for use before competitions requiring doping tests. Women should avoid Andriol since the androgenic component-common with testosterone-is also strongly developed in this compound. Andriol intake can occasionally lead to high blood pressure, retention of fluids, acne, sexual overstimulation, and, in women, the well-known virilization symptoms.

Andriol should be stored in a cool place (6 - 15 C), preferably in the refrigerator. Since the capsules are extremely sensitive to heat they can easily melt into an undefinable shape if left in direct sunlight, e.g. in a car.

ANDRODERM

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

Substance: androstanolone
Trade Names:
Andractim 2.5% gel Besins-Iscovesco FR; Piette B
Apeton 5 mg, 25 mg tab.; Fujisawa. Japan
Apeton Depot 2%, 5% inj. solution,- Fujisawa. Japan
Gelovit 2.5% gel Berenguer Infall ES

Androstanolone is identical to the body's own dihydrotestosterone which, as we know, is formed by the peripheral conversion of testosterone. Some therefore call Androstanolone a synthetic d1hydrotestosterone. This steroid has a predominantly androgenic effect and, due to its structure, cannot be converted into estrogen. For a fast buildup of power and muscle mass Androstanolone is of little value. It used to be the athlete's favorite competition steroid since it helped to obtain a harder muscle through a lower fat content by increasing the androgen level without aro-matizing. Numerous athletes used Androstanolone during work-outs for doping-tested championships since the substance remains in the body for only a short time and the testosterone/epitestosterone value is not influenced. Another positive characteristic is that the injectable version is not liver-toxic. Today, however, Androstanolone is rarely used by athletes. One reason for this is that almost all European and American compounds are no longer commercially available. The other reason is that most athletes use the still readily available Masteron which has similar effects. Neither the original nor a fake of Androstanolone is available on the black market.

Aratest2500 (ENANTHATE 200mg, PROPIONATE50mg /ml)
Aratest500 (TESTOSTERONE PROPIONATE 50mg)
Aratest250 (TESTOSTERONE PROPIONATE 25mg)

ARATEST is a new Mexican veterinarian steroid that has been getting a lot of attention from steroid users everywhere. There are three types: Aratest 2500, 500, and 250. Aratest 2500 is the most popular of the three containing 200mg of enanthate and 50 mg propionate per ml. This mixture comes in a 10ml vial and is manufactured by Lab Aranda. This new steroid makes a great mass builder when stacked with D-bol or Anadrol and when stacked with Deca, Winstrol, Equipoise, etc.Ö it has the benefits of good strength gains with low water retention. As a first time user you can easily gain 10-25lbs of good mass and has been compared to the gains of Sustanon 250. As a matter of fact some users report that the Aratest is a better product and costs much less! The black market prices range from $75-$100. It is a good idea to use Nolvadex, HCG, and Clomid when using Aratest because of the testosterone, especially at higher dosages. Be careful when buying Aratest on the black market because this steroid is new and is a good target to be faked. For more information on the Aratest 500 and 250 please see Testosterone Propionate in the "Drug Profiles" section.

CLENBEUTEROL HYDROCLORIDE

Substance: Clenbuterol hydrochloride
Trade Names:
Veterinary: Ventipulmin 0.016 mg/gr.; Richter A, BL-Vetmedica
Ventolase 0.02 mg tab.; Juste ES
Spasmo-Mucosolvan 0.02 mg tab.; Thomae G
Spiropent mite 0.01 mg tab.; Thomae G
Spiropent 0.02 mg tab.; Thomae G, Bender A, De Angeli 1, Europharma ES, Pr
Prontovent 0.02 mg tab.; Salus I
Novegam 0.02 mg tab.; Chinoin Mexico
Monores 0.02 mg tab.; Valeas I
Monores 0.01 mg tab.; Valeas I
Contraspasmina 0.02 mg tab.; Arzncimittel Werk Dresden G
Contrasmina 0.02 mg tab.; Falqui I
Clenbuter.Pharmachim 0.02 mg tab.; Sopharma Sofia BG
Clenasma 0.02 mg tab.; Biornedica Foscama
Cesbron 0.02 mg tab.; Fidelis
Broncoterol 0.02 mg tab.; Quimedical PT
Broncodil 0.01 mg tab.~ Von Boch I

Remark: The substance Clenbuterol hydrochloride is also available in various other forms of administration, including syrups, drops, liquids, dosing aerosols, injectable solutions, and granules. Since athletes usually prefer tablets, manufacturers and trade names- offering this oral version are listed.
Clenbuterol is a very interesting and remarkable compound. It is not a steroid hormone but a beta-2-symphatomimetic. Clenbuterol, above all, has a strong anticatabolic effect, which means it decreases the rate at which protein is reduced in the muscle cell, consequently causing an enlargement of muscle cells. For this reason, numerous athletes use Clenbuterol after steroid treatment to balance the resulting catabolic phase and thus obtain maximum strength and muscle mass. A further aspect of Clenbuterol is its distinct fat-burning effect. Clenbuterol burns fat without dieting because it increases the body temperature slightly, forcing the body to burn fat for this process. Due to the higher body temperature Clenbuterol magnifies the effect of anabolic/androgenic steroids taken simultaneously, since the protein processing is increased.
Athletes usually take 5-7 tablets, 100-140 mcg per day For women 80-100 mcg//day are usually sufficient, It is important that the athlete begin by taking only one tablet on the first day and then increasing the dosage by one tablet each of the following days until the desired maximum dosage is reached. The compound is usually taken over a period of 8-10 weeks. Since Clenbuterol is not a hormone compound it has no side effects typical of anabolic steroids. For this reason it is also liked by women. Possible side effects of Clenbuterol include restlessness, palpitations, tremor (involuntary trembling of fingers), headache, increased per-spiration, insomnia, possible muscle spasms, increased blood pressure, and nausea. Note that these side effects are of a temporary nature and usually subside after 8-10 days, 70¢-$120 each.

CLOMID- clomiphene citrate

Substance: clomiphene citrate
Trade Names:
Ardomon 50 mg tab.; Med-Hel GR
Clom 50 (o.c) 50 mg tab.; Salutas G
Clomid 50 mg tab.; Merell Dow B,CH,U.S.; Merell FR,GB;Lepetit I; Haus
Clomifen 25 mg cap.; Lab Casen ES
Clomifen 50 mg tab.; Leiras F1
C.-ratioph. (o.c) 50 mg tab.; Ratiopharm G
Clomiphen Citrate 50 mg tab.; Anfarm GR
Clomiphen-Merck 50 mg tab.; Merck A
Clomipheni citras 50 mg tab.; Centrafarm NL
Clomivid 50 mg tab.; Draco DK, 5
Clostilbegyt 50 mg tab.; Egis HU, Bulgaria
Clostilbegyt 50 mg tab.; Medphano G
Clostilbegyt (o.0 G 50 mg tab.; Med Pharm G, Thiemann
Dufine 50 mg tab.; Inibsa PT
Dyneric 50 mg tab.; Marion Merrell Dow G
Gravosan 50 mg tab.; Leciva CZ
Indovar 50 mg tab.; Jaba PT
Klomifen 50 mg tab.; Belupo YU; Mulda TK; Yurtoglu TK
Kyliformon 50 mg tab.; Kylifor GR
Omifin 50 mg tab.; Merrell ES, Mexico
Pergotime 50 mg tab.; Icapharm S; Serono G, DK, F9, Serono/Zyma-Golen Be
Pioner 50 mg tab.; Remedina GR
Prolifen 50 mg tab.; Chiesi I
Serofene 50 mg tab.; Serono Argentina, Mexico
Serophene 50 mg tab.; Interlabo CH; Pharma-Im- port NL; Serono GB, U.S.,
Serpafar 50 mg tab.; Faran GR, BG
Tokormon 50 mg tab.; Genepharm GR

Clomid is not an anabolic/androgenic steroid. Since it is a synthetic estrogen it belongs, however, to the group of sex hormones. In school medicine Clomid is normally used to trigger ovulation. Clomid also has a strong influence on the hypothalamohypophysial testicular axis. It stimulates the hypo-physis to release more gonadotropin so that a faster and higher release of FSH (follicle stimulating hormone) and LH (luteinizing hormone) occurs. This results in an elevated endogenous (body's own) testosterone level. Clomid is especially effective when the body's own testosterone production, due to the intake of anabolic/androgenic steroids, is suppressed. In most cases Clomid can normalize the tes-tosterone level and the spermatogenesis (sperm development) within 10- 14 days. For this reason Clomid is primarily taken after steroids are discontinued. At this time it is extremely important to bring the testosterone production to a normal level as quickly as possible so that the loss of strength and muscle mass is minimized. Even better results can be achieved if Clomid is combined with HCG or when Clomid is used after the intake of HCG.

Paradoxically, although Clomid is a synthetic estrogen it also works as an antiestrogen. The reason is that Clomid has only a very low estrogenic effect and thus the stronger estrogens which, for example, form during the aromatization of steroids, are blocked at the receptors. These would include those that develop during the aromatiz-ing of steroids. This does not prevent the steroids from aromatizing but the increased estrogen is mostly deactivated since it cannot attach to the receptors. The increased water retention and the possible signs of feminization can thus be reduced or even completely avoided. Since the antiestrogenic effect of Clomid is lower than those found in Proviron, Nolvadex, and Teslac it is mainly taken as a testosterone stimulant. Clomid is a medication that promotes the production of the body's own stimulating hormone, gonadotropin, which in turn increases the testosterone level. It is, for example, administered to women as a so-called antiestrogen to trigger ovulation ("ovulation stimulator").

Side effects of Clomid are very rare if reasonable dosages are taken. Possible side effects are climacteric hot flashes and occasional visual disturbances which can manifest themselves in blurred vision, giving flickering or flashing. Should visual disturbances occur, the manufacturer recommends discontinuing Clomid treatment. Inad-equate liver functions cannot be excluded; however, they are very unlikely. In women enlargement of the ovaries and abdominal pain can occur since Clomid stimulates the ovaries. When taking Clomid multiple pregnancies are possible as well. As for the dosage, 50-100 mg/day (1 -2 tablets) seems to be sufficient. The tablets are usually taken with fluids after meals. If several tablets are taken it is recommended that they be administered in equal doses distributed through-out the day. The duration of intake has been rummored to not be taken for longer thatn 10-14 days. This is incorrect. Clinical studies with male patients have shown clomid to be used for up to a year or longer. Most athletes begin with 100 mg/day, taking one 50 mg tablet every morning and evening after meals. After the fifth day the dosage is often reduced to only one 50 mg tablet per day It is normally not necessary to take the compound for more than ten days in order to increase the endogenous testosterone production. Clomid is relatively expensive. A package with 10 tablets costs approx. $35 - 45 on the black market.

Substance: cyclofenil
Trade Names:
Fertodur (o.c.) 200 mg tab.; Schering G, CH, I
Fertodur 200 mg tab.; Schering PT, GR, TK, Mexico
Neoclym 200 mg tab.; Poli I
Ondogyne (o.c.) 400 mg tab.; Roussel F
Rehibin 100 mg tab.; Serono GB
Sexovid 100 mg tab.; Teikiku Zoki Japan
Sexovid (o.c.) 100 mg tab.; Leo ES

Cyclofenil is not an anabolic/androgenic steroid. Cyclofenil works as an antiestrogen and, at the same time, increases the body's own testosterone production. Since Cyclofenil itself is only a very weak and mild estrogen it occupies, the estrogen receptors, and prevents the stronger estrogens from bonding with the receptors thereby becoming active. As a matter of fact, this works so well that some athletes take Cyclofenil during the steroid treatment in order to maintain a low estrogen level. The result is a lower water retention produced by the steroids and less gynecomastia. The athlete has a harder appearance, making this is a compound that can potentially be taken during the preparation for a competition. Bodybuilders, however, use it less frequently since they prefer the more readily available Nolvadex and Proviron compounds.

Based on our experience, the dosage lies be-tween 400 and 600 mg/day. Lower dosages usually do not show satisfying results. Cyclofenil, for this purpose, is either used during steroid treatment, after the treatment, before competitions with doping tests, or by "natural bodybuilders". Like HCG and Clomid, Cyclofenil is ineffective in women since it has a positive influence on the male hormone system. Even in men, the increased testosterone level attributed to the effect of Cyclofenil is not high enough to speak of drastic improvements; however, strength gains, a slight gain in body weight, a noticeable increase in energy, and a higher regeneration are possible. These results are noticeable particularly in advanced athletes who have little or no experience with steroids. Cyclofenil needs a response time of approximately one week before it becomes effective.

In a few cases athletes experience a light acne, increased sexual desire, and hot flashes. The first two secondary symptoms are especially indicative that the compound is actually effective. After discontinuance some athletes report a depressed mood and a slight decrease in physical strength. Those who take Cyclofenil as an antiestrogen during steroid treatment could experience a rebound effect when the compound is discontinued.

In the meantime, it is very difficult to find Cyclofenil and it is rarely found on the black market. The Mexican Fertodur by Schering contains 16 tablets of 200 mg each which are welded into aluminum foil with the name "Fertodur Tabletas" printed on top. Such a package costs $25-30 on the black

CYTRADREN- aminoglutethimide

Substance: aminoglutethimide
Trade Names:
Aminoglutethimid 250 mg tab.; The chem. pharm. & Res. inst. BG
Aminoglutethimide 250 mg tab.; Farmitalia-Carlo Erba GB
Cytadren 250 mg tab.; Ciba U.S.
Mamomit 100 mg tab.; Pliva YU
Orimeten 250 mg tab.; Ciba G, ES, GB, A, B, CH, 1, NO, NL, S, FI, TK, PT
Orimetene 250 mg tab.; Ciba FR, GR
Rodazol 250 mg tab.; Rodleben G

Cytadren is not an anabolic/androgenic steroid. Cytadren inhibits the buildup of androgens, estrogens, and the suprarenal cortical hormones (glucocorticoids and mineralocor-ticoids). Cytadren has a highly antiestrogenic effect since, on the one hand, it inhibits the body's own estrogen production and, on the other hand, it obviates the conversion of androgens into estrogens. This is especially encouraging since it helps to keep the estrogen level of bodybuilders low. The second highly interesting point is that Cytadren prohibits the buildup of adrenocortical hormones. It obviates the production of endogenous cortisone like no other compound by inhibiting the conversion of cholesterol into cortisone. For this reason, Cytadren, in school medicine, is used for the treatment of Cushing's syndrome, a hyperfunction of the adrenal glands which causes the body to overproduce cortisone. Consequently, it reduces the cortisone level, which has several advantages for the athlete. Cortisone is a cata-bolic hormone and catabolic is the exact opposite of anabolic. Cortisone prevents the protein synthesis in the muscle cell, resulting in a muscular atrophy by breaking down amino acids in the muscle cell.

The human body constantly releases cortisone and reacts to stress situations such as intense training by increasing its cortisone re-lease. Natural bodybuilders, therefore, after a short time, experience a stagnation in their development since the release of the body's cortisone is higher than the anabolic effect of working out. The more advanced the athlete and the harder his workout, the more his cor-tisone level will increase.

If the release of cortisone can be successfully obviated or at least considerably reduced the ratio of anabolic hormones to catabolic hormones in the body shifts in favor of the former. This results in an increase in muscle mass and body strength. And Cytadren achieves exactly these results; however, there is one problem. Cytadren reduces the cortisone level so effectively that the body tries to balance this by hypophysially producing more ACTH (adenocorticotropic hormone), thus stimulating the secretion of cortisone by the adrenal glands. Thus in school medicine, when treating Cushing's syndrome, a low dose of oral hydrocortisone is used to prevent the hypophysis from producing ACTH. The dose is so low that the cortisone level in the blood does not rise substantially. And this is exactly the problem. Cytadren reduces the cortisone level which the body balances by producing ACTH, thus neutralizing the effect of Cytadren. If exogenous hydrocortisone is taken no ACTH is produced; however, this also reduces the effect of Cytadren. It is therefore necessary to find an administration

schedule that prevents or delays the body's own production of ACTH. Since the body does not show abrupt reactions when the cortisone level is lowered by the intake of Cytadren, the compound must be taken over several days before the body begins reacting. If Cytadren is only taken for a period of two days and then discontinued for two entire days, it seems logical that the body will not have enough time to react accordingly, thus interrupting the production of ACTH in the hypophysis. Similar to Clenbuterol, an alternating administration schedule with two days of administration and two days of abstinence is created. Another problem needs to be solved since Cytadren, as mentioned earlier, inhibits the body's own production of androgen. Cytadren, therefore, should not be used by natural bodybuilders. The solution to this problem is to take a long-term effective testosterone such as Testosterone enanthate simultaneously. Testoviron Depot 250, for example, can be considered as one such possible compound.

As for the question of dosage, we have arrived at a very interesting point. In school medicine the dosage for the treatment of Cushing's syndrome is between 2 and 7 tablets per day. Since not enough ath-letes~ have used this compound so far, we do not have enough ex-perimental data. Due to the fact that the cortisone level of athletes is not as high as in persons who suffer from a hyperfunction of the adrenal glands, it is probable that lower dosages are sufficient. A dose of mor than 250mg/day is not recommended and should be taken very carefully. A good example of dose is: half a tab 125mg in the morning and 62.5mg (quarter tab) every six hours. Make sure to not abruptly discontinure as cortisol rebound may occur. The tablets are always taken indi-vidually, in regular intervals throughout the day, and taken best during meals. How long should it be taken? This ques-tion is difficult to answer but, considering that the body can-some-times increase the production of ACTH, it is advised that the com-pound is not used longer than 4-6 weeks. (We must also consider potential side effects, which we will discuss in a minute.) An-other interesting aspect: Cytadren is (as of yet) not on any doping list. We have heard from reliable informants that a combina-tion of Cytadren, growth hormones, and a low quantity of injectable testosterone is the new hit among athletes of any field, since it allows the athlete to pass any doping test.

Thus the side effects of Cytadren need to be looked at and they are, unfortunately, numerous and sometimes very severe. The most common side effects are fatigue and dizziness. Lack of con-centration, restlessness, depression, apathy, and sleeping disorder are less common but possible. Even rarer and mostly depending on the doses are nausea, vomiting, gastrointestinal pain, diar-rhea, and headaches. A possible rash and the already-mentioned fatigue and dizziness are usually initial symptoms and these can be minimized by taking slowly increasing dosages, or they may simply disappear. The package insert of Ciba-Geigy GmbH Ger-many also states that in some cases there is an inadequate thy-roid function which requires treatment. It is therefore recom-mended that the thyroid gland be supervised by a physician dur-ing intake of Cytadren. Another problem that can occur is liver disease. Cases of reduced counts of the white blood cells, the blood platelets, and even of all blood cells have been reported. Those who plan to try Cytadren should carefully read the package in-sert. It has been our experience that athletes, due to the reduced cortisone level, complain about joint pain and are also exposed to a higher risk of getting injured. There is no question that Cytadren is effective when taken according to the two-day alternating ad-ministration schedule; however, the athlete should carefully con-sider the cost/benefit factor prior to taking the compound. Cytadren is in U.S. pharmacies

only available by prescription. A package with 100 tablets of 250 mg each costs $190.-, so that Cytadren is not a budget-priced compound. Each package contains 10 push-through strips of 10 tablets each. The tablets are indented on one side with an imprinted "G" on both the right and left of the breakage line. On the other side of the tablet the letters "CG" are punched in. Cytadren is rarely found on the black market.

Substance: liothyronine sodium
Trade Names:
Cynomel 5 mcg, 24 mcg tab,; UhImann-Eyrard CH
Cynomel 25 mcg tab.; Merrell Dow FR, Dincel TK
Cyronine (o.c.) 25 mcg, 50 mcg tab.; Major U.S.
Cytomel 5 mcg tab.; Smith Kline U.S.; Smith Kline & French Canada, NL
Cytomel 25 mcg tab.; Smith Kline Rit B, Smith Kline U.S.; Smith Kline &
Cytomel 50 mcg tab.; 50 mcg tab.; Smith Kline U.S.
Cytomel Tabs 5, 25, 50 mcg tab.; Schein U.S.
Euthroid (o.c.) 50 mcg tabl; Parke Davis U.S.
Linomel 25 mcg tab.; Smith Kline Argentina
Liothyronin 20 mcg tab.; Nycomed NO, S
Neo-Tiroimade 5 mcg, 25 mcg tab.; Made PTI
Ro-Thyronine 25 mcg, 50 mcg tab.; Robinson U.S.
T3 (o.c.) 25 mcg, 50 mcg tab.; Uni-Pharme U.S.
T3 25 mcg, 50 mcg tab.; Uni-Pharme Israel
T3 25 mcg, 50 mcg tab.; Unipharma GR
Tertroxin 20 mcg injection solution; Glaxo DK
Tertroxin 20 mcg tab.; Glaxo DK, South Africa, CZ, GB
Thybon,-forte 20 mcg, 100 mcg tab.; Hoechst G
Thyrotardin 100 mcg dry substance; Henning Berlin G Inject
Ti-Tre 5 mcg, 20 mcg tab.; Glaxo I
Tiromel 25 mcg tab.; Ibrahim TK
Tironina (o.c.) 25 mcg tab.; Abello ES
Trijodthyronin 20 mcg tab.; Nycomed S
Trijod. Sanabo 25 mcg tab.; Sanabo A
Trjodthyr- 50 50 mcg tab.; Berlin-Chemie G
Trjodthyr. Leo 25 mcg tab.; Leo ES

Cytomel is not an anabolic/androgenic steroid but a thyroid hor-mone. As a substance it contains synthetically manufactured liothyronine sodium which resembles the natural thyroid hormone tricodide-thyronine (L-T3). The thyroid of a healthy person usually produces two hormones, the better known L-thyroxine (L-T4) and the aforementioned L-triiodine-thyronine (L-T3). Since Cytomel is the synthetic equivalent of the latter hormone, it causes the same processes in the body as if the thyroid were to produce more of the hormone. It is interesting to note that L-T3 is clearly the stronger and more effective of these two hormones. This makes Cytomel more effective than the commercially available L-T4 compounds such as L-thyroxine or Synthroid. L-T3 has proven to be 4-5 times more biologically active and to take effect more quickly than L-thyroxine (L-T4)." In school medicine Cytomel is used to

treat thyroid insufficiency (hypothyroidism). Among other secondary symptoms are obesity, metabolic disorders, and fatigue. Bodybuilders take advantage of these characteristics and stimulate their metabolism by taking Cytomel, which causes a faster conver-sion of carbohydrates, proteins, and fats. Bodybuilders, of course, are especially interested in an increased lipolysis, which means in-creased fat burning. Competing bodybuilders, in particular, use Cytomel during the weeks before a championship since it helps to maintain an extremely low fat content, without necessitating a hunger diet. Athletes who use low dosages of Cytomel report that by the simultaneous intake of steroids, the steroids become mote effective, most likely as the result of the faster conversion of protein.

To a great extent several bodybuilders who are pictured in "muscle magazines" and display a hard and de-fined look in photos, eat fast food and iron this out by taking Cytomel. The over stimulated thyroid burns calories like a blast furnace. Nowadays, instead of Cytomel, athletes use Clenbuterol which is becoming more and more popular. Those who combine these two compounds will burn an enormous amount of fat. Cytomel is also popular among female bodybuilders. Since women generally have slower metabolisms than men, it is extremely difficult for them to obtain the right form for a competition given today's standards. A drastic reduc-tion of food and calories below the 1000 caloric/day mark can often be avoided by taking Cytomel. Women, no doubt, are more prone to side effects than men but usually get along well with 50 mcg/day. A short-term intake of Cytomel in a reasonable dosage is certainly "healthier" than an extreme hunger diet.

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

Possible side effects are: heart palpitation, trembling, irregular heartbeat, heart oppression, agita-tion, shortness of breath, excretion of sugar through the urine, ex-cessive perspiration, diarrhea, weight loss, psychic disorders, etc., as well as symptoms of hypersensitivity." Our experience is that most symptoms consist of trembling of hands, nausea, headaches, high perspiration, and increased heartbeat. These negative side effects can often be eliminated by temporarily reducing the daily dosage. Those who use Cytomel over several weeks will experience a decrease in muscle mass. This can be avoided or delayed by simultaneously taking steroids. For the most part, since Cytomel also metabolizes protein, the athlete must eat a diet rich in protein. L-T3 can usually be found quite easily. 100 tablets of 0.05 mg each cost approx. $40. It is unlikely that there will be fakes.

DANOCRINE- danazol

Substance: danazol
Trade Names:
Anargil 100 mg, 200 mg cap.; Medochemie Ltd.CZ
Danatrol 50 mg cap.; Winthrop 1, ES, GR
Danatrol 100 mg cap.; Winthrop 1, ES, GR, B, CH, NL
Danatrol 200 mg cap.; Winthrop 1, ES, GR,B, CH, GR,NL, PT, Lakefarmos F
Danatrol (o.c.) 50 mg, 100 mg, 200 mg tab.; Sanofi Winthrop U.S.
Danazol (o.c.) 200 mg tab.; Geneva U.S., Martec Pharm. U.S. Warner Chilcott U.
Danocrine 50 mg cap.; Sanofi Winthrop U.S.
Danocrine 100 mg, 200 mg cap.; Sanofi Winthrop DK, 5, U.S.
Danogar (o.c.) 50 mg, 100 mg, 200 mg tab.; Sanofi Winthrop U.S.
Danokrin 200 mg cap.; Kwizda A, Winthrop GB
Danol (o.c.) 50 mg, 100 mg 200 mg tab.; Sanofi Winthrop U.S.
Danol-1/2 100 mg, 200 mg cap.; Winthrop GB
Danoval 100 mg, 200 mg cap.; Krka YU
Ladogal 200 mg cap.; Winthrop Argentina
Ladogal] (o.c.) 50 mg, 100 mg, 200 mg tab.; Sanofi Winthrop U.S.
Ladogar (o.c.) 50 mg, 100 mg, 200 mg tab.; Sanofi Winthrop U.S.
Mastodanatrol (o.c.) 100 mg tab.; Sterling-Winthrop FR
Winobanin 100 mg, 200 mg cap.; Sanofi Winthrop G

Danocrine is an antigonadotropin. In school medicine it is used to treat hormone-related disorders. One such disorder, for example, is the hormone-related breast enlargement in men, better known as gynecomastia. Bodybuilders can use Danocrine to minimize*possible feminization caused by the aromatizing of steroids. It is our experience that the daily dose should be around 400 mg. Danocrine has a mild androgenic effect but no anabolic effect. The possible side effects such as virilization symptoms, hot flashes, perspiration, in-creased libido, increased liver values, and high blood pressure through retention of fluids are highly dependent on the dose and they usually decrease again later. It is difficult to find Danocrine on the black market since it is rarely used by athletes. The official price for 100 capsules of 200 mg each is $330. Fakes are not known at this time.

DECA- nandrolone decanoate

Substance: nandrolone decanoate
Trade Names:
Anaboline 50 mg/ml; Adelco GR
Androlone-D 200 (o.c.) 200 mg/ml; Keene U.S.
Deca-Durabolin 25 mg/ml; Bender A; Donmed South Africa; Organon G, B, CH, D
Deca-Durabolin 50 mg/ml; Organon G, B, CH, DK, ES, FR, GB,U.S, GR, 1, ML, P
Deca-Durabolin '100' 100 mg/ml; Organon NL
Deca-Durabolin 100 mg/ml; Organon GB, GR, Fl, Canada, U.S., Steris U.S.
Deca-Durabolin 200 mg/ml; Steris U.S.
Deca-Durabol 25, 50, 100 mg/ml; Organon S
Elpihormo 50 mg/ml; Chemica GR
Extraboline 50, ml; Genepharm GR
Hybolin Decanoate 50, 100 mg/Ml; Hyrex U.S.
Jebolan 50 mg/ml; Etem TK
Nandrolone Dec. 50, 100, 200 mg/nil; Steris U.S.
Nandrol. Dec. (o.c.) 100 mg/ml; Lyphomed Us, Quad U.S.
Nandrobolic L.A. (o.c.) 100 mg/ml; Forest U.S.
Neo-Durabolic (o.c.) 100, 200 mg/ml; Hauck U.S.
Nurezan 50 mg/ml; RafarmGR
Retabolil 25 mg/ml; Gedeon Richter U,BG
Retabolil 50 mg/ml; Gedeon Richter HU,BG
Retabolin 50 mg/ml; Medexport Russia
Sterobolin (o.c.) 50 mg/ml; Orion FL
Turinabol Depot (o.c.) 50 mg/ml; Jenapharm G
Turinabol Depot 50 mg/ml; Jenapharm BG, CZ
Ziremilon 50 mg/ml; Demo GR
Veterinary: Anabolicum 25 mg/ml; 10 ml/50 ml Bela-Pharm G
Nandrolone 300 mg/ml; Ttokkyo Labs
Norandren 50 50 mg/ml; 10 ml/50 Ml. Brovel Mexico

Deca-Durabolin is a brand name of Organon Company, the manufacturer of the drug containing the substance nandrolone decanoate. Although nandrolone decanoate is still contained in many generic compounds, almost every athlete connects this substance with Deca--Durabolin. Most common are the administrations of 5 0 mg/ml and 100 mg/ml. Deca-Durabolin is the most widespread and most commonly used injectable steroid. Deca's large popularity can be attributed to its numerous possible applications and, for its mostly positive results. Deca-Durabolin causes the muscle cell to store more nitrogen than it releases so that a positive nitrogen balance is achieved. A positive nitrogen balance is synonymous with muscle growth since the muscle cell, in this phase, assimilates (accumulates) a larger amount of pro-tein than usual. The same manufacturer, however, points out on the package insert that

a positive nitrogen balance and the protein building effect that accompany it will occur only if enough calories and proteins are supplied. One should know this since, otherwise, satisfying results with Deca cannot be obtained. The highly anabolic effect of Deca-Durabolin is linked to a moderately androgenic component, so that a good gain in muscle mass and strength is obtained. At the same time, most athletes notice considerable water retention which, no doubt, is not as distinct as that with injectable testosterones but which in high doses can also cause a smooth and watery appearance. Since Deca also stores more water in the connective tissues, it can temporarily case or even cure existing pain in joints. This is especially good for those athletes who complain about pain in the shoulder, elbow, and knee; they can often enjoy pain-free workouts during treatment with Deca-Durabolin. Athletes use Deca, depending on their needs, for muscle buildup and in preparation for a competition.

Deca is suitable, even above average, to develop muscle mass since it promotes the protein synthesis and simultaneously leads to water retention. The optimal dose for this purpose lies between 200 and 600 mg/week. Scientific research has shown that best results can be obtained by the intake of 2- mg/pound body weight. Those who take a dose of less than 200 mg/week will usually feel only a very light anabolic effect which, however, increases with a higher dosage. Most male athletes experience good re-sults by taking 400 mg/week. Steroid novices usually need only 200 mg/week. Deca works very well for muscle buildup when combined with Dianabol and Testosterone. The famous Dianabol/ Deca stack results in a a fast and strong gain in muscle mass. Most athletes usually take 15-40 mg Dianabol/day and 200-400 mg Deca/week. Even faster results can be achieved with 400 mg Deca/week and 500 mg 5ustanon 250/week. Athletes report an enormous gain in strength and muscle mass when taking 400 mg Deca/week, 500 mg Sustanon 250/week, and 30 mg Dianabol/day. Deca is a good basic steroid which, for muscle buildup, can be combined with many other steroids.

A conversion into estrogen, that means an aromatizing process, is possible with Deca-Durabolin but occurs at a lower rate than ex: testosterone. During competitions with doping tests Deca must not be taken since the metabo-lites in the body can be proven in a urine analysis up to 18 months later. The risk of potential water retention and aromatizing to estrogen can be successfully prevented by combining the use of Proviron with Nolvadex. A preparatory stack often observed in competing athletes includes 400 mg/week Deca-Durabolin, 50 mg/day Winstrol, 228 mg/week Parabolan, and 25 mg/day Oxandrolone.

Although the side effects with Deca are relatively low with dosages of 400 mg/week, androgenic-caused side effects can occur. Most problems manifest themselves in high blood pressure and a pro-longed time for blood clotting, which can cause frequent nasal bleed-ing and prolonged bleeding of cuts, as well as increased production of the sebaceous gland and occasional acne. Some athletes also report headaches and sexual overstimulation. When very high dos-ages are taken over a prolonged period, spermatogenesis can be inhibited in men, i.e. the testes produce less testosterone. The reason is that Deca-Durabolin, like almost all steroids, inhibits the release of gonadotropins from the hypophysis.

Women with a dosage of up to 100 mg/week usually experience no major problems with Deca. At higher dosages androgenic-caused virilization symptoms can occur, including deep voice (irreversible), increased growth of body hair, acne, increased libido, and possibly clitorihypertrophy. Women who

experience disturbance even at a weekly dose of only 50 mg/week of Deca-Durabolin, are often better off taking the earlier mentioned and faster-acting Durabolin. Unlike the long-acting Deca, when Durabolin is administered once or twice weekly in a dosage of 50 mg, no concentration of undesired amounts of androgens occur. Since most female athletes get on well with Deca-Durabolin a dose of Deca 50 mg +/week is usually combined with Oxandrolone 10 mg +/day Both compounds, when taken in a low dosage, are only slightly androgenic so that masculinizing side effects only rarely occur. Deca, through its increased protein synthesis, also leads to a net muscle gain and Oxandrolone, based on the increased phosphocreatine synthesis, leads to a measurable strength gain with very low water retention. Other variations of administration used by female athletes are Deca and Winstrol tablets, as well as Deca and Primobolan S-tablets.

A great disadvantage of Deca-Durabolin is its high price. In the U.S. a 50 mg ampule costs approx. $10 - 12. Deca-Durabolin in strengths of 200 mg/2 ml ampules; usually cost around $30 per ampule. Because of its great popularity and the high demand that goes along with it, there are many fakes of Deca-Durabolin

DETECTION TIMES

Boldenone Undecyclenate 4-5 months
Clen 4-5 Days
Ephedrin 6-10 Days
Halo 2 months
Proviron 5 weeks
D-Bol 5 weeks
Methamphetamin 6-10 Days
Primo Depot 4-5 weeks
Deca 18 months
Nandrolon Phenylprop 12 months
Anavar 3 weeks
Anadrol 2 months
Winny oral 3 weeks
Winny inj 2 months
Test cyp 3 months
Test enat 3 months
Sustanon 3 months
Test Prop 2-3 weeks
Andriol 1 week
Tremolon Acet 4-5 weeks
Test supspenison No metabolites. t/e should be back to normal in days.

Factors which influence the detection times
Metabolism
Fluid intake
Tolerance to the drug
Frequency of intake
Duration of intake
Body fat
Potency of drug
Dosage

DIANABOL- methandrostenlone / methandienone

Substance: methandrostenlone / methandienone
Trade Names:
Anabol Tablets 5 mg tab.; L.P Standard Labs. Co. Thailand
Anabolin (o.c.) 5 mg tab.; Leiras F1
Anabolin (o.c.) 0.5% cream Leiras F1
Andoredan 5 mg tab.; Takeshima-Kodama Japan
Bionabol 2 mg tab.; Pharmacia Co. Dupnitza BG
Bionabol 5 mg tab.; Pharmacia Co. Dupnitza BG
Dialone (o.c.) 5 mg tab.; Major U.S.
Dianabol (o.c.) 5 mg tab.; Ciba GB, G, U.S.
Encephan 5 mg tab.; Sato Japan
Metanabol 5 mg tab.; Polfa PL
Metanabol 1 mg tab.; Polfa PL
Metanabol 0.5%cream; Polfa PL
Methandrostenolonum. 5 mg tab.; Russia
Nerobol 5 mg tab.; Galenika YU, Gedeon Richter HU
Nerobol 5 mg tab.; Gedeon Richter BG
Pronabol-5 5 mg tab.; P&B Labs. Private Ltd.I ndia
Stenolon 5 mg tab.; Leciva CZ
Stenolon 1 mg tab.; Leciva CZ
Trinergic 5 mg cap.; India
Naposim 5 mg tab.; Rumania
Veterinary: Anabolikum. 2.5% 25 mg/ml; 50 ml Meca G
Methandrostenolone 10 mg tab; Ttokkyo Labs
Metandiabol 25 mg/ml; 50 ml Quimper Mexico

"Dianabol (1 7-alpha-methyl-1 7beta-hydroxil-androsta-1.4dien-3-on) is an orally applicable steroid with a great effect on the protein metabolism. The effect of Dianabol promotes the protein synthesis, thus it supports the buildup of protein. This effect manifests itself in a positive nitrogen balance and an improved well-being. Dianabol has a very strong anabolic and androgenic effect which manifests itself in an enormous buildup of strength and muscle mass in its users. Dianabol is simply a "mass steroid" which works quickly and reliably. A weight gain of 2 - 4 pounds per week in the first six weeks is normal with Dianabol. The additional body weight consists of a true increase in tissue (hyper-trophy of muscle fibers) and, in particular, in a noticeable retention of fluids. Dianabol aromatizes easily so that it is not a very good drug when one works out for a competition. Excessive water retention and aromatizing can be avoided in most cases by simultaneously taking Nolvadex and Proviron so that some athletes are able to use Dianabol until three to four days before a competition. An effective daily dose for athletes is around 15-40 mg/day. The dosage of Dianabol taken by the athlete should always be coordinated with his individual goals. Steroid novices do not need more than 15-20 mg of Dianabol per day since this

dose is sufficient to achieve exceptional results over a period of 8-10 weeks. When the effect begins to slow down in this group after about eight weeks and the athlete wants to continue his treatment, the dosage of Dianabol should not be increased but an injectable steroid such as Deca-Durabolin in a dosage of 200 mg/week or Primobolan in a dosage of 200 mg/week should be used in addition to the Dianabol dose; or he may switch to one of the two above-mentioned compounds. The use of testosterone is not recommended at this stage as the athlete should leave some free play for later. For those either impatient or more advanced, a stack of Dianabol 20-30 mg/day and Deca-Durabolin 200-400 mg/day achieves miracles. Those who are more interested in strength and less in body mass can combine Dianabol with either Oxandrolone or Winstrol tablets. The additional intake of an injectable steroid does, however, clearly show the best results. To build up mass and strength, Sustanon or Testosterone enanthate at 250-mg+/week and/ or Deca-Durabolin 200 at mg +/week are suitable. To prepare, for a competition, Dianabol has only limited use since it causes distinct water retention in many athletes and due to its high conversion rate into estrogen it complicates the athlete's fat breakdown. Those of you without this problem or who are able to control it by taking Nolvadex or Proviron, in this phase should use Dianabol together with the proven Parabolan, Winstrol Depot, Masteron, Oxandrolone, etc.

Since Dianabol's half-life time is only 3.2 - 4.5 hours (1) application at least twice a day is necessary to achieve a somewhat even concen-tration of the substance in the blood. It is recommended that the tablets be taken during meals so that possible gastrointestinal pains can be avoided. Dianabol reaches the blood after 1-3 hours. A simple application of only 10 mg results in a 5-fold increase in the average testosterone concentration in the male.Women should not use Dianabol because, due to its distinct androgenic component, considerable virilization symptoms can occur. Although Dianabol has many potential side effects, they are rare with a dosage of up to 20 mg/day. Since Dianabol is l 7-alpha alky-lated it causes a considerable strain on the liver. In high dosages and over a longer period of time, Dianabol is liver-toxic. Even a dosage of only 10 mg/day can increase the liver values; after discontinuance of the drug, however, the values return to normal. Since Dianabol quickly increases the body weight due to high water retention, a high blood pressure and a faster heartbeat can occur, sometimes requiring the intake of an antihypertensive drug such as Catapresan. Additive intake of Nolvadex and Proviron might be necessary as well, since Dianabol strongly converts into estrogens and in some athletes causes gynecomastia ("bitch tits") or worsens an already existing condition. Because of the strongly androgenic component and the conversion into dihydrotestosterone, Dianabol, in some athletes, can trigger a serious acne vulgaris on the face, neck, chest, back, and shoulders since the sebaceous gland function is stimulated. If a hereditary predisposition exists Dianabol can also accelerate a possible hair loss which again can be explained by the high conversion of the substance into dihydrotestosterone. Another disadvantage is that, after discontinuance of the compound, a considerable loss of strength and mass often occurs since the water stored during the intake is again excreted by the body. In high dosages of 5 0 mg +/day aggressive behavior in the user can occasionally be observed which, if it only refers to his workout, can be an advantage. In order toavoid uncontrolled actions, those who have a tendency to easily lose, their temper should be aware of this characteristic when taking a high D-bol dosage. Despite all of these possible symptoms Dianabol instills in most athletes a "sense of well-being anabolic" which improves the mood and appetite and in many users,

together with the obtained results, leads to an improved level of consciousness and a higher self-confidence.

Substance: (2,4-Dinitrophenol)
Trade Names:

The substance; 2, 4-Dinitrophenol has many other brand names such as, 1 Hydroxy-2,4-dinitrophenol, Solfo Black, Nitrophen, Aldifen, and Chemox are just a few and is among many things, a metabolic stimulant. That is it's popularity here in our world, it burns fat like no other. Let me just tell you of it's other uses before I continue. First, it is a toxic dye, chemically related to Trinitrophenol (Picric Acid), second, it is found in insecticides, wood preservatives, herbicides, explosives, and is also a hazardous material. Third, it is used in science to couple or attach to DNA molecules. All of this should tell you that it is not a run-of-the-mill metabolic stimulant, like Clenbuterol or Triacana or Ephedrine or any other for that matter. Here is DNP's tox faq's from the international chemical safety cards to you give an idea of what it is considered to be; Combustible. Gives off irritating or toxic fumes (or gases) in a fire. Risk of fire and explosion. DO NOT expose to friction or shock. MAY BE ABSORBED! Redness. Roughness. Yellow staining on the skin. PHYSICAL STATE; APPEARANCE: YELLOW CRYSTALS ROUTES OF EXPOSURE: The substance can be absorbed into the body by inhalation, through the skin and by ingestion. PHYSICAL DANGERS: Dust explosion possible if in powder or granular form, mixed with air. INHALATION RISK: Evaporation at 20C is negligible; a harmful concentration of airborne particles can, however, be reached quickly. CHEMICAL DANGERS: May explosively decompose on shock, friction, or concussion. May explode on heating. Shock-sensitive compounds are formed with alkalis, ammonia and most metals. The substance decomposes on heating producing toxic gases including nitrogen oxides. EFFECT OF SHORT-TERM EXPOSURE: The substance may cause effects on metabolism, resulting in very high body temperature. Exposure may result in death. EFFECTS OF LONG TERM OR REPEATED EXPOSURE: Repeated or prolonged contact with skin may cause dermatitis. The substance may have effects on the peripheral nervous system. The substance may have effects on the eyes, resulting in cataracts. Boiling point: sublimes C, Melting point: 112C, Relative density (water = 1): 1.68. Solubility in water, g/100 ml at 54.5C: 0.14. Relative vapor density (air = 1): 6.36. This product is handled and shipped in a 15% solution of water, making it a paste, so that it will not explode due to shock or friction.

DNP is an uncoupling agent that inhibits the flow of electrons and the pumping of H+ ions for ATP synthesis. Fifty years ago it was used for weight loss, however, in 1938 the FDA removed it from the counter, as it caused cataracts and even sometimes death. If electron transport does not produce ATP, then much more sugar must be metabolized for energy needs. Very low production of ATP would be lethal. In oxidative phosphorylation, the flow of electrons from NADH (the reduced form of NAD+, oxidized from NAD. This enzyme is important in accepting electrons in the course of metabolic reactions. When NAD+ gives up it's electron, it is converted to it's reduced form NADH) and FADH2 (the reduced form of FAD) to oxygen results in the pumping of H+ from the matrix to the inner membrane space of the mitochondria. This gradient of H+ can produce ATP by flowing through ATP

synthetase in the mitochondrial inner membrane. Dinitrophenol disrupts the H+ gradient reducing ATP synthesis. Under these conditions, much of the food that we eat could not be used for ATP synthesis and we lose weight. However, too much inhibitor and we could make too little ATP for life. The difference between weight loss and death is only a small concentration change in dinitrophenol, making the drug dangerous. Simply put, this means that while eating your normal diet, you will have somewhere between 20% and 40% reduction of calories.

You may now be wondering just what kind of dose would be effective, but not harmful. A dose of 2mg/kg/day (or two mgs per kg of body weight per day) would be an effective dose, causing the loss of about 5 to 10 pounds in a 10 to 14 day period, maybe less. So, a person weighing 200 lbs would weigh about 91 kgs, so 2mgs per kg of body weight would be the equivalent of 182 mgs of DNP per day, but since it typically comes in 200 mg capsules, you would take one cap per day. Since DNP has this inhibiting effect, glycolosis is inhibited as well, causing a diabetic effect due to the conversion of glucose without insulin, so you may have heard that people take insulin with DNP. This will counter act the symptoms of lethargy and lack of energy due to DNP's use.

Finding DNP, this may be a little difficult as there are only two manufacturers of it. Sigma and Springfield scientific, though they do not generally sell to the public, it is still available. If you cannot find someone with capsules, you may try to get some bulk (somewhere around $20.00 - $30.00 per lb I think), but since this is considered a hazardous material, it cannot be conveniently or inconspicuously shipped (which for consumption is a felony), however, it is possible. However, to get use of the bulk/raw form, you will need to make your own capsules, which is a meticulous process.

DURABOLAN- nandrolone phenylpropionate

Substance: nandrolone phenylpropionate
Trade Names:
Activin (o.c.) 10 Mg1Ml; Aristegvi ES
Anabolin (o.c.) 50 mg/ml-, Alto U.S.
Anabolin-IM (o.c.) 50 mg/ml; Alto U.S.
Anabolin-IA-100 (o.c.) 100 mg/ml; Alto U.S.
Androlone (o.c.) 50 mg/ml-, Keene U.S.
Durabolin 25 mg/ml; Organon B, ES, FR,'GB, NL, FI, Canada, U. S
Opopharma CH, Pliva YU Medika/Santa TKi, Donmed South Africa
Durabolin 50 Mg/Ml; Organon GB, PT U.S., Canada, Pliva YU
Durabolin 100 mg/2 ml; Organon U.S.
Equibolin-50 (o.c.) 100 mg/2 ml; Vortech U.S.
Fenobolin 20 mg/ml; Medexport Russia
Fherbolico (o.c.) 50 mg/ml; Fher ES
Hybolin Improved 25, 50 mg/ml; Hyrex U.S.
Nandrobolic (o.c.) 25 mg/ml; Forest U.S.
Nandrol.Phenprop. (o.c.) 50 mg/ml; Quad U.S.
Nerobolil (o.c.) 25 mg/ml; Gedeon Richter HU
Nerobolil 25 mg/ml; Gedeon Richter BG
Nu-Bolic (o.c.) 25 mg/ml; Seatrace U.S.
Superanabolon 25 mg/ml; Leciva CZ
Turinabol (o.c.) 25 mg/ml; Jenapharm G
Turinabol 25 mg/ml; Jenapharm BG, Germed CZ

Durabolin is very similar to the popular Deca-Durabolin. Durabolin must be injected frequently and in regular inter-vals. The substance nandrolone-phenylpropionate quickly gets into the blood, where it remains active for two to three days. Athletes who hope for optimal results inject Durabolin every third day, or even every two days. The dosage is around 50-100 mg per injec-tion, or a total of 150-300 mg/week. Those who have access to the 50 mg version should take advantage of it since it is less expensive than the 25 mg version, which is normally more easily available. in addition, the 1-2 ml injections are more pleasant than the 2-4 ml. Durabolin has a distinct anabolic effect which assists the protein synthesis and allows the protein to be stored in the muscle cell in large amounts. This is combined with a moderate androgenic com-ponent which stimulates the athlete's regeneration and helps main-tain the muscle mass during a diet. It shows that Durabolin stores much less water in the body than Deca-Durabolin. For this reason, Durabolin is more suitable for a preparation for a competition while Deca should be given preference for the buildup of strength and muscle mass. Durabolin, however, can be used for this purpose as well. The gains are fewer and slower than with Deca but of a higher quality and remain, for the most part, after discontinuing the com-pound. A stack

suitable for this purpose would be, e.g. 56 mg Durabolin every 2 days, 50 mg Testosterone propionate every days, and 20 mg Winstrol tablets every day.

The side effects of Durabolin are few. Water retention, high blood pressure, an el-evated estrogen level, and virilization symptoms occur less often with Durabolin than with Deca-Durabolin. Female athletes therefore take Durabolin in weekly intervals since, due to its short duration of effect, no undesirable concentration of androgen takes place. They achieve good results with 50 mg Durabolin/week, 50 mg Testosterone propionate every 8 -10 days, and 8-10 mg Winstrol/day, or 10 mg Oxandrolone/day. Three to four day intervals between the relative injections are to be observed. Durabolin is one of the safest non-toxic steroids offering satisfactory results. Durabolin has no negative effect on the liver function so it can even be taken in cases of liver disease. Side effects occur only in rare cases and in persons who are extremely sensitive. Virilization symptoms in women such as huskiness, deep voice, hirsutism, acne, and increased libido are possible but occur only rarely if reasonable dosages are taken at reasonable intervals. Men usually experience no symptoms with Durabolin. Since the release of gonadotropins in the hypophysis is inhibited, there is a chance that the body's own testosterone production in a male athlete will be lower when the compound is taken over a prolonged time and in excessive doses.

The main disadvantages of Durabolin, for most athletes, consist of its poor availability on the black market, the fact that frequent in-jections are needed, and the high cost, three ampules of 25 mg each, costs approx. $24-36- on the black market. American Durabolin is available in 25 mg/ml, 5 ml vials, and 50 mg/ml in 2 vials.

DYNABOLAN-

Substance: nandrolone undecanoate
Trade Names:
Dynabolon 80.5 mg/ml; Farmasister I
Dynabolon 80.5 mg/ml; Crinos I
Dynabolon 80.5 mg/ml; Theramex FR
Psychobolan (o.c.) 80.5 mg/ml; Theramex GR

Along with Anadur, Deca-Durabolin, and Durabolin, this is another steroid containing the substance nandrolone. Dynabolon is a favorite among athletes since it brings good results with few side effects. Although it is often compared to "Deca", its effect is mg per mg comparable or slightly less. The reason is that Dynabolon is slightly androgenic with an anabolic effect, thus it strongly promotes the protein synthesis. The increased androgenic component helps the athlete achieve a good strength increase and an accelerated regeneration. Those who have had good results with Deca will usually respond even better to Dynabolon. Athletes re-port a distinct, quickly effective, solid gain in muscles, which goes hand in hand with a significant gain in strength. The increase in body weight and the improved strength are the result of the water retention in tissues and joints. Dynabolon does not strongly aromatize in dosages below 4 ml/week. Dynabolon is effective for 1-2 weeks, thus requiring more frequent injections than Deca. Bodybuilders who work with this compound usually inject it twice a week. The minimum dosage is 2ml/week. A weekly dosage of 4 ml (equal to 322 mg) is usually sufficient for most athletes to achieve satisfactory results. This requires the injection of 2 ml (equal to 161 mg or 2 ampules) twice weekly. Higher dosages would certainly bring even better gains but often go hand in hand with distinct water retention. Such dosages also aromatize so strongly that antiestrogens must be taken to main-tain the quality of the muscles. Women do well with 1 ml/week and rarely show virilization symptoms if the compound is not taken for more than six weeks. Female athletes rarely use Dynabolon since they normally prefer Durabolin, which has a shorter duration of effectiveness

EPHEDRINE

Substance: ephedrine hydrochloride
Trade Names:
Ceepa (o.c.) 24 mg tab.; Geneva U.S.
Central (o.c.) elex. Central U.S.
Dymetadrine 25 mg tab.; AST Research U.S.
Efedrin (o.c.) 20 mg tab.; ACO 5
Efedrin 25 mg tab.; Leiras Fl
Efedrin DAK 20 mg tab.; DAK Labs DK
Efedrina Level 50 mg tab.; Laboratorio Level S.A. ES
Ephedrine HCL 25 mg tab.; Strength Systems U.S.
Ephedrine HCL 25 mg tab.; NVE Pharmaceuticals U.S.
Ephedrine HCL 25 mg tab.; T&M U.S.
Eph. HCI-Antos (o.c.) .50 mg tab.; Merania A
Ephedrin Spofa 25 mg tab.; Slovakofarma CZ
Ephedrini HCL (o.c.) 50 mg tab.; Brocacef NL; Interpharm NL; Magnafarm NL; OPG NL;
Ephedrinum HCL 25 mg tab.; Polfa PL
Ephedroides 3 30 mg tab.; Richelet FR
Lardet Expectorant (o.c.) 24 mg tab.; Standex U.S.
Mudrane GG (o.c.) 16 mg tab.; Poythress U.S.
Perspiran N 25 mg tab.; Gdecke G
Perspiran N prot. 48 mg tab.; Gdecke G
Pyrralan Expectorant (o-c) 30 mg tab.; Lannet U.S.
Quadrinal 24 mg tab.; Knoll U.S.
Quibron Plus 25 mg tab.; Bristol U.S.
Rhinoguttae 10 mg tab.; Ex-Fna NL
Stopastheme 10 mg cap.; Granions FR
Tedral-SA (o.c.) 48 mg tab.; Parke Davis U.S.
T-E-P (o.c.) 24 mg tab.; Stanlabs U.S.
Theodrine 24 mg tab.; Rugby U.S.
Theopheyllin (o.c.) 24 mg tab.; H.L.Moore U.S.
Vencipon N 12-21 mg drg Artesan G, A

Ephedrine belongs to the group of sympathomimetics. It is not a hormone compound. First, ephedrine has clear fatburning characteristics. On the one hand, this occurs since ephedrine produces heat in the body (thermogenesis). Simplified, ephedrine slightly increases the body temperature so that the body burns more calories than usual. On the other hand, ephedrine stimulates the thyroid gland to transform the weaker LT-4 (L-thy-roxine) into the stronger LT-3 (liothyronine), thus accelerating the metabolism. The fatburning effect, with the additional intake of both methylzanthine caffeine and aspirin, can almost

be doubled. Scientific research has shown that the combination of 25 mg ephedrine, 200 mg caffeine, and 300 mg aspirin is ideal to produce a synergetic effect. Those who apply this combination three times daily, approximately 30 minutes prior to a meal, will significantly burn fat. Competing bodybuilders have appreciated this for quite some time. Second, ephedrine has anticatabolic characteristics. Thus it is especially useful for maintaining the muscle system while dieting. Finally, athletes often use ephedrine as a "training booster." Since it has a mild amphetamine-like effect on the central nervous sys-tem (CNS) it improves the concentration, vigilance, and the in-terplay of nerves and muscles. For this purpose, 25-50 mg ephedrine are taken approximately one hour before a workout. The athlete feels an immediate boost in energy which during work-out can manifest itself in a 5-10% increase in strength. Again, also in this case, the effect can be improved by taking caffeine and aspirin (s.a.). it is important to note that ephedrine, admin-istered for this purpose, is not to be taken more than three times a week; otherwise, the body gets accustomed to it and the "boost effect" decreases, and much higher dosages are needed.

Side effects can manifest themselves in the form of more rapid heartbeat, insomnia, tremors (light trembling of the fingers), headaches, dizziness, high blood pressure, and lack of appetite. Ephedrine must not be taken when high blood pressure, a severe hyperfunction of the thyroid gland, irregular heart rhythm, or a recent myocardiac infarction are present.

EQUIPOSE- boldenone undecylenate

Substance: boldenone undecylenate
Trade Names:
Boldebal-H 50 mg/ml; Ilium Troy Lab. Australia
Equipoise (o.c.) 25 mg, 50 mg/ml; Squibb Canada, Mexico, U.S.
Equipoise 25 mg, 50 mg/ml; Solvay Vet. Canada, Mexico, U.S.
Ganabol 25 mg, 50 mg/ml; Laboratorios VM. Columbia, Panama, Guatemala, El S
Pace 25 mg/ml; Jurox Labs Australia
Sybolin 25 mg/ml; Manufacturer unknown, Australia
Boldeno'n 200 mg/ml; Ttokkyo Labs
Vebonol 25 mg/ml; Ciba-Geigy G, CH, Australia

Today, the substance boldenone undecylenate can only be found in steroids for veterinary medicine. The American Equipoise is for horses; the Columbian Ganabol is used for cattle; and the German Vebonol for dogs. Athletes do not care, which shows the enormous popularity and far reaching application of these steroid compounds. Boldenone undecylenate is also very effective in humans and offers the athlete interesting characteristics which other steroids simply do not have.

Equipoise has a relatively high anabolic effect which is usually connected with a moderately distinct androgenic component. For this reason, Equipoise is not the steroid that will cause enormous gains in strength and muscle mass in the shortest time. Equipoise has a very favorable effect on the organism's nitrogen balance so that the main effect consists of a distinctly increased protein synthesis in the muscle cell. The resulting gain in body weight consists of a solid quality increase of the muscles which occurs slowly and evenly. The high quality is caused by low water retention of the substance. An additional advantage is that Equipoise aromatizes only slightly, thus making it an effective drug to use when preparing for competitions. Athletes who are dieting combine Equipoise with Winstrol Depot and report a dramatic increase in muscle hardness. Together with a sufficiently high supply of calories and protein this combination offers its users a large increase in strength and a rapid gain in quality muscles. Many will notice that Equipoise stimulates the appetite. The advantages achieved can usually be well-maintained over several weeks after use of the compound is discontinued. Equipoise also stimulates the erythropoiesis which is manifested by improved development and the formation of red blood cells. Bodybuilders thus experience an improved pump effect during workout and an improved vascularity

For most male athletes the weekly dosage is usually 150-300 mg. Often since only the 25 mg version can be found, frequent or very voluminous injections are necessary For most athletes 50 mg (corresponding to a 2 ml injection) taken every second day is sufficient. Advanced and ambitious bodybuilders usually take higher doses (50 mg daily) and achieve dramatic results. Women also usually respond well to Equipoise and with 50-100 mg/week they gain good muscles with a low water retention.

A dosage in this range is usually well tolerated. Higher dosages can cause virilization symptoms such as deep voice, increased production of the sebaccous gland and acne, increased libido and in some cases increased hair growth on the face and legs. Men have few problems with Equipoise. Since water and salt retentions are low, the blood pressure usually does not increase. Acne, gynecomastia, and increased aggressiveness occur only in rare instances. The feared "steroid fever," which can occur when using veterinary steroids, is rare with Equipoise since the product by Squibb is highly sterile and pure. Those who experience flu-like symptoms when they begin taking the compound should reduce the dosage for a short time. The price on the black market for a 10 ml vial is usu-ally around $90. The 50 ml vial is usually around $250.

ESCICLINE- formebolone

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

Esiclene is a steroid that is somewhat different from the others. The substance formebolone is available in various forms of administration. For athletes only the injectable version is of interest. Because of its anabolic effect, Esiclene is not well suited as a steroid for athletes. In bodybuilding, however, it is a highly valued and commonly used compound since it has the unusual characteristic of allowing any muscle to increase in diameter and size within the shortest period. How is this possible? Esiclene stimulates the muscle tissue located at the point of injection. The tissue defends itself or shall we say, reacts with a local inflammation.

This is manifested by an accumulation of tissue fluid from the lymph system which is the cause for the swelling or enlargement of the injected muscle. In order to avoid any misunderstandings we want to explicitly emphasize once more that the liquid is not accumulating in the skin but actually in the muscle tissue. Now it should also be clear why all other forms of administration of the compound will bring no results for bodybuilders. Since an inflammation is normally painful, each Esiclene ampule also in-cludes 20 mg lidocaine, a mild painkiller. The injection itself is not painful but an unpleasant feeling at the point of injection is noted for about a day. Since the substance dissolves in water, Esiclene's duration of effect is limited so that the swelling begins to decrease after about one day, and after at most 4-5 days the muscle is back to its normal size. For this reason, bodybuilders use Esiclene only during the last 7-14 days before a competition to shape up less-developed muscle groups. In order to compen-sate for the decrease in swelling, the compound is usually in-jected daily. Smaller muscle groups such as biceps, triceps, deltoid muscles and calves are especially suitable and thus preferred over others.

Over a period of 1-2 weeks a temporary growth gain of 1-1,5 inches on arms and calves can be obtained. At most, two or three different muscles are usually injected at the same time. Often the athlete starts with a 1 ml injection; during the following days it is increased to 2 ml = 1 ampule per muscle. Esiclene, for this purpose, is injected with insulin needles. Esiclene is also popular among women since it is highly effective. It has also been proven that Esiclene, as is common for water-dissolved steroids, helps the athlete to achieve a better muscle hardness over the entire body during the course of his preparation for a competition. Some bodybuilders use Esiclene over a longer period in regular intervals, usually 2 ml every 5-7 days, in order to stimulate the growth of an extremely obstinate

arm or calf muscle. Apart from the pain at the point of injection and, in some cases, a somewhat awkward-looking muscle, Esiclene has no sig-nificant negative side effects. It is difficult to find Esiclene on the black market. Six ampules are included in a box with a pull-out plastic bed. One ampule contains 2 ml of injection liquid with 4 mg of dissolved substance. This compound is very inexpensive. On the black market an ampule normally sells for $6 - 10.

ESTANDRON

Substance:
Trade Names:
Ambosex 105 mg/ml; Gedeon Richter BG
Estandrn 105 mg/ml; Organon ES
Estandrn 105 mg/ml; Organon PT A

This injectable steroid is a mix of three different testosterone esters and a smaller portion of estradiol, a female sex hormone. The testosterone composition of Estandron is similar to that found in Sustanon but contains one less testosterone substance (Testosterone decanoate). Like all other injectable testosterone compounds Estandr6n is also extremely suitable for a rapid build up of strength and muscle mass. It is highly androgenic and has a distinct protein -improving and anticatabolic effect. Estandr6n also improves the body's ability to regenerate; it lubricates joints by storing fluid in the connective tissue, and it increases the glycogen level n the muscle cells.

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

This is a combination which offers bodybuilders advantages and disadvantages. The advantage consists of the fact that women who do not want to give up the performance-enhancing characteristics of testosterone but, at the same time, who show a sensitive reaction to the androgenic component, can achieve good gains without too much worry about virilization symptoms. The same is true for men who may experience acne, hair loss or a prostate condition when taking additional testosterone. In these cases the estradiol in the com-pound is able to counteract these conditions. Since small amounts of estrogens are also anabolic and in particular stimulate blood cir-culation, this could also be one of the reasons why Estandr6n gives its users an enormous pump and a considerable increase in mass. Another positive aspect is also the fact that estrogens reinforce the storage of calcium in bones. Unfortunately, the estradiol mixture can lead to the formation of edemas and weight gain in both sexes. This results in excessive water retention and the risk of formation of subcutaneous fat deposits with increases in the dosage. A considerable risk of gynecomastia in male bodybuilders is also present. Competing bodybuilders and athletes who, because of testosterone injections, grow very rapidly should

stay away from Estandron. Further, the endogenous testosterone production is reduced considerably and the blood pressure often rises as well.

The dosage for male bodybuilders usually lies between 3 and 5 ml/ week. In order to minimize androgenic-caused side effects some "delicate" men combine Estandron with the milder and predominantly anabolic steroids and achieve quite satisfying results. An example might be an intake of 3 ml Estandr6n/week and 200 mg Primobolan Depot/week or 200 mg Deca-Durabolin/week. Those who would like to gain body mass as quickly as possible and who do not care about its consistency or quality, will be satisfied by taking 5 ml Estandr6n/week, 200 mg Deca-Durabolin/week, and 30 mg Dianabol/day. Women are usually content with 1-2 ml Estandron/ week. Most female bodybuilders achieve good gains and losing their femininity while taking 20 mg Winstrol tablets/day and 1-2 Estandron/week.

One ampule sells for $10 - 12.

FINAPLIX

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

GHB- gamma-hydroxybutyrate

GHB, or gamma-hydroxybutyrate is a naturally occurring metabolite and precursor to GABA (gamma-aminobutyrate). GHB was a widely available over-the-counter supplement until it was banned by the FDA in 1990. The substance has many beneficial effects, but it is typically used by bodybuilders and athletes because it can significantly raise growth hormone levels. Unfortunately, the increase in GH levels is also accompanied by an increase in levels of prolactin. The increase in prolactin counteracts many of the positive effects of an elevated GH level. This probably explains why many athletes experience very little as far as muscle growth with the use of GHB. Several athletes using GHB report an increase in lean body mass and strength. Many users don't experience any muscle or strength increase, but do feel GHB help to accelerate fat loss.

Besides the increase in growth hormone, there are many other positive effects of GHB that may prove beneficial to athletes. First, GHB is an excellent sleeping aid. A small dosage will induce a state of relaxation, euphoria, and drowsiness. An even higher dosage will intensify the effect and help the user fall asleep quickly. GHB aids in REM and slow-wave sleep, and unlike other popular sleep aids, GHB will not interrupt any stages of the natural sleep pattern. This is crucial in achieving a complete session of sleep necessary for recuperation and muscle recovery. One problem with GHB-induced sleep is that some people tend to wake up 3-4 hours later when the GHB has worn off. This effect is probably due to the fact that GHB will temporarily inhibit the release of dopamine in the brain, and at the same time increase dopamine storage. When the GHB wears off, there will be a sudden increase in dopamine release and this is what may cause some people to wake up in the middle of the night. This is more likely to happen when a high dosage of GHB is used. Therefore, the dosage of GHB used to induce sleep should be lowered. Another way to combat this effect is simply by taking a second dosage upon wakening to allow for another 3-4 hours of sleep. It is interesting to note that this increase in dopamine release is also the reason why so many people report feelings of improved well-being and alertness the next day after a night of GHB-induced sleep.

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

Now that GHB has been banned by the FDA, an athlete only has a few options if he want to obtain GHB. First, he can buy it on the black market. This has several disadvantages. To begin with, much of the stuff on the black market is made by underground chemists using cheap materials that may contain harmful impurities. Also, it is difficult to determine the concentration since most GHB sold on the black

market is dissolved in water. The concentration will often vary and this will make it hard to accurately determine a dosage. A second option would be to mail order the GHB from a foreign pharmacy. This is risky because US Customs may seize the order. There may also be legal consequences to buying GHB. GHB is a controlled substance and many states are trying to make it a scheduled drug. Some states are even trying to make it a schedule I drug. The last option left to the athlete is to make the GHB himself. The manufacture of GHB is illegal in the United States, but many people choose to do it anyway. There are several different approaches for synthesizing GHB available over the internet. Some are good and some are bad. The syntheses of GHB is certainly not difficult, but it is definitely not as easy as mixing some NaOH with gamma butyrolactone in a pot and allowing it to cook in the oven for a couple of hours. The type of procedure will produce some GHB, but the yield will be very poor. Chances are there will also be a lot of unreacted chemicals. Also, depending on the pH, it could be dangerous to ingest. Many of the GHB procedures with good yields may be difficult to perform for the average person that has very little knowledge of chemistry.

HALOTESTIN- fluoxymesterone

Substance: HALOTESTIN
Trade Names:
Android-F (o.c.) 10 mg tab.; Brown U.S.
Halotestin 2 mg tab.; Upjohn U.S.
Halotestin 5 mg tab.; Upjohn U.S., DK, FR, GR, I, S, NL, Fl, NO, Phillip
Halotestin 10 mg tab.; Upjohn U.S.
Halotestin 10 mg tab.; Warner-Chilcott U.S.
Hysterone Tabs (o.c.) 20 mg tab.; Major U.S.
Ora-Testryl (o.c.) 5 mg tab.; Squibb Mark U.S.
Stenox 2.5 mg tab.; Atlantis Laboratories Mexico
Ultandren (o.c.) 1 mg tab.; Ciba GB
Ultandren (o.c.) 5 mg tab.; Ciba GB

Halotestin is an oral steroid. Its fluoxymesterone substance is a precursor of methyltestosterone which, through changes in the chemical structure, was made much more androgenic than test-osterone. The anabolic component of Halotestin is only slightly pronounced. Based on its characteristics Halotestin is used mainly when the athlete is more interested in a strength buildup rather than in a muscle gain. Powerlifters and weightlifters who must stay within a certain weight class often use Halotestin because they are primarily interested in a strength gain without adding body weight. In bodybuilding this drug is almost exclusively taken during preparation for a competition. With a lower body fat content Halotestin gives the bodybuilder a distinctive muscle hardness and sharpness. Although the muscle diameter does not increase, it appears more massive since the muscle den-sity is improved. The fact that a daily dose of up to 20 mg does not cause water and salt retention makes it even more desirable. During a diet, Halotestin helps the athlete get through difficult, intense training while increasing the aggressiveness of many us-ers. This is another reason why it is so popular among powerlifters, weightlifters, football players, and, in particular, boxers. The generally observed dose is normally 20-40 mg/day. Bodybuilders are usually satisfied with 20-30 mg/day while powerlifters often take 40 mg/day or more. The daily dosage is usually split into two equal amounts and taken mornings and evenings with plenty of fluids. Since the tablets are 1 7-alpha alky-lated, they can be taken during meals without any loss in effect.

Those who are tired of taking Dianabol tablets will find Halotestin an interesting alternative. In the meantime we know several body-builders who have combined Halotestin with injectable, mostly anabolic, steroid preparations such as Anadur, Deca-Durabolin, Primobolan Depot, or Equipoise. The quick strength gain induced by Halotestin can usually be turned into solid, high-quality muscle tissue by taking the above steroids. This is an ?specially welcome change for athletes who easily retain water arid have to fight against swollen breast glands. Many will be surprised at what progress can be

achieved by a simple combination of 30 mg Halotestin/day and 100 mg Equipoise every two days over a four week period.

"So far, so good," you will say, but unfortunately, this is not so since Halotestin is a very toxic steroid. Besides Anadrol 50 and Methyltestosterone it is the oral steroid with the most side effects. Those who would like to try Halotestin should limit the intake to 4-6 weeks and take no more than 20-30 mg daily Fluoxymesterone puts extremely high stress on the liver and is thus potentially liver damaging. Other frequently- observed side effects are increased pro-duction of the sebaceous gland (which goes hand ir hand with acne), nasal bleeding, headaches, gastrointestinal pain, and reduced pro-duction of the body's own hormones. Men become easily irritable and aggressive. Gynecomastia and high blood pressure caused by edemas do not occur with Halotestin. Do not be surprised, however, when on Halotestin's package insert you read the words "gynecomastia" and "edemas." This standard warning, due to legal provisions, is included in all strong androgenic steroids. Women should avoid Halotestin since it can cause substantol and in part irreversible virilization symptoms.

One hundred 10 mg tablets cost approx. $100 on the black market.

A.PL. 5000 LU., 10000 I.U., 20000 LU. amp.; Wyeth-Ayerst U.S,
Biogonadyl 500 1-U., 2000 I.U. amp.; Biomed PL
C.G. (o.c.) 10000 I.U. amp.; Sig U.S.
Choragon 1500 I.U., 5000 I.U. amp.; Ferring G
Chorex 5000 I.U., 10000 1.U. amp.; Hyrex U.S.
Chorigon (o.c.) 10000 I.U. amp.; Dunhall U.S.
Chorion-Plus (o.co.) 10000 I.U. amp.; Pharmex U.S.
Choron 10 1000 LU-, 10,000 1-U. amp. Forest U.S.
Corgonject (o.c.) 5000 I.U. amp.; Mayrand U.S.
Follutein (o.c.) 10000 I.U. amp.; Squibb Mark
Gestyl 1000 I.U. amp.; Organon BG
Glukor (o.c.) 10000 I.U. amp.; Hyrex U.S.
Gonadotraphon 500 I.U.' 1000 I.U. 5000 LU. amp.; Paines+Byrne GB
Gonadotrafon LH 125 I.U., 250 1.U., 1000 I.U. amp.; Amsa I
Gonadotrafon LH 2000 I.U., 5000 I.U., amp.; Amsa I
G. chor. "Endo" 500 I.U., 1500 I.U., 5000 LU. amp.; Organon FR
Gonadotropyl 5000 I.U. amp.; Roussel Mexico
Gonic (o.c.) 1000 I.U. amp.; Hauck U.S.
Gonic 1000 I.U. amp.; Roberts U.S.
Harvatropin 10000 I.U. amp.; Harvey U.S.
H.C.G. (o.c.) 1000 I.U., 10000 I.U. amp.; Huffman U.S.
H.C.G. 5000 I.U., 10000 I.U. amp.; Pharmed Group U.S.
HCG 5000 1-U., 10000 I.U. amp.; Steris U.S.
HCG Lepori 500 I.U., 1000 I.U., 2500 I.U. amp.; Lepori ES
Neogonadil Bruco 1000 W. amp.; Opocrin I(o.c.)
Physex 1500 I.U., 3000 I.U., amp.; Leo DK, NO
Physex Leo 500 I.U., 1500 1-U., 5000 I.U. amp.; Leo ES
Praedyn 1500 I.U., 3000 I.U. amp.; Leciva CZ
Predalon 500 I.U., 5000 I.U. amp.; Organon G
Pregnesin 250 I.U., 500 1.U., 1000 I.U. amp.; Serono G, CZ
Pregnesin 2500 I.U., 5000 I.U. amp.; Serono G, CZ
Pregnyl 10000 I.U. amp.; Organon U.S.
Pregnyl 100 I.U. amp.; Organon 1, BG
Pregnyl 500 I.U., 1500 1.U., 5000 I.U. amp.; Organon A, B, CH, GB, BG, GR, 1, NL, PL, S, FI; YU
Pregnyl 1500 I.U., 5000 I.U. amp.; Organon Mexico
Primogonyl (o.c.) 250 I.U., 500 LU. amp.; Schering A
Primogonyl 250 I.U., 500 I.U. amp.; Schering CH, G,CZ

Primogonyl 1000 I.U., 5000 I.U. amp.; Schering G, CH, YU, CZ
Profasi 10000 I.U. amp.; Serono CH, B, Mexico, S, Fl, GB,NO, NL
Profasi 500 I.U. amp.; Serono CH, GB, Mexico, HU, FR
Profasi 1000 I.U. amp.; Serono HU, NL
Profasi 1500 I.U. amp.; Serono FR
Profasi 2000 I.U., 5000 I.U. amp.; Serono A, B, CH, DK, HU, GB, GR, S,FR, NL, NO, Mex
Profasi HP 5000 I.U., 10000 I.U. amp.; Serono U.S.
Profasi HP 250 LU., 2000 1-U., 5000 LU. amp; Serono 1
Profasi HP 500 1.U., 1000 I.U., amp; Serono I
Profasi HP 500 1-U., 1000 1-U., 2500 1.11- amp; Serono ES
Rochoric (o.c.) 10000 LU. amp.; Rocky-Mount. U.S.
Veterinary: Brumegon 1000 LU. amp.; Hydro G
Choriolutin 1500 1.U., 5000 LU; Albrecht G
Chor.Gonadotropin 10000 I.U. Steris U.S.
Chorulon vet. injection solution Intervet DK
Chorvlon (o.c.) 1500 I.U. amp.; Werfft-Chemie A
Ekluton 1500 LU., 5000 1.U.; Vemie G
Gonadoplex vet. injection solution; Leo DK
HCG 10000 I.U. Steris U.S.
Ovogest 1500 In, 5000 1-U.; Hydro G
Ovo-Gonadon 500 LU.; Alvetra G
Prolan vet. injection solution; Bayer S

HCG, is not an anabolic/an-drogenic steroid but a natural protein hormone which develops in the placenta of a pregnant woman. HCG is manufac-tured from the urine of pregnant women since it is excreted in un-changed form from the blood via the woman's urine, passing through the kidneys. The commercially available HCG is sold as a dry substance and can be used both in men and women. in women injectable HCG allows for ovulation since it influences the last stages of the development of the ovum, thus stimulating ovulation. In a man HCG stimulates pro-duction of androgenic hormones (testosterone). For this reason athletes use injectable HCG to increase the testosterone produc-tion. HCG is often used in combination with anabolic/androgenic steroids during or after treatment. Since the body usually needs a certain amount of time to get its testoster-one production going again, the athlete, after discontinuing ste-roid compounds, experiences a difficult transition phase which often goes hand in hand with a considerable loss in both strength and muscle mass. Administering HCG directly after steroid treat-ment helps to reduce this condition because HCG increases the testosterone production in the testes very quickly and reliably. In the event of testicular atrophy caused by mega doses and very long periods of usage, HCG also helps to quickly bring the testes back to their original condition (size). Since occasional injections of HCG during steroid intake can avoid a testicular atrophy, many athletes use HCG for two to three weeks in the middle of their steroid treatment. It is often observed that during this time the athlete makes his best progress with respect to gains in both strength and muscle mass. Those who are on the juice all year round, who might suffer psychological consequences or who would perhaps risk the breakup of a relationship because of this should consider this drawback when taking HCG in regular in-tervals. A reduced libido and spermatogenesis due to steroids, in most cases, can be

successfully cured by treatment with HCG.

Most athletes, however, use HCG at the end of a treatment in order to avoid a "crash," that is, to achieve the best possible transition into "natural training." A precondition, however, is that the steroid intake or dosage be reduced slowly and evenly before taking HCG. Although HCG causes a quick and significant increase of the endogenic plasma- testosterone level, unfortunately it is not a perfect remedy to prevent the loss of strength and mass at the end of a steroid treatment. Although HCG does stimulate endogenous testosterone production, it does not help in re-estab-lishing the normal hypothalamic/pituitary testicular axis. The hypothalamus and pituitary are still in a refractory state after prolonged steroid usage, and remain this way while HCG is being used, because the endogenous testosterone produced as a-result of the exogenous HCG represses the endogenous LH production. Once the HCG is discontinued, the athlete must still go through a re-adjustment period. This is merely delayed by the HCG use." For this reason experienced athletes often take Clomid and Clenbuterol following HCG intake or they immediately begin an-other steroid treatment. Some take HCG merely to get off the "steroids" for at least two to three weeks.

HCG package insert states clearly that HCG "has no known effect of fat mobilization, appetite or sense of hunger, or body fat distribution." It further states, "HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity, it does not increase fat losses beyond that resulting from caloric restriction. 6000 I.U. of HCG in a single injection resulted in elevated testosterone levels for six days after the injection. At a dosage of 1500 I.U. the pharmatestosterone level increases by 250-300% (2.5-3fold) com-pared to the initial value. The athlete should inject one HCG ampule every 5 days. Since the testosterone level remains considerably elevated for several days, it is unnecessary to inject HCG more than once every 5 days. The effective dosage for ath-letes is usually 2000-5000 I.U. per injection and should-as al-ready mentioned-be injected every 5 days. HCG should only be taken for a few weeks. If HCG is taken by male athletes over many weeks and in high dosages, it is possible that the testes will respond poorly to a later HCG intake and a release of the body's own LH. This could result in a permanent inadequate gonadal function.

HCG can in part cause side effects similar to those of injectable testosterone. A higher testosterone production also goes hand in hand with an elevated estrogen level which could result in gynecomastia. This could manifest itself in a temporary growth of breasts or reinforce already existing breast growth in men. Farsighted athletes thus combine HCG with an antiestrogen. Male athletes also report more frequent erections and an increased sexual desire. In high doses it can cause acne vulgaris and the storing of minerals and water. The last point must especially be observed since the water retention which is possible through the use of HCG could give the muscle system a puffy and watery appear-ance. Athletes who have already increased their endogenous test-osterone level by taking Clomid and intend subsequently to take HCG could experience considerable water retention and distinct feminization symptoms (gynecomastia, tendency toward fat de-posits on the hips). This is due to the fact that high testosterone leads to a high conversion rate to estrogens. In very young ath-letes HCG, like anabolic steroids, can cause an early stunting of growth since it prematurely closes the epiphysial growth plates. Mood swings and high blood pressure can also be attributed to the intake of HCG.

HCG's form of administration is also unusual. The substance choriongonadotropin is a white powdery freeze-dried substance which is usually used as a compress. Each package, for each HCG ampule, includes another ampule with an injection solution containing isotonic sodium chloride. This liq-uid, after both ampules have been opened in a sterile manner, is injected into the HCG ampule and mixed with the dried substance. The solution is then ready for use and should be injected intra-muscularly. If only part of the substance is injected the residual solution should be stored in the refrigerator. It is not necessary to store the unmixed HCG in the refrigerator; however, it should be kept out of light and below a temperature of 25* C.

HCG is a relatively expensive compound. It costs approx. $36 -45 for 3 ampules of 5000 I.U.

HGH- HUMAN GROWTH HORMONE

i have seen this article on HGH many times on numerous boards and i imagine a good deal of you have already as well. though i couldnt recall seeing it on our beloved AF so i thought i would post it.

not sure who the origianl author was so i cant give credit out - regardless i think its a good read and pretty informative

Growth Hormone

Rating: (1 being the lowest, 5 being the highest)
Strength-4
Weight Gain-4
Fat Loss-4
Side Effects-2
Keep Gains--4

Side Effects:
Hypoglycemia- due to lowered insulin levels.
Aromeglia- (abnormal bone growth) GH does not cause it, but if you are predisposed to it, it will speed it up.
GH gut- if predisposed and taking large doses of GH
Carpel Tunnel Syndrome
Soreness in Joints

Benefits of GH:
New Muscle Cells
Mood Enhancement
Smoothing and improving the skin
Leanness, it is a potent fat burner
Joint and ligament strengthening

Where to Inject, How, and How to Make:
You can site inject anywhere you can reach the subcutaneous layer. Pinch the flesh and pull back, then insert the needle in the "pocket" underneath. Doesn't absorb quick enough if you inject into the adipose tissue. Do not inject intra-muscular, though it can be done, it is not recommended. GH is a site injection,

where it is shot is where it will burn the most noticeable fat. Most people do it in the stomach since that is a typical sub q shot with most of the fat being in that area. GH should be kept in a fridge; freezing will destroy the GH. On your kit it probably says to use the kit in 18-24 hours, remember these are for AIDS patients, not bodybuilders or athletes. Mixing the GH can either be done with sterile water or bacteriostic water. The kit with water will be fine for 3 days in the fridge, even with the sterile water, but you should not take this chance, rather you should use bacteriostic water and play it safe. This will keep it fine for a couple of weeks. When mixing the GH, let the water slide down the side as to not pulverize the GH wafer. Do not spray it directly against the wafer with any force. Before reconstitution and even after GH is fragile!!! Also once the water is injected into the bottle gently swirl the vial to reconstitute, do not shake or swirl violently!!!!

Conversions:
1 ml = 1 cc -/+
100 units per 1 cc

6 mg = 18iu

1 ml = 18iu

.50 ml = 9iu

.25 ml = 4.5iu

Some people choose to only do it in ccs but here is how you can do it in units on a slin dart

5.5 = 1iu, so 2iu = 11 on a slin dart

Differences Between Kits:
The main difference between kits is how many ius they make when reconstituted. For example, Serostim re-constitutes to make 126iu, while a Saizen kit.... also made by Serono.... makes up 15iu. Another of their kits makes 54iu. It better be way cheaper than a Serostim kit! Humatrope is fine, but costs too much. The other main concern would be fakes; Lilly is the most often faked one. Some older GH kits do not have holograms on them and are legit, but they are usually only less than 100 dollars than new GH kits with holograms, and I would rather be assured of the hologram and legitimacy of the kit. Best buy currently is Serostim 126 iu kits. These are made for people with wasting diseases like AIDs. Many of these patients got infected because they are IV drug addicts.....they sell the Serostim on the street for drug money.

Dose:

4 to 6 iu ed is sufficient. Most people take it 5 days on 2 days off at their designated dosage. There is no reason or evidence why you cannot stay on for various lengths of time; there is no need to go 5 on 2

off other than cost. Considering that our natural production is only .5 to 1.5iu a day, this is still a huge bump for the body. Research has shown that the body's natural defense systems render mega doses of GH ineffective, anyway. GH does not cause gains in mass...it allows you to put on a great deal of lean mass in combination with proper steroid and insulin use. The user before taking must know this. One or two kits are not enough, you need at least 3 to make you happy, GH takes a while to make its effects, but remember they are long lasting, what you see is what you keep. It takes 6 to 8 weeks to notice a dramatic change in body comp using GH on an ED or 5/2 split. Lighter doses for long periods of time are better than large doses for short cycles. Like any other drug, the more you take the more the benefits, but likewise also more risks. 4-6 iu is a standard dose but many people take more, the most repulsing side effects happen at or beyond 12 iu a day but like anything else it depends on your predisposition for it.

How to Stack:
GH is best taken in conjunction with insulin, anabolic steroids, and t3. Insulin is extremely effective with GH, as anyone here who has tried it will testify. This is because GH injections cause a down regulation of insulin sensitivity in the body.
GH alone causes little growth of lean mass, however, when combined with insulin and steroids (and IGF-1 if you can find it), the results can be down right remarkable...esp. in the older bodybuilder. Start light with the humulin...5iu...and work up 1 iu a day till you get use to it. 7 to 10iu in the AM and 7 to 10 iu in the late afternoon, with split doses of GH is your best bet. When splitting GH/insulin doses, I use mid-morning and late afternoon after lifting.... both flat times in our natural GH production. The insulin overcomes the insulin-resistance caused by exogenous GH supplementation. If you are scared to take insulin thought, then Gh with Test and Glucophage is good. GH is good for cutting if used alone. Glucophage allows for improved glucose and amino acid absorption by the muscle tissue and does it safely. This is what you want. The half-life of GH is only 2 hours so spread it out. Avoid bedtime injections since we produce the bulk of our own GH in the first two hours of sleep. Since exogenous GH suppresses this, you should not take it before bed. For best results, use a 17aa oral during the cycle to stimulate the release of natural insulin growth factors. I would run the test throughout. GH/insulin/test is the proven synergistic combination.
It is also wise to preload with testosterone before starting GH if you are going to do it. You should preload with the amount of time it takes for that testosterone to kick in, since most of us take longer acting esters for testosterone you should usually start taking the test 2 weeks before GH use. Likewise, you can accommodate it to fit your needs; the key is for the test to be kicking in the same time you are starting to run your GH. You can cycle you steroids however you want to depending on your goals, if you are going for a more massive look than you would run insulin for most of the cycle and use high androgens, but if you are looking for additional leanness at the end of a cycle you should stop the androgens and run a higher dose of GH or run less androgens. T3 is also another substance that should be used during GH cycling since GH lowers thyroid hormones. T3 should be used for shorter periods though, because it can permanently alter the endocrine system. The magic of GH for men is the ability to gain mass without fat or bloating when stacked properly with insulin, and steroids. GH also makes for amazing improvements in skin...smoothes wrinkles, burns stubborn spots of adipose tissue, gives that paper-thin contest look...and also gives one a real mood lift, a feeling of well being.

Major Difference Between GH and Steroids:
Steroids can increase the size of your muscle cells, but cannot I repeat CAN NOT increase the number of muscle cells in your body, which to start with is governed by your genetics. However Growth hormone CAN increase the number of muscle cells in your body, which goes beyond genetics.

Half-Life of GH:
Exogenous (injected) GH has a "half-life" of approximately 2 hours . . . a 4-hour period of activity during which there is a suppression of naturally produced GH.

GH Naturally Produced:
We release the most of our naturally produced GH during the first two hours of deep sleep...you may take a little time to adjust.... your body thinks you should be in bed when that big influx hits. It is good to take a nap, thats when you grow anyway. It always helps to take naps after workouts and injections everyday.

GH Causing Acromeglia:
Acromeglia is a disease...you either have it or you don't. Supplementing GH will not cause it. Persons suffering from acromeglia, like Andre the Giant, lack the natural defense mechanisms of the body to regulate the production and effects of GH secretion in he pituitary. It is well established in the medical literature that exogenous GH will not cause the disease.... of course it would worsen the condition in those who had it.

GH Gut: Myth or Reality?:

Some researchers claim that any gains in weight experienced by subjects using GH alone was due to growth of internal organs and connective tissue, which could cause some problems. Most studies do not agree with this theory and consider "GH gut" to be a myth. Some people are allergic to synthetic test, this is something you have to find out for yourself. Some people also feel intestinal discomfort from time to time, if so take it down to one item at a time to see what is causing you discomfort; creatine, glutamine, protein products, orals, and dirty gear have all been known to cause this, so find the problem early.

GH and IGF-1:
Perhaps the most relevant effect of IGF-1 is the ability of IGF-1 to increase protein synthesis by increasing cellular mRNA formation (mRNA makes protein) as well as increasing uptake of amino acids. This effect on protein synthesis can lead to increased lean mass. The research indicates that this effect is dependent on GH presence as well. So IGF-1 alone does not promote such effects. Nor does GH. It appears the combination of the two most consistently lead to increased protein synthesis.

GH and IGF-1 are negative regulators of GH release so an increase in either (from a GH injection) reduces the secretion of GH. IGF-1 is very difficult to obtain in a useable condition.... it must be handled very gently and have bee kept at a rather precise temperature at all times. One can stimulate IGF

production through the use of an oral steroid during cycle. Dbol, for example, causes a rather extensive release of IGF during the first pass through the liver.

The leading studies in this area: (Ney, 1999, Yarasheski, 1994.... Am J. App. Phys.)
In the Yarasheski study, no increase in lean muscle mass was noticed in the subjects using GH alone, but significant gains were found in subjects that supplemented with IGF and GH...add in the steroids and look out! Yarasheski studied weight trained athletes, supplementing one group with GH alone, and one group with GH and IGF. "So IGF-1 alone does not promote such effects. (Leanness and increased lean mass) Nor does GH. It appears the combination of the two most consistently lead to increased protein synthesis." Both seem to negatively downregulate the other over time, so as to lead to diminishing returns. Cycling would be in order for that reason. Also supplementing both is necessary because one or the other alone will suppress the natural production of the non-supplemented Latest study by Yarashevski - with GH alone...8 to 12% change in lean body composition. 6% increase in muscle mass.

LJ

HGH- HUMAN GROWTH HORMONE- {PROFILE}

Substance: Somatropin
Trade Names:
Corpormon 4 I.U.; Nikken Japan
Crescormon (o.c.) 4 I.U.; Globopharm CH; Kabi GR, YU; Kabi Vitrurn U.S.
Crescormonn (o.c.) 4 I.U. Kabi-Fides ES
Genotr 2, 3, 4 I.U. Kabi pharmacia NO 16, 32 I.U.
Genotonorm 4 I.U. Kabi B; Kabipfrimmer ES
Genotropin 2 I.U. Kabi pharmacia S, BG, A, GR, NL
Genotropin 3 I.U. Kabi pharmacia 5, BG, A, GR, NL
Genotropin 3 I.U.; Kabi pharmacia G, DG, 5; BG, A, HU, PL, CZ GR, NL,
Genotropin 12 I.U.; Kabi pharmacia S, DK, PT CZ, NO, CH
Genotropin 16 I.U; Kabi pharmacia G, DK, FI, S, A, PT HU, GR,NL, CH
Geno, Kabi Quick 2, 3 1.U. Kabi Pharmacia G
Grorm (o.c.) 4 I.U. Serono G, CH, ES, I
Grorm 2, 4 I.U. Institutio farmacologio serono CZ
Humatrope 4 I.U. Lilly G, DK, ES, 5, GB, FI, B, HU, GR, CZ, NO, NL,
Humatrope 5mg sol.; Lilly U.S.
Humatrope 16 I.U.; Lilly G, DK, FI, GB, ES, GR, NO, NL, CH
Norditropin 4 I.U.; Nordisk PL; Nordisk Gentofte DK; Novo-Nordisk A, E
Norditropin 12 I.U.; Novo-Nordisk G, FI; CH, NO, NL, ES Novo GB; FI, HU
Norditropin 24 I.U.; Novo Industri CZ, Novo HU, FI, Santa GR Novo Nordi
Norditrop. Pen Set 24 I.U. Novo-Nordisk G
Nutropin 10 mg sol.; Genentech U.S.
Protropin 10 nig sol.: Genentech U.S.
Saizen 2 I.U. Serono G, CH, ES
Saizen 4 I.U. Serono G, A, CH, ES, 1, GB, GR, FI, HU, FR, S, CZ
Saizen ES 10 LU. Serono S, FI, GB, CH, CZ, HU, FR,
Somatohorm 4 I.U. Biomed PL
Somatohorm 4 I.U. Kabi-vitrum CZ, Kabi pharmacia ES, FR
Somat. Sero (o.c.) 4 LU. Serotherapeutisches Institut A
Zomacton 4,12 I.U. Ferring G

HUMAN GROWTH HORMONE Substance: Somatropin
Trade Names:

Corpormon 4 I.U.; Nikken Japan
Crescormon (o.c.) 4 I.U.; Globopharm CH; Kabi GR, YU; Kabi Vitrurn U.S.
Crescormonn (o.c.) 4 I.U. Kabi-Fides ES
Genotr 2, 3, 4 I.U. Kabi pharmacia NO 16, 32 I.U.
Genotonorm 4 I.U. Kabi B; Kabipfrimmer ES
Genotropin 2 I.U. Kabi pharmacia S, BG, A, GR, NL
Genotropin 3 I.U. Kabi pharmacia 5, BG, A, GR, NL
Genotropin 3 I.U.; Kabi pharmacia G, DG, 5; BG, A, HU, PL, CZ GR, NL, CH, Fl, Pierrel I
Genotropin 12 I.U.; Kabi pharmacia S, DK, PT CZ, NO, CH
Genotropin 16 I.U; Kabi pharmacia G, DK, Fl, S, A, PT HU, GR,NL, CH
Geno, Kabi Quick 2, 3 1.U. Kabi Pharmacia G
Grorm (o.c.) 4 I.U. Serono G, CH, ES, I
Grorm 2, 4 I.U. Institutio farmacologio serono CZ
Humatrope 4 I.U. Lilly G, DK, ES, 5, GB, Fl, B, HU, GR, CZ, NO, NL, I Serum und Impfinstitut CH
Humatrope 5mg sol.; Lilly U.S.
Humatrope 16 I.U.; Lilly G, DK, Fl, GB, ES, GR, NO, NL, CH
Norditropin 4 I.U.; Nordisk PL; Nordisk Gentofte DK; Novo-Nordisk A, ES, 1, NO, Novo HU, Novo Industri BG
Norditropin 12 I.U.; Novo-Nordisk G, Fl; CH, NO, NL, ES Novo GB; FI, HU, Nordisk Gentofte DK; Nordisk B, PL Novo Industri BG, CZ, Santa GR
Norditropin 24 I.U.; Novo Industri CZ, Novo HU, Fl, Santa GR Novo Nordisk NO, A, ES, DK, NL
Norditrop. Pen Set 24 I.U. Novo-Nordisk G
Nutropin 10 mg sol.; Genentech U.S.
Protropin 10 nig sol.: Genentech U.S.
Saizen 2 I.U. Serono G, CH, ES
Saizen 4 I.U. Serono G, A, CH, ES, 1, GB, GR, Fl, HU, FR, S, CZ
Saizen ES 10 LU. Serono S, Fl, GB, CH, CZ, HU, FR,
Somatohorm 4 I.U. Biomed PL
Somatohorm 4 I.U. Kabi-vitrum CZ, Kabi pharmacia ES, FR
Somat. Sero (o.c.) 4 LU. Serotherapeutisches Institut A
Zomacton 4,12 I.U. Ferring G

"Wow, is this great stuff. It is the best drug for permanent muscle gains. This is the only drug that can remedy bad genetics, as it will make anybody grow. GH use is the biggest gamble that an athlete can take, as the side effects are irreversible. Even with all that, we LOVE the stuff." (Daniel Duchaine, Underground Steroid Handbook, 1982.)

As with no other doping drug, growth hormones are still surrounded by an aura of mystery. Some call it a wonder drug which causes gigantic strength and muscle gains in the shortest time. Others con-sider it completely useless in improving sports performance and ar-gue that it only promotes the growth process in children with an early stunting of growth. Some are of the opinion that growth hor-mones in adults cause severe bone deformities in the form of over-growth of the lower jaw and extremities. And,

generally speaking, which growth hormones should one take -the human form, the synthetically manufactured version, recombined or genetically pro-duced form- and in which dosage? All this controversy about growth hormones is so complex that the reader must have some basic information in order to understand them. The growth hor-mone is a polypeptide hormone consisting of 191 amino acids. In humans it is produced in the hypophysis and released if there are the right stimuli (e.g. training, sleep, stress, low blood sugar level). It is now important to understand that the freed HGH (human growth hormone) itself has no direct effect but only stimulates the liver to produce and release insulin-like growth factors and so-matomedins. These growth factors are then the ones that cause various effects on the body The problem, however, is that the liver is only capable of producing a limited amount of these substances so that the effect is limited. If growth hormones are injected they only stimulate the liver to produce and release these substances and thus, as already mentioned, have no direct effect.

During the mid 1980's only the human, biologically-active form was available as exogenous sour-cc of intake. It was obtained from the hypophysis of dead corpses, an expensive and costly procedure. In 1985 the intake of human growth hormones was linked with the very rare Creutzfeld-Jakob disease, an invariably fatal brain disease characterized by progressive dementia. In response, manufacturers removed this version from the market. Today, human growth hor-mones are no longer available for injection. Fortunately, science has not been asleep and has developed the synthetic growth hormone which is genetically produced either from Escherichia coli (E coli) or from the transformed mouse cell line. It has been available in nu-merous countries for years (see list with Trade Names .

The use of these STH somatotropic hormone compounds offers the athlete three performance-enhancing effects. STH (somatotropic hormone) has a strong anabolic effect and causes an increased pro-tein synthesis which manifests itself in a muscular hypertrophy (enlargement of muscle cells) and in a muscular hyperplasia (in-crease of muscle cells.) The latter is very interesting since this in-crease cannot be obtained by the intake of steroids. This is probably also the reason why STH is called the strongest anabolic hormone. The second effect of STH is its pronounced influence on the burning of fat. It turns more body fat into energy, leading to a drastic reduc-tion in fat or allowing the athlete to increase his caloric intake. Third, and often overlooked, is the fact that STH strengthens the connective tissue, tendons, and cartilages, which could be one of the main reasons for the significant increase in strength experienced by many athletes. Several bodybuilders and powerlifters report that through the simultaneous intake with steroids STH protects the athlete from injuries while increasing his strength. You will say that this sounds just wonderful. What is the problem, however, since there are still some who argue that STH offers nothing to athletes? There are, by all means, several athletes who have tried STH and who were sadly disappointed by its results. However, as with many things in life, there is a logical explanation or perhaps even more than one:

1.The athlete simply has not taken a sufficient amount of STH regularly and over a long enough period of time. STH is a very expensive compound and an effective dosage is unaffordable by most people.

2.When using STH the body also needs more thyroid hormones, insulin, corticosteroids, gonadotropins, estrogens and - what a surprise! - androgens and anabolics. This is also the reason why STH, when

taken alone, is considerably less effective and can only reach its optimum effect by the additive intake of steroids, thyroid hormones, and insulin, in particular. But we must point out in this case that STH has a predominately anabolic effect. There are three hormones which are needed at the same time in order to allow for maximum anabolic effect. These are STH, insulin, and an LT-3 thyroid hormone, such as, for example, Cytomel. Only then can the liver produce and release an optimal amount of somatomedin and insulin-like growth factors. This anabolic effect can be further enhanced by taking a substance with an anticatabolic effect. These substances are---everybody should probably know by now-anabolic/androgenic steroids or Clenbuterol. Then a synergetic effect takes place. Are you still wondering why pro bodybuilders are so incredibly massive but, at the same time, totally ripped while you are not? It is "Polypharmacy at its finest," as W Nathaniel Phillips described to the point in his bookAnabolic Reference Guide (5th Issue, 1990). But coming back once more to the "anabolic formula": STH, insulin, and L-T3. Most athletes have tried STH during preparation for a competition in that phase when the diet is calorie-reduced. The body usually reacts by reducing the release of insulin and of the L- T3 thyroid hormone. And, as was described under point 2, this is not an advantageous condition when STH is expected to work well. Well, we almost forgot. Those who combine Clenbuterol with STH should know that Clenbuterol (like Ephedrine) reduces the body's own release of insulin and L-T3. True, this seems a little complicated and when reading it for the first time it might be a little confusing; however it really is true: STH has a significant influence on several hormones in the human body; this does not allow for a simple ad-ministration schedule. As said, STH is not cheap and those who intend to use it should know a little more about it. If you only want to burn fat with STH you will only have to remember user infor-mation for the part with the L-T3 thyroid hormone as is printed by Kabi Pharmacia GmbH for their compound Genotropin: "The need of the thyroid hormone often increases during treatment with growth hormones. "

3. Since most athletes who want to use STH can only obtain it if prescribed by a physician, the only supply source remains the black market. And this is certainly another reason why some athletes might not have been very happy with the effect of the purchased com-pound. How could he, if cheap HCG was passed off as expensive STH? Since both compounds are available as dry substances, all that would be needed is a new label of Serono's Saizen or Lilly's Humatrope on the HCG ampule. It is no longer fun when somebody is paying $200 for 5000 I.U. of HCG, only worth $12, and thinking that he just purchased 4 I.U. of STH. And if you think this happens only to novices and to the ignorant, ask Ben Johnson. "Big Ben," who during three tests within five days showed an above-limit testosterone level, was not a victim of his own stupidity but more likely the victim of fraud. 'According to statistics by the German Drug Administration, 42% of the HGH vials confiscated on the North American black market are fakes." (Der Spiegel, no. 11, 1993.) One can only say, "Poor Ben." Even Deutsche Apothekerzeitung is aware of this problem. The magazine wrote in its issue no. 26 of 07/01/93 in the article "Wachstumshormon--Praparate: Arzneimittelf5lschungen in Bodybuilder-Szene": "The currently-known cases are traded with Dutch or Russian labels... in addition to a display of labels in the Dutch or Russian lan-guage the fakes are distinguished from the original product, in-sofar as the dry substance is not present as lyophilic but present as loose powder. The fakes confiscated so far use the name "Humatrope 16" under the name of Lilly Company (with Dutch denomination) or "Somatogen" (in Russian)." Nowhere can this much money be made except by faking STH. Who has ever held original growth hormones in his hand and known how.they should look?

4. In a few very rare cases the body reacts by developing-antibodies to the exogenous STH, thus making it ineffective.

Before discussing the extremely difficult matter of dosage and intake the following question suggests itself: Generally speaking who is taking growth hormones? A whole lot of athletes as the following quotation suggests: "Charlie Francis, the Canadian athletic trainer of Ben Johnson tells how he improved the performance of Ben and numerous other Olympic athletes by the use of growth hormones in 1983. Francis also had conclusive evidence that the U.S.-American field and track athletes were using growth hormones. In a 1989 interview with a pro bodybuilder, an interview not meant for publication, this massive athlete made clear that he was convinced that almost all professional top athletes were using Protropin. He also said that it did not bother him if the IFBB were to introduce doping tests for men in 1990 as long as there would be no testing for growth hormones (Anabolic Reference Update, June 1989, no. 11). "it is highly suspected that the top Ms. 0 competitors use this product to help them attain their incredibly rippled muscles while still looking like women." (Anabolic Reference Guide, 5th Issue, 1990, W N. Phillips.) Most top bodybuilders using Growth Hormone (GH) feel that insulin activates it. One top pro was rumored to have been using 12 I. U. of GH per day in preparation for his last WBF contest. He swears that GH only works with insulin." (Muscle Media 2000 ' October/ November 1993, no. 34.)" And shortly before the 1984 Olympic Games in Los Angeles, U.S. researchers succeeded in synthetically manufacturing the hormone. This hormone which cannot be detected with current testing methods immediately prepared American athletes throughout the country for the games in California. After reports of success the drug became the secret runner on the doping market. The football pro Lyle Alzado, who died of brain tumor, shortly before his death confessed that he had taken HGH for 16 weeks - and he claimed that 80% of all American football pros do so, too. Ben Johnson, who in 1988 in Seoul was caught with anabolics, admitted to the investigating committee of the Canadian government that he had tried the Growth Hormone. He had paid $ 10,000 for ten bottles of HGH. According to Johnson, his physician, George Astaphan, had also designed programs for his colleagues Mark McKoy, Angella Issajenko, and Desai Williams. Hurdle sprinter Juli Rochelean who toddy runs records for Switzerland under the name Baumann procured HGH on the black market of the bodybuilder scene in Montreal... Among women Gail Devers won the 100 meters (1992 Olympic Games in Barcelona, the auth.) after havingjust overcome a severe thyroid condition, a well-known side effect of taking HGH. Such suspicions are reinforced by current market data. The two U.S. companies Genentech and Eli Lilly produced about 800 million dollars of HGH in 1992. Genentech alone reported an eleven percent production increase compared to last year. Chemists incessantly emphasize that the drug should only be manufactured for use by persons with stunted growth. The U.S.Food and Drug Administration, however, sees it differently: the U.S. government currently includes HGH on the list of forbidden drugs and 'threatens up to five years of,prison for illegal possession of the drug." (Der Spiegel, no. I I of 03/15/93). "Many of the top strength athletes use HGH and the cost of its use ran as high as $30,000/year for one particular pro bodybuilder. Short term users (8 week duration) will spend up to $150 per daily dosage. And because the top athletes are rumored to use it, HGH lust in the lower ranks has become more rampant." (Daniel Duchaine, Underground Steroid Handbook 2.)

The question of the right dosage, as well as the type and duration of application, Is very difficult to

answer. Since there is no scientific research showing how STH should be taken for performance improvement, we can only rely on empirical data, that is experimental values. The respective manufacturers indicate that in cases of hypophysially stunted growth due to lacking or insufficient release of growth hormones by the hypophysis, a weekly average dose of 0.3 I.U./week per pound of body weight should be taken. An athlete weighing 200 pounds, therefore, would have to inject 60 I.U. weekly. The dosage would be divided into three intramuscular injections of 20 I.U. each. Subcutaneous injections (under the skin) are another form of intake which, however, would have to be injected daily, usually 8 I.U. per day. Top athletes usually inject 4-16 I.U~day. Ordinarily, daily subcutaneous injections are preferred Since STH has a half-life time of less than one hour, it is not surprising that some athletes divide their daily dose into three or four subcutaueous injections of 2-4 I.U. each. Application of regular, small dosages seems to bring the most effective results. This also has its reasons: When STH is injected, serum concentration in the blood rises quickly, meaning that the effect is almost immediate. As we know, STH stimulates the liver to produce and release somatomedins and insulin-like growth factors which in turn effect the desired results in the body. Since the liver can only produce a limited amount of these substances, we doubt that larger STH injections will induce the liver to produce instantaneously a larger quantity of somatomedins and insulin-like growth factors. it seems more likely that the liver will react more favorably to smaller dosages.

If the STH solution is injected subcutaneously several consecutive times at the same point of injection, a loss of fat tissue is possible. Therefore, the point of injection, or even better, the entire side of the body, should be continuously changed in order to avoid a loss of local fat tissue (lipoathrophy) in the injection cell. One thing has manifested itself over the years: The effect of STH is dosage-dependent. This means either invest a lot of money and do it right or do not even begin. Half-hearted attempts are condemned to failure. Minimum effective dosages seem to start at 4 I.U. per day. For comparison: the hypophysis of a healthy, adult releases 0.5-1.5 I.U. growth hormones daily. The duration of intake usually depends on the athlete's financial resources. Our experience is that STH is taken over a prolonged period, from at least six weeks to several months. It is interesting to note that the effect of STH does not stop after a few weeks; this usually allows for continued improvements at a steady dosage. Bodybuilders who have had positive results with STH have reported that the built-up strength and, in particular, the newlygained muscle system were essentially maintained after discontinuance of the product. The American physician, Dr. William N. Taylor, confirms this statement in his book Anabolic Steroids and the Athlete, where on page 75 he writes: "Evidence for increased muscle number (hyperplasia) in athletes stems from their statements that the increased muscular size and strength remain after the HGH therapy has been discontinued. In fact, there may be further muscular size and strength gains as the training-induced hypertrophy continues in the month beyond."

It remains to be clarified what happens with the insulin and LT-3 thyroid hormone. Athletes who take - STH in their build-up phase usually do not need exogenous insulin. It is recommended, in this case, that the athlete eats a complete meal every three hours, result ing in 6-7 meals daily. This causes the body to continuously release insulin so that the blood sugar level does not fall too low. The use of LT-3 thyroid hormones, in this phase, is carried out reluctantly by athletes. In any case, you must have a physician check the thyroid hormone level during the intake of STH. Simultaneous use of ana bolic/androgenic steroids and/or Clenbuterol is usually appropri ate. During the preparation for a

competition the use of thyroid hormones steadily increases. Sometimes insulin is taken together with STH, as well as with steroids and Clenbuterol. Apart from the high damage potential that exogenous insulin can-have in non-diabetics, incorrect use will simply and plainly make you FAT! Too much insulin activates certain enzymes which convert glucose into glycerol and finally into triglyceride. Too little insulin, especially dur ing a diet, reduces the anabolic effect of STH. The solution to this dilemma- Visiting a qualified physician who advises the athlete during this undertaking and who, in the event of exogenous in sulin supply, checks the blood sugar level and urine periodically. According to what we have heard so far, athletes usually inject intermediately-effective insulin having a maximum duration of effect of 24 hours once a day. Human insulin such as Depot-H Insulin Hoechst is generally used. Briefly-effective insulin with a maximum duration of effect of eight hours is rarely used by athletes. Again a human insulin such as H-Insulin Hoechst is preferred.

The undesired effect of growth hormones, the so-called side effects, are also a very interesting and hotly-discussed issue. Above all it must be said: STH has none of the typical side effects of anabolic/ androgenic steroids including reduced endogenous testosterone production, acne, hair loss, aggressiveness, elevated estrogen level, virilization symptoms in women, and increased water and salt retention. The main side effects that are possible with STH are an abnormally small concentration of glucose in the Wood (hypoglycemia) and an inadequate thyroid function. In some cases antibodies against growth hormones are developed but are clinically irrelevant. What about the horror stories about Acromegaly, bone deformation, heart enlargement, organ conditions, gigantism, and early death- In order to answer this question a clear differentiation must be made between humans before and after puberty. The growth plates in a person continue to grow in length until puberty. After puberty neither an endogenous hypersection of growth hormones nor an excessive exogenous supply of STH can cause additional growth in the length of the bones. Abnormal size (gigantism) initially goes hand in hand with remarkable body strength and muscular hardness in the afflicted; later, if left untreated, it ends in weakness and death. Again, this is only possible in pre-pubescent humans who also suffer from an inadequate gonadal function (hypogonadism). Humans who suffer from an endogenous hypersecretion after puberty and whose normal growth is completed can also suffer from Acromegaly. Bones become wider but not longer. There is a progressive growth in the hands and feet, and enlargement of features due to the growth of the lower jaw and nose. Heart muscle and kidneys can also gain in weight and size. In the beginning all of this goes hand in hand with increased body strength and muscular hardness; it ends, however, in fatigue, weakness, diabetes, heart conditions, and early death.

What the authorities like to do now is to present extreme cases of athletes suffering from these malfunctions in order to discourage others and to drum into athletes the fact that with the exogenous supply of growth hormones they would suffer the same destiny This, however, is very unlikely, as reality has proven. Among the numerous athletes using STH comparatively few are seven feet tall Neanderthalers with a protruded lower jaw, deformed skull, clawlike hands, thick lips, and prominent bone plates who walk around in size 25 shoes in order to avoid any misunderstandings, we do not want to disguise the possible risks of exogenous STH use in adults and healthy humans, but one should at least try to be open-minded. Acromegaly, diabetes, thyroid insufficiency, heart muscle hypertrophy, high blood pressure, and enlargement of the kidneys are theoretically possible if STH is used excessively over prolonged periods of time; however, in reality and particularly when it comes to the external

attributes, these are rarely present. Tests have shown no causal relation between treatment with somatropin and a possible higher risk of leukemia. Some athletes report headaches, nausea, vomiting, and visual disturbances during the first weeks of intake. These symptoms disappear in most cases even with continued intake. The most common problems with STH occur when the athlete intends to inject insulin in addition to STH. We know two competing German bodybuilders who, because of improper insulin injections, fell into comas lasting several weeks.

The substance somatropin is available as a dried powder and before injecting it must be mixed with the enclosed solution-containing ampule. The ready solution must be injected immediately or stored in the refrigerator for up to 24 hours. It is usually recommended that the compound be stored in the refrigerator. With the exception of the remedy Saizcn the biological activity of growth hormones is usually not impaired when storing the dry substance at 15-25C (room temperature); however, a cooler place (2-8 C is preferable. On the black market the price for 4 I.U. each of the compounds Genotropin, Humatrope, Norditropin, and Saizen, in Europe is $80 - 120 for a prick-through vial including the solution ampule. As already mentioned, there are many fakes. It is noted that for the U.S.-American growth hormone compounds, the substance con tent is not given in 1-U. (International Units) but in mg (milligrams). Since I mg corresponds to exactly 2.7 I.U. the 5 mg solution of the compound Humatrope by Lilly contains exactly 13.5 I.U. of Somatropin. The 10 mg solution of the Protropin compound by Genentech therefore contains 27 I.U. of Somatropin. In American powerlifting and bodybuilding circles Humatrope is usually preferred over Protropin. The reason is that Humatrope is synthesized from a chain of 191 amino acids and thus is identical to the amino acid sequence of the human growth hormone. Protropin, on the other hand, consists of 192 amino acids, one amino acid too many. This might be the explanation for why more antibodies are developed with Protropin than with Humatrope. Growth hormones are on the doping list but they are not yet detectable during doping tests.

INSULIN

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

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

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

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

Humilin R should be injected subcutaneously only with a U-100 insulin syringe. Insulin syringes are available without a prescription in many states. If the athlete cannot purchase the syringes at a

pharmacy, he can mail order them or buy them on the black market. Using a syringe other than a U-100 is dangerous since it will be difficult to measure out the correct dosage. Subcutaneous insulin injections are usually given by pinching a fold of skin in the abdomen area. To speed up the effect of insulin, many athletes will inject their dosage into the thighs or triceps.

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

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

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

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

Substance: levothyroxine sodium
Trade Names:
Eferox 25, 50, 75, 100, 125, 150 mcg tab.; Wyeth G
Eltroxin 25, 50, 75, 100, 125, 150 mcg tab.; Glaxo Thailand
Euthroid (o.c) 25, 50, 75, 100, 125, 150 mcg tab.; Warner Lambert U.S.
Euthroid (o.c) 25, 50, 75, 100, 125, 150 mcg tab.; Warner Chilcott U.S.
Euthyrox 25, 50, 75 mcg tab.; Merck G, BG
Euthyrox 50 mcg tab.; Merck A, HU, CZ
Euthyrox 75 mcg tab.; Merck A
Euthyrox 100, 125, 150 mcg tab.; Merck D, A
Euthyrox] 00 mcg tab.; Merck BG, HU, CZ
Euthyrox 125 mcg tab.; Merck BG
Euthyrox 150 mcg tab.; Merck HU, CZ
Euthyrox 175, 200, 300 mcg tab.; Merck G
Eutirox 50, 100 mcg tab.; Bracco I
Levoid (o.c.) 100, 200 mcg tab.; Nutrition U.S.
Levoroxine (o.c.) 50,100,200, 300mcg tab.; Bariatric U.S.
Levothroid 50, 100 mcg tab.; Rhone-Poulenc Rorer ES
Levothroid (o.c.) 25, 50, 75, 100,125, 150 mcg tab.; Rhone-Poulenc Rorer U.S.
Levothroid 25, 50, 75, 100,125, 150 mcg tab.; Forest Pharm. U.S.
Levothroid Inj. 500 mcg amp.; Rhone Fs
L-Thyroxin Henning 25, 50, 75, 100,125, 150 mcg tab.; Henning G
L-Thyroxin Henning 200, 1000 mcg tab.; Henning G
L-Thyroxin Henning. 500 mcg dry substance Henning G
L-Thyroxin Henning 174 50, 100, 150 mcg tab.; Henning A, CZ
L-Thyroxine Sodium 500 mcg/ml; McGuff U.S.
L-Thyroxin 25, 50, 100 mcg tab.; Berlin-Chemie G, CZ HU, BG
Levothyroxine 500 mcg/10ml; Steris U.S.
Levothyroxine (o.c.) 200 mcg/10 ml, 500 mcg/10ml; Lyphomed U.S.
Levothyroxine 200 mcg/10 ml, 500 mcg/10 ml; Fujisawa U.S.
Levothyroxine 25, 50, 75, 100, 125 mcg tab.; 150, 200, 300 mcg t Lederle U.S.
Levothyroxine (o.c.) 25, 50, 75, 100, 125 mcg tab. Quad U.S.
Levoxine (o.c.) 25, 50, 75, 100, 125 mcg tab.; Daniels U.S.
Levoxine (o.c.) 175, 200, 300 mcg tab.; Daniels U.S.
Levoxyl 25, 50, 75, 100, 125, 150 mcg tab.; Daniels U.S
Levoxyl 175, 200, 300 mcg tab.; .Daniels U.S.
SLT (o.c) 100, 200 mcg tab.; Western Res. U.S.
Synthroid 25, 50, 75, 88, 100, 112 mcg tab.; Boots U.S.
Synthroid 125, 150, 175, 200, 300 mcg tab.; Boots U.S.
T4 tabl 50, 75, 100, 125, 150 mcg tab.; Unipharma GR

T4 tabl 175, 200 mcg tab.; Unipharma GR
Tiroxino Leo 100 mcg tab; Leo ES
Thevier 50, 100 mcg tab.; Glaxo G
Thyrax 15 mcg tab; Organon CZ, NL
Thyrax 25 mcg tab.; Organon HU, ES, NL, CZ
Thyrax 100 mcg tab.; Organon HU, ES, NL
Thyrex 50, 100, 160, 200 mcg tab; Sanabo A
Thyro-4 100, 200 mcg tab.; Faran GR, BG
Thyro Hormone 100, 200 mcg tab.; Ni-The GR
Thyroxin 100, 250 mcg tab.; Orion FI
Thyroxin-natrium 50, 100 mcg tab.; Nycomed NO

Remark: There are numerous other compounds worldwide which contain the substance levothyroxine sodium. Due to limited space, however, they are not part of this list.
L-Thyroxine is a synthetically manufactured thyroid hormone. Its effect is similar to that of natural L-thyroxin (L-T4) in the thyroid gland. L-thyroxin is one of two hormones which is produced in the thyroid. The other one is L-triiodthyronine (L-T3, see Cytomel). L-thyroxin is clearly the weaker of the two hormones. For this rea-son it is often used for a longer time period than L-T3. Bodybuilders use L-Thyroxine to accelerate the metabolizing of carbohydrates, proteins, and fat. The body burns more calories than usual so that a lower fat content can be achieved or the athlete burns fat although he takes in more calories. In the past L-Thyroxine was often used by competing bodybuilders. Unfortunately, with increased dosages (more than 400 to 600 mcg/day) usually not only more fat but more carbohydrates and proteins are burned as well. The athlete no doubt becomes harder but he can also lose muscle mass if steroids are not administered simultaneously. L-Thyroxine is rarely used to-day since most athletes use Cytomel or Triacana. When used prop-erly there are few side effects to L-Thyroxine. Dosages that are too high and, in particular, dosages that are increased too quickly and too early at the beginning of intake can cause trembling of the fin-gers, excessive perspiration, diarrhea, insomnia, nausea, increased heartbeat, inner unrest, and weight loss.

The dosages taken by athletes are usually in the range of 200-400 mcg/day. We advise that you begin with a small dose and increase it slowly and evenly over several days. L-Thyroxine is a prescription drug and available only in pharmacies. One hundred tablets of 150 mcg each of the compound Levothroid cost about $50 on the black market. Unlike Cytomel and Triacana, L-Thyroxine is rarely found on the black market.

Substance: furosemide
Trade Names:
Diural 5, 10, 20, 40, 250, 500 mg tab. I- DK, NO
Diurapid 40/500 40, 500 mg tab.; Jenapharm G
Durafurid 40 mg tab.; Durachemie-G
Fumarenid (o.c.) 40 mg tab.; Brenner-Efeka G
Furanthril 40, 500 mg tab.; Medphano G
Furo-Puren (o.c.) 40 mg tab.; Klinge-Natterm. Puren G
Furo-ratiopharm long (o.c.) 30 mg cap. ratiopharm G
Furomex 40 mg tab.; Orion CZ
Furomin 40 mg tab.; Merckle Fl
Furon 40 mg tab,; Merckle
Furonet 40 mg tab,; Nettopharma DK
Furorese (o.c.) 40 mg tab, 500 mg tab.; Hexal G
Furosemid 40 mg tab.; Polfa PL
Furosemid DAK 5, 10, 20, 40, 500 mg tab.; Nycomed dak DK
Furosemid "Genericon" 40 mg tab.; Genericon Pharma A
Furosemid "Lannacher" 40 mg tab.; Lannacher Heilmittel A
Furosemid NM Pharma 25, 40, 500 mg tab.; NM Pharma S
Furosemid pharmagen 40 mg tab.; Pharmavit HU
Furosemid slovakofarma 40, 250 mg tab.; Slovakofarma CZ
Furosemid tab 20, 40, 500 mg tab.; Orion No
Furosemid 40 Heumann 40 mg tab.; Heumann G
Furosemid 40 Stada (o.c.) 40 mg tab.; Stadapharm G
Furosemid-ratiopharm(o.c.) 40, 500 mg tab.; ratiopharm G
Furosemide 20, 40, 80 mg tab.; Steris U.S.
Furosemide 20, 40, 80 mg tab.; Schein U.S.
Furosemide 20, 40, 80 mg tab.; Mylan U.S.
Furosemide (o.c.) 10, 20, 40, 80 mg tab.; Huffman U.S.
Furosemide 10, 20, 40, 80 mg tab.; Pharmed Group U.S.
Furosemide 20,40, 80 mg tab.; Lederle U.S.
Furosemide (o.c.) 20,40, 80 mg tab.; Pharmafair U.S.
Furosemide (o.c.) 20,40, 80 mg tab.; Warner Chilcott U.S.
Furosemide (o.c.) 20,40, 80 mg tab.; Barr Labs U.S.
Furosemide (o.c.) 20,40, 80 mg tab.; Martec U.S.
Furosemide (o.c.) 20,40, 80 mg tab.; Squibb U.S
Furosifar 40 mg tab. Inpharzam CZ
Fursemid tbl 40 mg tab.; Belupo CZ
Fusid 40 mg tab.; Sanofi Winthrp, G
Hydro-rapid Tablinen(o.c.) 40 mg tab.; Sanorania G

Impugan 40, 500 mg tab.; Dumex DK
Impugan 40 mg tab.; Dumex NO, CH
Jenafusid (o.c.) 40 mg tab.; Jenapharm G
Lasix 20 mg tab.; Hoechst DK, BG, 1, GB,U.S.; Mylan Pharm. U.S, Roxa
Lasix 25 mg tab.; Hoechst I
Lasix 30 mg tab.; Hoechst GR, B, S, DK, FI, A, NO
Lasix 40 mg tab.; Hoechst G, B, S,- DK, BG, FI, A, NO, NL, GR, U.S.;
Lasix 60 mg tab.; Hoechst S, DK, FI, NL, NO
Lasix 80 mg tab.; Hoechst A, U.S. Mylan Pharm. U.S. Roxane Labs U.S.
Lasix 500 mg tab.; Hoechst G, I, CH, NL, GR, S,GB, A
Odemase (o.c.) 40 mg tab.; Azupharma G
Seguril 40 mg tab.; Hoechst ES
Semid 40 mg tab.; Erfar GR
Sigasalur 40 mg tab.; Siegfried G
Trofurit 40 mg tab.; Chinoin CZ
Vesix 40 mg tab.; Benzon FI
Vesix retard 30, 60, 120 mg tab.; Benzon FI
Vesix special 500 mg tab.; Benzon FI
Injection solutions: Durafurid 20 mg/2 ml; Durachemie G
Furanthril 20 mg/2 ml; Medphano G
Furon 20 mg/2 ml; Merckle A
Furorese (o.c.) 40 mg/4ml; Hexal G
Furosemid biotika forte inj. 125 mg/10 ml; Biotika CZ
Furosemid biotika inj. 20 mg/2 ml; Biotika CZ
Furosemid inf kons 10 mg/1 ml; Orion No
Furosemid inj. 20 mg/2 ml; Chinoin HU
Furosemid NM Pharma 10 mg/1 nil; NM Pharma 5
Furosemid-ratiopharm (o.c.) 20 mg/2 ml,- ratiopharm G
F ratiopharm 250 inf 250 mg/25 ml; Merckle CZ
Furosemid Stada (o.c.) 20 mg/2 ml; Stadapharm G
Furosemide 20 mg/2rnl, 40 mg/4 ml; 100 mg/10 nil; Elkins-Sirin U.S.
Furosemide 20 mg/2 ml; 40 mg/4 ml; 80 Mg/8ml, 100 mg/10 ml; Astra Pharm. U.S.
Furosemide 10 mg/1 ml, 20 mg/2 ml; 40 mg/4 ml; Huffinan U.S.
Furosemide (o.c.) 20 mg/2 ml, 40 mg/4 ml; Warner Chilcott U.S.
Fusid 20 mg/2 ml; Sanofi Winthrop G
Impugan 10 mg/1 ml; Dumex DK, CH
Lasix 10 mg/1 ml; Hoechst S, DK, NO, NL, U.S.
Lasix 20 mg/2 ml; Hoechst G, A, CH, 1, U.S.
Lasix 40 mg/4 ml, Hoechst G, A, CH, U.S.
Lasix 250 mg/25 ml; Hoechst G, 1, GB, A
Lasix Oral Solution 10 mg/1 ml 60/120 ml; Hoechst U.S.
Semid 20 mg/2 ml; Erfar GR
Trofurit 20 mg/2 ml; Chinoin CZ

Vesix 10 mg/1 ml Benzon FI

Remark: The substance furosemide is also available as an infusion solution. There are also numerous other compounds in various forms of administration which, due to limited space, are not listed
Lasix is not a hormone compound but a diuretic. It belongs to the group of saluretics and to be exact is a loop diuretic. Its effect consists of distinctly increased excretion of sodium, chloride, potassium, and water. A very important characteristic which must be absolutely monitored with loop diuretics is the reabsorbtion of potassium ions, sodium ions, and chloride ions. This causes a considerable disturbance of the electrolyte household. Due to its intense effect on water excretion Lasix is used for treatment of edema~ and high blood pressure. Bodybuilders use Lasix shortly before a compe-tition to excrete excessive, mostly subcutaneous, water so that they appear hard, defined, and ripped to the bone when in the limelight. The effect of tablets begins within an hour and continues for 3-4 hours. Depending on how much water is still in the athlete's body he must have more or less frequent access to a restroom. This can cause a considerable weight loss within a very short time. For this reason, athletes often use Lasix to lose weight and to compete in a lower weight class. Athletes usually prefer the oral form of the compound. Bodybuilders occasionally use the injectable and intravenous version the morning of the competition since it becomes immedi-ately effective when the athlete, due to a more or less strongly remaining water film, begins to panic. This, however, can also pro-duce the opposite effect. That is, the muscles become small and flat; the athlete loses vascularity, and has no pump during warm-up when during a very short time too much water and minerals are lost. It is thus possible that some pro or top amateur shortly before the beginning of a competition as a last countermeasure is seen with a bag of glucose solution being injected intravenously so that the blood volume rises again. In order to compensate for the potassium loss many athletes take potassium chloride tablets. This, however, involves a certain risk since an overdose of potassium can cause cardiac arrest. In our experience, Lasix is taken in the last two days before a competition.

The amount of the dosage, the duration of application, and the intervals of intake usually depend on the diuretic effect or the athlete's shape. Bodybuilders usually take a half or whole 40 mg tablet and wait to see what happens. Some repeat this procedure once or twice in an interval of a few hours. Lasix is the strongest diuretic and the most dangerous compound in bodybuilders' arsenal of medicine. Side effects can include circulatory disturbances, dizziness, dehy-dration, muscle cramps, vomiting, circulatory collapse, diarrhea, and fainting. In extreme cases cardiac arrest is possible. Extreme caution is advised when athletes who are already substantially drained and dehydrated continue their loop diuretic treatment with a "make it or die atti-tude," or even continue the intake altogether with a completely re-duced liquid intake. ATTENTION: The 500 mg tablet version must not be used under any circumstances by persons with a normal kidney function. Loop diuretics are prescription drugs and are only available in pharmacies. The compound Lasix by Hoechst Company, for example, is sold in packages containing 20 tablets of 40 mg each and costs about $10.

LAURABOLAN- nandrolone laurate

Substance: nandrolone laurate
Trade Names:
Fortabol 20 mg/ml; 10/50 ml Parfam Mcjdco
Fortadex 25 mg/ml; 5 ml Hydro G
Fortadex 50 mg/ml; 10/50 ml Hydro G
Laurabolin 25 mg/mL 5/10/50 ml Vemie Veteriniir Chemic GmbH G
Laurabolin 50 mg/mL 5/10/50 ml Vemic Veterin& Chernie GmbH G
Laurabolin 50 mg/ml; 10/50 ml Intervet Mejdco
Laurabolin 50 mg/ml; Werfft-Chemic A
Laurabolin V 50 mg/ml; Intervet International NL

Laurabolin is an injectable steroid used in veterinary medicine. It is usually intended for canine use. Bodybuilders use Laurabolin since it has similarities to the other nandrolones Deca-Durabolin, Durabolin, and Anadur. The main difference between these steroids is in their durations of effect. Laurabolin is a long-term anabolic that stays active for almost four weeks. Theoretically one single injection per month would be sufficient but no athlete observes this, since such a low dosage would not have performance-enhancing characteristics. Bodybuilders inject Laurabolin at least once a week and report good results when sufficient dosages are injected. The generally observed dosage is 200-400 mg/week. The great disadvantage of Laurabolin is that this compound is only available in a strength of 50 mg/ml so that every week a total amount of 4-8 ml must be injected. Most athletes with whom we spoke usually inject 2 ml of solution twice weekly. The achieved results are similar to those found with Deca-Durabohn (see also Deca-Durabolin); the same is also true for potential side effects. Those who can get an original Deca should give Deca the preference over Laurabohn. The advantage of Laurabolin consists in its relatively low price and the fact that-unlike Deca-here are not yet any fakes. Laurabolin is available in 5, 10, and 50 ml glass vials, depending on the country of origin. The 50 ml glass vial costs between $200 and $250 on the black market. This corresponds to a price of $4 - 5 per 50 mg so that Laurabolin, in any case, is considerably cheaper tharibeca. Original Laurabolin by Intervet Company of Mexico is available in a brown glass vial with 10 ml or 50 ml solution. The label has square corners and the expiration date and batch number are clearly visible and imprinted later. Since the substance included in Laurabolin is very inexpensive it is often used when manufacturing injectable fakes.

Drolban (o.c.) 50 mg/1 ml; 50 mg/1 ml;
Masterid (o.c.) 100 mg/2 ml; Grnenthal G
Masteril 100 mg/2 ml; Syntex GB, BG
Masteron 100 mg/2 ml; Sarva-Syntex B; Cilag PT
Mastisol 5% injection sol.; Shionogi Japan
Metormon (o.c.) 100 mg/2 ml; Syntex ES
Permastril (o.c.) 100 mg;2 ml; Cassenne FR

Masteron is a steroid highly valued by competing bodybuilders. The great popularity of this injectable steroid in bodybuilder circles is due to the extraordinary characteristics of its included substance. Drostanolone propionate is a synthetic derivative of dihydrotestosterone. This causes the Masteron not to aromatize in any dosage and thus, it cannot be converted into estrogens. Since Masteron is a predominantly androgenic steroid, the athlete can increase his androgen level without also risking an increase in his estrogen level. This results in a dramatically improved hardness and sharpness of the muscles. One must, however, make a distinction here since Masteron does not automatically improve the quality of muscles in everyone. A prerequisite is that the athlete's fat content must already be very low. In this case Masteron can then be the decisive factor between a smooth, flat muscle or a hard and ripped look. For this purpose Masteron is often only used during the last four weeks before a competition so that the muscles get the last "kick." Masteron is especially effective in combination with steroids such as Winstrol, Parabolan, Primobolan, Oxandrolone and also Testosterone propionate.
The usual dosage taken by athletes is around 100 mg three limes per week. Since the substance drostanolone propionate is quickly broken down in the body, frequent and regular injections are necessary. This fact makes Masteron a very interesting steroid when dop-ing tests must be passed by a negative urine analysis. Since the propionate substance of drostanolone does not remain in the body very long in a sufficient, detectable amount, athletes inject the compound with great success up to two weeks before a test. However, since it also has anabolic characteristics and thus helps the buildup of a high-qualitative muscle system, the use of Masteron is not only limited to the preparation stage for a competition. Athletes who want to avoid water retention and who readily have a problem with an elevated estrogen level, likewise appreciate Masteron. Also in this case usually one ampule (100 mg) is injected every second day. In combination with Primobolan, Winstrol or Testosterone propionate no enormous strength and weight gains can be obtained, only high-quality and long-lasting results. Although women do not use Masteron very often some national and international com-peting female athletes do take it before a championship. The dosages observed are normally 100 mg every 4-5 days.
Masteron is not hepatoxic so liver damage is quite unlikely. High blood pressure and gynecomastia are not a problem since neither water nor salt retention occurs and the estrogen level remains low. The main problem are acne and a possible accelerated hair loss since dihydrotestosterone is highly affinitive to the skin's androgen receptors, in particular, to those on the scalp. Since Masteron, in most cases, is not administered in excessively high dosages and the in-take, at the same time, is limited to a few weeks, the compatibility for the athlete is usually very good. The Masteron package with two ampules costs between $30 and $40 on the black market.

MEGAGRISEVIT- clostebole acetate

Substance: clostebole acetate
Trade Names:
Drolban (o.c.) 50 mg/1 ml; 50 mg/1 ml;
Masterid (o.c.) 100 mg/2 ml; Grnenthal G
Masteril 100 mg/2 ml; Syntex GB, BG
Masteron 100 mg/2 ml; Sarva-Syntex B; Cilag PT
Mastisol 5% injection sol.; Shionogi Japan
Metormon (o.c.) 100 mg/2 ml; Syntex ES
Permastril (o.c.) 100 mg;2 ml; Cassenne FR

Remark: This Steroid appears to be as effective Primobolan. Primary reasons for not using this drug ar its cost and how concetration per ml. this will receive a much larger injection volume.
Megagrisevit is an unusual steroid which has several characteris-tics. In addition to the substance clostebole acetate it also contains the two vitamins B6 and B12. The vitamin B12 is present as cyanocobalamin in the amount of 100 mcg per dragee and 2500 mcg per 1. 5 ml ampule. The chemical denomination for the vitamin B6 is pyridoxinhydrochloride and is included in a dragee with a strength of 5 0 mg while the 1. 5 ml ampule contains only 10 mg. it is also noted that in the injectable Megagrisevit both vitamins are included separately so that the red 1.5 ml vitamin ampule must be mixed with the 1.5 ml steroid injection vial prior to injection.

The main effect of Megagrisevit consists of stimulating the protein synthesis and leading to a positive nitrogen balance. It has a pre-dominantly anabolic effect which is combined with a very weak and subliminal, androgenic residual effect. "This all sounds great, some of you will say but, unfortunately it must also be noted that the anabolic effect of this compound is also not very strong. No large strength and muscle gains can be obtained with Megagrisevit but one should not immediately discard this remedy since, when used properly, it is interesting for bodybuilders. The dragees are not recommended for bodybuilders since their effect is weak, so in the following we will exclusively discuss the injectable version. Also in this context we would like to recommend in the beginning that you do not use the red ampule with the vitamin cocktail. The vitamin injection might indeed increase the appetite and in some cases lead to an improved psychological well-being but it has the disadvantage that, together with a steroid in injection, too large an injection volume j will accumulate in the body if the athlete injects the required steroid amount. It must also be considered that a high amount of B 12 and B6 will not necessarily improve performance. What remains then, is a 1.5 ml injection vial with a milky suspension that is really inter-esting. All those of you who have absolute confidence in the 20 mg Primobolanacetat ampules and bemoaned the day when they were taken off the market will find a potent substitute in this 1.5 ml injection vial. The substance clostebole acetate is dissolved in water, has a low half-life time, does not aromatize, does not retain water, and is non-toxic. It is, however, still an excellent steroid when pre-paring for a competition. Athletes normally use two 1.5 ml vials per day which can be combined into one large 3 ml injection, equal to a daily intake of 20 mg of clostebole acetate. Women also achieve remarkable results and inject the same amount every second day.

As the only steroid used during a diet phase Megagrisevit certainly is too weak; however, in combination with

the stronger androgenic steroids such as Parabolan, Masteron, or Testosterone propionate it has effects similar to the old Primoacetat ampules. But there is more. Megagrisevit is not liver-toxic and in these dosage s rarely has side effects. Even women have few virilization symptoms. Package sizes of 3 inj. vials (price approx. $30) and 10 inj. vials (price approx. $85). The largest disadvantage, as can be readily recognized, is the high cost one would have to pay if injecting two vials per day There are currently no fakes of this compound.

Substance: methylandrostenediol dipropionate
Trade Names:
Andris 10 mg tab.; Chifar GR
Arbolic (o.c.) 50 mg/ml; Burgin Arden U.S.
Crestabolic (o.c.) 50 mg/ml; Nutrition U.S.
Durandrol (o.c.) 50 mg/ml; Pharmex U.S.
Hybolin (ox) 50 mg/ml; Hyrex U.S.
Methyldiol (o.c.) 2 mg tab.; Vortech U.S.
Metylandrostendiol 10 mg tab.; Polfa PL
Metylandrostendiol 25 mg tab.; Polfa PL
Novandrol 10 mg drag.; Galenika YU
Novandrol 25 mg drag.; Galenika YU

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

The usual dosage for athletes is 100 mg every 2-3 days. In Europe only the oral form of M.D. is available. Also in this case it is benefi-cial to combine M.D. with another steroid, preferably an injectable one. The normal daily dose is 40-60 mg and is usually taken in 2-3 individual doses spread over & day The tablets are usually taken for only 4-6 weeks since the effect decreases quickly, thus requiring higher dosages. They are also 17-alpha alkylated so even a low dosage and a short intake can be damaging to the liver. Because of its androgenic effect women rarely use M.D. Possible side effects of the tablet form can be elevated levels of liver toxins, gastrointestinal pain, acne, gynecomastia, increased aggressiveness, and high blood pressure.

Substance: methylandrostenediol
Trade Names:
Methyldiol Aqueous (o.c.) 50 mg/ml; Vortech U.S.

Methandriol was a popular steroid in the U.S. during the early 1980's and was used until a few years ago wher it was taken off the market. It was a water-dissolved injectable compound which was available only in a strength of 50 mg/ml. Powerlifters and competing bodybuilders appreciated the strong androgenic effect and the extremely low half-life time. Since Methandriol was dissolved in water, daily injections were necessary. It had the advantage of not causing water retention and this, combined with the distinct androgenic component, allowed powerlifters a large strength gain without increasing the body weight, thus helping them obtain good muscle hardness and density. Since Methandriol was quickly effective after the injection some powerlifters used it as a "booster" before a work-out or a competition to increase their aggressiveness. This steroid was usually taken only briefly, normally for 2-4 weeks, in a daily dose of 50 mg. Since the water-dissolved Methandriol was difficult to detect in doping tests, hammerthrowers, shotputters, javelin throwers, and sprinters were among its users - Women took it only rarely due to the possible masculinizing symptoms. Today the water-dissolved, injectable Menthandriol can be found neither as an original compound nor as a fake.

Substance: methyltestosterone
Trade Names:
Afro 25 mg tab.; Casel TK
Agovirin 10 mg drg.; Leciva CZ
Android (o.c.) 5, 10, 25 mg tab.; Brown U.S.
Android 5, 10, 25 mg tab.; ICN Pharm. U.S.
Androral 10 mg Galenika Richer HU
Arcosterone (o.c.) 10 mg sub.; Acrum U.S.
Arcosterone (o.c 10, 25 mg tab.; Acrum U.S.
Hormobin 5 mg tab.; Sahin TK
Longivol I mg tab.; Medical S.A. ES
Mediatric (o.c.) 10 mg tab.; cap.; Wyeth-Ayerst U.S.
Mesteron 10 mg tab.; PoIfa PI,
Metandren (o.c.) 5 mg lingual drg.; Ciba U.S.
Metandren (o.c.) 10, 25 mg tab.; Ciba U.S.
Methyltestosterone 10 mg tab.; Goldline U.S.
Oreton Methyl (o.c.) 10 mg tab. buccal.; Schering U.S.
Oreton Methyl 10 mg tab.; Schering U.S.
Teston 25 mg tab.; Remek GR
Testormon 10 mg tab.; Unitas PT
Testosteron 5 mg tab.; Berco G
T Lingvalete 5 mg lingual drg.; Galenika YU
Testovis 10 mg tab.; SIT I
Testred 10 mg cap.; ICN U.S.
Virilon 10 mg retard cap.; Star U.S.

Methyltestosterone is an oral form of testosterone. Testosterone it-self is ineffective when taken orally since the greatest part ~f the compound is metabolized and destroyed by the liver during the "first pass" so that at most 5-10% of the compound enters the blood and becomes effective. At a closer look methyltestosterone is a I 7-alpha steroid molecule, which means that a methyl group is added to the C-1 7-alpha position of the molecule. Thus, methyltestosterone is not broken down and deactivated quite as fast by the liver as oral testosterone is. Still, it reaches the blood quickly and has only a low half-life time. Since methyltestosterone, in part, is reabsorbed through the mucous membrane in the mouth, this substance is also avail-able for sublingual intake. Methyltestosterone is a very potent steroid since it has a distinct androgenic effect. In particular, it is used to increase aggressiveness. Powerlifters and weightlifters use it before a heavy workout or a competition since the increased androgenic effect can already be noted one hour after intake and the improved aggressiveness, the increased self-esteem, and the thrust of motivation taking place allow the athlete to lift heavier weights. Those who try it will notice a quick and strong strength gain. The increase in body weight is within normal limits and is mostly due to water retention. The dosage is usually 25-50 mg/day. Methyltest is rarely taken if at all for more than four weeks and women usually do not use it.

Methyltestosterone is a very toxic steroid which can cause many side effects. it especially puts stress on the liver. Since this steroid strongly aromatizes, gynecomastia is one of the most common side effects. The distinct water and salt retention can also increase blood pressure. The androgenic effect re-sults in considerable virilization symptoms in women and acne and AGGRESSIVENESS in men. It is no joking matter to be around someone who works a lot with methyltestosterone. Effects include anti-social behavior, irritability, impatience, tantrums, and forgetfulness or light disturbances in consciousness.

Methyltestosterone is normally readily available on the black market. It is available in tablet, dragee, or capsule form for oral, sublingual or buccal intake. Methyltestosterone is a very low-priced and easily available substance. It is a welcome fact that the athlete does not have to pay much money for it. The 10 mg Androral tablets cost approx. $25 per 100 and the 25 mg version of Teston costs approx. $0.40 per tablet on the black market. The disadvantage is that methylestosterone is the substance most often used in fakes

Substance: furazabol
Trade Names:
Miotolan 1 mg tab.; Daiichi Seiyaku Japan

Furazobol, known by its trade name, Miotolan, is a synthetic derivative of dihydrotestosterone. Until 1990 this steroid was not detectable during any doping tests and could thus be taken by athletes even on the day of a competition. When looking at the application of Miotolan you learn even more unusual things: This steroid is used as a lipid reducer. It is suitable for long-term treatment of arteriosclerosis and hypercholesterolemia. Miotolan reduces the cholesterol level and increases the "good" HDL value. In Japan Miotolan is a standard treatment to lower cholesterol levels.

This steroid does not cause water and salt retention and does not aromatize. Since the tablets are effective for only a brief period of time they must be taken several times a day. Miotolan has a predominantly androgenic effect and only a very low repression of the body's own testosterone production. Although it is potentially hepatoxic a possible reduced liver function seems unlikely if the daily manufacturer recommended dose of 2-6 mg is not exceeded. Since athletes use considerably higher dosages the risk of liver poisoning cannot be excluded. The usual question-What is a performance improving dosage?-is difficult to answer. It is difficult because we do not know anybody who has ever taken this compound and because technical literature does not have anything to report in this regard either. The daily dosage should be at least 10-20 tablets, that is 10-20 mg/day. Due to its low substance amount per tablet and its high cost, this steroid will probably not be successful with body-builders. (Possible doubts by readers that this steroid perhaps does not exist are inappropriate.) However, this steroid really does exist.

NAXEN- naproxen

Naxen (chemical name Naproxen) is an anti-inflammatory not actually a steroid. The reason it is in this section is because it is a popular drug to be used to relieve pain and swelling from over training a specific body part, especially tendonitis or other injuries. The use of an anti-inflammatory, such as naxen, will speed up recovery time and relieve pain. Naxen was originally used to treat arthritis with dosages starting around 500 mg split up throughout the day and always taken with a meal. Dosages can be gradually increased until the pain is relieved. A common dose would be 600 mg twice a day. Naxen is available in tablets, as a topical cream, and as an injectable. The best place to inject naxen is in the gluteus maximus because it requires a deep intramuscular injection. Naxen does have some side effects which include: heartburn, constipation, nausea, diarrhea, dizziness, fatigue, depression, rashes on your skin, heart attack, muscle weakness, and fever. Naxen is a little on the high side when it comes to price. For a package of 45x20 mg tablets which would last about 10 days at 600-mg/2x day, it is about $12.00. On the black market this would probably be around $15 - $18. There are no other Trade Names: available.

NELIVAR- norethandrolone

Substance: norethandrolone
Trade Names:
Nilevar 10 mg tab.; Searle FR, CH
Nilevar (o.c.) 10 mg tab-; Searle U.S.

This is an oral steroid which is a derivative of nortesterone. It is interesting that Nilevar is produced by the same manufacturer who also introduced the well-known Anavar to the U.S. market. Nilevar, which was already sold in American pharmacies in 1956, was a precursor of Anavar which was introduced to the market in 1964 by Searle USA. It has since been voluntarily removed from the mar-ket. Thus it is not surprising that Nilevar has certain similarities to Anavar or Oxandrolone. 11ke Oxandrolone it has only a weak ana-bolic effect, whereas the androgenic component is distinctly stron-ger. Nilevar, even in low dosages, aromatizes easily so that the in-creased estrogen level could become a problem. The main effect of Nilevar, in part, is a considerable strength gain. This gain often goes hand in hand with a distinct water retention, especially if high dosages are taken, which also explains the gain in body weight of its users. The manufacturer of the French and Swiss Nilevar recom-mends a daily dose of 10-30 mg. Athletes using Nilevar-usually powerlifters-take 30-40 mg/day, divided into two to three equal dosages. it is mostly used for a short period, a maximum of 4-6 weeks. Women should not take Nilevar since it can cause considerable virilization symptoms. Nilevar is l 7-alpha alkylated and there-fore potentially hepatoxic which put-, stress on the liver. Other pos-sible side effects are acne, gynecomastia, aggressiveness, headaches, gastrointestinal pain, reduced production of the body's own hor-mones and high blood pressure. A package of thirty 10 mg tablets costs approx. $4 in the pharmacy. Because of its price it is an interesting compound, yet Nilevar is rarely used by bodybuilders in Europe since other steroids are readily available.

NOLVADEX- tamoxifen citrate

Substance: tamoxifen citrate
Trade Names:
Ceadon 10, 20 mg tab.; Beta Argentina
Crioxifeno 20 mg tab.; Cryo Pharma Mexico
Defarol 10 mg tab.; Proel GR
Dignotamoxi (o.c.) 10, 20, 30, 40 mg tab.; Dignos Chemie G
Duratamoxifen 10, 20, 30 mg tab.; Durachemie G
Emblon 10, 20 mg tab.; Berk GB
Jenoxifen 10, 20, 30 mg tab.; Jenapharm G
Kessar 10, 20, 30, 40 mg tab.; Pharmacia G
Kessar 10, 20, 30, 40 mg tab.; Farmitalia A
Kessar 10, 20 mg tab.; Farmatalia 1; Farmitalia-Carlo Erba CH, FI, GR
Ledertam 10, 20 mg tab.; Teva S
Mandofen 10, 20, 30, 40 mg tab.; MW Pharma G
Mandofen 10 mg tab.; Pentafarma PL
Noltam 10, 20 mg tab.; Lederle GB
Nolvadex 10 mg tab.; Zeneca G, Mexico, GB ICI Pharma, A, CH, B, DK, ES,
Nolvadex 20, 30, 40 mg tab.; Zeneca G ICI Pharma A, CH, DK, FR, NL, S, FI, ES,
Nolvadex D 20 mg tab.,- ICI B, ES, 1, PL, GB, GR
Nolvadex forte 40 mg tab.,- ICI GB, B
Noncarcinon 10 mg tab.,- Fidelis PL
Nourytarn 10, 20, 30, 40 mg tab.; Nourypharma G
Oxeprax 20 mg tab. - Wyeth-Orfi ES
Riboxifen (o.c.) 10, 20, 30, 40 mg tab.; Ribopharm. G
Tadex 10 mg tab.; Atabay TK
Tadex 10, 20, 40 mg tab.; L□kefarmos FI
Tafoxen 10, 20 mg tab.; Ciba-Geigy NL
Tamax 10, 20, 40 mg tab.; Orion Corp. A
Tamaxin 10, 20, 40 mg tab.; L□kefarmos S -, Orion DK
Tamcal 10, 20, 30, 40 mg tab.; Pharmacal F1
Tamexin 10, 20, 30, 40 mg tab.; Merckle FI
Tamifen 40 mg tab.; Medochemie BG
Tamofen 10, 20, 40 mg tab.; Leiras FI, Rhone-Poulenc DK D, 5; Tillotts GB; Huh
Tamofene 10, 20 mg tab.; Roger Bellon FR
Tamoplex 10 mg tab.,- Conforma B; Er-Kim A
Tamoplex 30, 40 mg tab.; Chefifarm, GR
Tamoplex 10, 20, 30 mg tab.; Pharmachemie NL
Tamoxan 10, 20 mg tab.; Tecnimede PL; Kener Mexico
Tamoxasta 10, 20 mg tab.; Asta Medica G
Tamox-GRY 10, 20, 30, 40 mg tab.; GRY G

Tamoxifen 10, 20, 40 mg tab.; Farmitalia-Carlo Erba GB; Generics S
Tamox. AL (o.c.) 10, 20 mg tab.; Aluid G
T cell pharm 10, 20, 30, 40 mg tab.; Cell pharm G
T citrate 10, 20 mg tab.; Chefifarm GR
Tamox. ct (o.c.) 10, 20, 30, 40 mg tab.; CT Arzneimittel G
T dumex 10, 20, 30, 40 mg tab.; Dumex NL
Tamoxifen Ebewe 10, 20 mg tab.; Ebewe A
F Farmos CH 10, 20, 40 mg tab.; Bristol-Myers CH; Orion
T Fermenta 10, 20, 30, 40 mg tab. Fermenta 5
lamoxifen Hexal 10, 20, 30 mg tab.; Durascan DK
T Hexal (o.c.) 10, 20, 30, 40 mg tab.; Hexal G
T Heumann 10, 20, 30, 40 mg tab.; Heumann G
T Lachema 10 mg tab.; CZ
Tamoxifen Leiras 10 mg tab.; Leiras BG
Tamoxifen lederle 10, 20, 40 mg tab.; Lederle NL
Tamoxifen medac 10, 20, 30, 40 mg tab.,- Medac G
Tamoxifen mp 10, 20 mg tab. - MP LN
Tamoxifen NM 10, 20,40 mg tab. NM Pharma S
Tamoxifen NM 10, 20, 30, 40 mg tab., Generics DK
T Onkolan 10, 2 0, 3 0, 40 mg tab.; Lannacher Heilmittel A
T. Pan Medica 10 mg tab.-, Pan-Medica FR
Tpharbita 10, 20 mg tab.; Pharbita NL
T-ratiopharm (o.c.) 10, 20, 30, 40 mg tab.,- Ratiopharm G
T Sopharma 10 mg tab. The Chem. Pharm. & Res. Inst. Sofia BG
Tamoxifen Tabletts 10 mg tab. Bar Labs U.S.
Tamoxifeno 10 mg tab.,- Farmitalia- Carlo Erba ES
T Farmitalia 10, 20 mg tab.; Farmitalia ES
Tamoxifeno Funk 10, 20 mg tab. Funk S.A. ES
Tamoxifeno Septa 20 mg tab.; Septa ES
T Wassermann 10 mg tab. - Wassermann ES
Tamoxifenum 10, 20 mg tab.; Centrafarm NL
Tamoxifenum gf 10, 20, 40 mg tab.-, GF NL
Tamoxifenum pch 10, 20, 30, 40 mg tab.; PCH NL
Tamoxigenat (o.c.) 10, 20, 30, 40 mg tab.; Azuchemie G
Tamox-Puren (o.c.) G 10, 20, 30, 40 mg tab.; Klinge-Nattermann-Puren
Taxus 20 mg tab.; Andromaco Mexico
Tecnofen 10, 20 mg tab.; tecnofarma Mexico
Zemide (o.c.) 10, 20, 30, 40 mg tab.; Wyeth-Pharma G
Zitazonium (o.c.) 10 mg tab.; Med Pharma G
Zitazonium 10 mg tab. -, Thiemann G; Egis HU,

This remedy is somewhat different from others since it is not an anabolic/androgenic steroid. For male and female bodybuilders, how-ever, it is a very useful and recommended compound which is con-firmed by its

widespread use and mostly positive results. Nolvadex belongs to the group of sex hormones and is a so-called antiestrogen. The normal application of Nolvadex is in the treatment of certain forms of breast cancer in female patients. With Nolvadex it is pos-sible to reverse an existing growth process of deceased tissue and prevent further growth. The growth of certain tissues is stimulated by the body's own estrogen hormone. This is especially true for the breast glands in men and women since the body has a large number of estrogen receptors at these glands which can bond with the estro-gens present in the blood. If the body's own estrogen level is unusu-ally high an undesired growth of breast glands occurs. However, in healthy women and particularly in men this is not the case. Despite this, it is mostly male bodybuilders who use Nolvadex, and fewer women. At first sight this seems somewhat inconceivable but when taking a closer look, the reasons are clear. Bodybuilders who take Nolvadex also use anabolic steroids at the same time. Since most steroids aromatize more or less strongly, i.e. part of the substance is converted into estrogens, male bodybuilders can experience a sig-nificant elevation in the normally very low estrogen level. This can lead to feminization symptoms such as gynecomastia (growth of breast glands), increased fat deposits and higher water retention.

The antiestrogen Nolvadex works against this by blocking the es-trogen receptors of the effected body tissue, thereby inhibiting a bonding of estrogens and receptor. It is, however, important to un-derstand that Nolvadex does not prevent the aromatization but only acts as an estrogen antagonist. This means that it does not prevent testosterone and its synthetic derivatives (steroids) from converting into estrogens but only fights with them in a sort of "competition" for the estrogen receptors. This characteristic has the disadvantage that after the discontinuance of Nolvadex a "rebound effect" can occur which means that the suddenly freed estrogen receptors are now able to absorb the estrogen present in the blood. For this reason the combined intake of Proviron is suggested (see Proviron.) Nolvadex is also useful during a diet since it helps in the burning of fat. Al-though Nolvadex has no direct fatburning effect its antiestrogenic effect contributes to keeping the estrogen level as low as possible. Nolvadex should especially be taken together with the strong an-drogenic steroids Dianabol and Anadrol 50, and the various test-osterone compounds. Athletes who have a tendency to retain water and who have a mammary dysfunction should take Nolvadex as a prevention during every steroid intake. Since Nolvadex is very affective in most cases it is no wonder that several athletes can take Anadrol 50 and Dianabol until the day of a competition, and in combination with a diuretic still appear totally ripped in the. limelight. Those who already have a low body fat content will achieve a visibly improved muscle hardness with Nolvadex.

Several bodybuilders like to use Nolvadex at the end of a steroid cycle since it increases the body's own testosterone production -which will be discussed in more detail in the following-to counter-act the side effects caused by the estrogens. These can occur after the discontinuance of steroids when the androgen level in relationship to the estrogen concentration is too low and estrogen becomes the dominant hormone. A very rare but all the more serious problem of Nolvadex is that in some cases it does not lower the estrogen level but can increase it. Another disadvantage is that it can weaken the anabolic effect of some steroids. The reason is that Nolvadex, as we know, reduces the estrogen level. The fact is, however, that certain steroids - especially the various testosterone compounds-can only achieve their full effect if the estrogen level is sufficiently high. Those who are used to the intake of larger amounts of various steroids do not have to worry about this. Athletes however, who predominantly use mild steroids such as Primobolan, Winstrol, Oxandrolone, and Deca-Durabolin should carefully consider whether or not they should take Nolvadex since, due to the compound's already moderate ana-bolic effect, an additional loss of effect could take place, leading

to unsatisfying results.

A rarely observed but welcome characteristic of Nolvadex is that it has a direct influence on the hypothalamus and thus, by an in-creased release of gonadotropine, it stimulates the testosterone pro-duction in the testes. This does not result in a tremendous but still a measurable increase of the body's own testosterone. This effect, however, is not sufficient to significantly increase the testosterone production reduced by anabolic/androgenic steroids.

The side effects of Nolvadex are usually low in dosages of up to 30 mg/day In rare cases nausea, vomiting, hot flashes, numbness, and blurred vision can occur. In women irregular menstrual cycles can occur which manifest themselves in weaker menstrual bleeding or even complete missing of a period. Women should also be careful not to get pregnant while taking Nolvadex. It is important for fe-male athletes that Nolvadex and the "pill" not be taken together since the antiestrogen Nolvadex and the estrogen-containing pill nega-tively counterfeit each other. The normal daily dosage taken by athletes corresponds more or less to the dosage indications of the manufacturer and is 10-30 mg/day To prevent estrogenic side ef-fects normally 10 mg/day are sufficient, a dosage which also keeps low the risk of reducing the effect of simultaneously-taken ste-roids. Often it is sufficient if the athlete begins this preventive intake of Nolvadex only three to four weeks after the intake of anabolics. Athletes who have tendencies toward gynecomastia, strong water retention, and increased fat deposits with steroids such as Dianabol, Testosterone, Anadrol 50, and Deca-Durabolin usually take 20-30 mg/day The combined application of Nolvadex 20-30 mg/day and Proviron 25-50 mg/day in these cases leads to excellent results. The same is true for athletes who are in competition, and for women. Women, however, should do without the intake of Proviron or at least reduce the dose to one 25 mg tablet per day. Unfortunately, in most cases, a very pronounced gynecomastia ("bitch tits") cannot be reduced by taking Nolvadex so that often surgery is required, surgery which is not paid for by health insurance. First signs of a possible gynecomastia are light pain when touching the nipples. The tablets are usually taken 1-2x daily, swallowed whole without chewing, with some liquid during meals.

Nolvadex unfortunately is a very expensive compound. Some ex-amples: In Germany one hundred 20 mg tablets cost $192. In Spain the prices are fixed by the govern-ment and it makes no difference whether it is an original Nolvadex or a generic compound. One hundred 20 mg tablets cost approx. $60 in Spain. In Greece the same quantity costs about $85. The athlete should look for the 20-mg version since, from its price, it is the most economical. On the black-market, mostly the foreign Nolvadex can be found costing about $2 - 3 per 20 mg tablet. Origi-nal Nolvadex tablets can be easily identified since, on the front, ICI (name of the manufacturer) is stamped and, on the back, the name "Nolvadex". Most of the time the tablet strength is also imprinted. Ten tablets are included in an unusually large push-through strip. In the U.S. original Nolvadex is packaged by the manufacturer, ICI Pharma, in small, white plastic boxes with a childproof screw cap. So far there are no fakes of Nolvadex and its generic products.

NUBIAN

Nubain is neither a steroid nor a steroidal substance. It is in this drug profiles section because of its common use in sports, specifically bodybuilding and power lifting, as a very potent pain killer. According to the May 2000 issue of MuscleMag International, 6 of the top 10 Mr. Olympia contenders use Nubain on a regular basis. Being part of the Opiate family, it is closely related to drugs like heroin and morphine and therefore can be very addictive. Most users report virtually no pain during or after working out when using between 5 - 10 mg a day. It can be taken subcutaneously, intramuscularly, or intravenously.

Common side effects are sweaty or clammy skin, nausea, vomiting, dizziness, dry bitter tasting mouth, difficult speaking, nervousness, headaches, depression, numbness, itching, blurred vision, high and low blood pressure, and heat flashes. Remember, this is a narcotic and should be used very cautiously.

OMNADREN-250

Omnadren 250 (o.c.) 250 mg/ml; Polfa PL
Omnadren 250 250 mg/ml; Jelfa PL

Remark: This information was for Omnadren250 and it's old formula. Omnadren now contains the same compound as Sustanon250
Omnadren is a four-component testosterone. The four different substances work together in such a timely manner that Omnadren remains in the body for a long time. For this reason many compare Omnadren to Sustanon 250. This comparison, however, is quite poor since, in part, there are large differences between the two compounds. Although both are "four-compo-nent testosterones" the individual substances of Omnadren and Sustanon are not completely identical. Both include testosterone phenylpropionate and testosterone propionate; however, the tes-tosterone isocaproate in Sustanon is replaced by testosterone hexanoate and the testosterone decanoate in Omnadren is replaced by testosterone hexanoate in Sustanon (see also Sustanon.)

In bodybuilding and powerlifting Omnadren is exclusively used to build up strength and mass. The term "mass buildup" can be taken quite literally by the reader since the gain is not always the way expected by its user. In most athletes Omnadren leads to quite a rapid and pronounced increase in body weight, which usually goes hand in hand with a strong water retention. This results in watery and puffy muscles. Those who take "Omna" can often be recognized by this extreme water retention. The of-ten-used term in Europe, "Omna skull," does not come from no-where but because a fast and well-visible water retention occurs also in the face which is noticeable on checks, on the front of the face, and under the eyes. Some mockingly also talk about a hydrocephalus... The pronounced androgenic component of Omnadren goes hand in hand with a high anabolic effect which manifests itself in a high strength gain characterized by a liquid accumulation in the joints, an increased pump effect, increased appetite, and a possible improved regeneration of the athlete. Since Omnadren easily aromatizes, the intake of antiestrogens is sug-gested. This can also help reduce some of the water retention. Although Omnadren has a duration effect of a good 2-3 weeks it is usually injected at least once a week.

As for the dosage there is rarely an injectable steroid with a wide spectrum such as Omnadren's. The span reaches from athletes who inject one 250 mg injection every two weeks to extremes who use eight(!) "Omnas" a day (2000 mg/day). The reason is the low price of the compound. It therefore offers an economic alternative to the expensive Sustanon, Testosterone enanthate and -propionate; that explains why some take it in these exaggerated dosages. An acceptable and, for most, sufficient dosage is 250--1000mg/week. Omnadren is often combined with Dianabol, Anadrol 50, and Deca-Durabolin which accelerates the gain in strength, mass, and water retention. The gains achieved with Omnadren, as is the case with Testosterone, for the most part, usually subside very quickly after use of the compound i~ dis-continued.

The side effects of Omnadren are similar to those of other testoster-one compounds (see Testosterone enanthate). Next to the high wa-ter retention other negative effects that are noticed are a sometimes strong acne and a distinctly increased aggressiveness in some users. An aggressive behavior can mostly be explained by the fact that athletes simply use too high a dosage of Omnadren and too low a dosage of the

other (and more expensive) testosterones. The very severe acne, however, is only caused by Omnadren. Often no puru-lent pustules but many small pimples appear so that the athlete looks as if he has an allergy. This is not intended to discourage any-one but it is a fact that many athletes after a brief time develop an acne on their lower arm, upper arm, shoulder, chest, back, and also in their face which, during an earlier intake of Sustanon or Test-osterone enanthate, did not manifest itself. Women should not use Omnadren under any circumstances.

Another problem that should be considered is that possible im-purities in the injection liquid cannot be excluded since the qual-ity standards in Eastern European countries are not as high as in Western Europe and in the U.S. Thus it is possible that a 100% sterility and pureness does not exist. This could also be the rea-son for the unusually strong acne. Original Omnadren is offered by the manufacturer in a strength of 250-mg/ml ampule.

ORABOLAN

Substance: ethylestrenol
Trade Names:
Maxibolin (o.c.) 2 mg tab.; Organon U.S.
Maxibolin Elixier (o.c.) 2 mg/5 ml; Organon U.S.
Orabolin 2 mg tab.; Organon B, GB
Orgabolin 2 mg tab.; Organon NL; Santa TK
Orgabolin drops 2 mg; Santa TK

Orabolin is an unusual steroid since its substance is a precursor of the female hormone progesterone. Technically it is a derivative of 19-nortestosterone. Orabolin is a very weak, oral steroid which is not very suitable for the buildup of strength and muscle mass. It is a steroid with a mostly anabolic effect that has only very low androgenic characteristics. Athletes who have taken Orabolin as their only steroid were mostly disappointed by its effect. In combination with steroids such as Winstrol, Parabolan, Masteron and Orabolin it leads to a high-quality muscle gain which remains after discontinuing the use of the product. Orabolin, however, is more a steroid for female athletes. Virilization symptoms in dosages under 12-16 mg/day are rare and the fact that Orabolin is derived from the female hormone progesterone should also remove moral and ethical doubts. Since the tablets are not I 7-alpha alkylated, liver toxicity is relatively low. However, in high dosages and over long intervals of intake it is possible that certain liver values will increase. Orabolin aromatizes only slightly so that estrogenic-caused side effects are rarely expected. Athletes report minimal water retention. Some bodybuilders use Orabolin shortly before a championship since it slightly increases the blood pressure, resulting in a higher vascularity.

Orabolin requires a relatively high daily dosage since the substance is very poorly absorbed by the steroid receptors in the muscle cell. Twenty or more tablets a day could have a certain effect but prob-ably will also lead to several side effects. This is apart from the fact that such a large amount of tablets will cost the athlete quite. a few dollars. You can turn this around as much as you like but malt athletes only profit from taking Orabolin if the daily dosage is at least 20 to 40 mg. Since Orabolin is as expensive as Oxandrolone and the Winstrol tablets but less effective, almost nobody shows interest in this compound. This is also the reason why it is rarely found on the black market. Due to its low demand there are no fakes.

ORAL TURINABOL

Substance: chlordehydromethyltestosterone
Trade Names:
Oral-Turinabol (o.c.) I mg tab.; Jenapharm G
Oral-Turinabol (o.c.) 5 mg tab.; Jenapharm G

Oral-Turinabol is an oral steroid which was developed during the early 1960's.

OT has a predominantly anabolic effect which is combined with a relatively low androgenic component. On a scale of 1 to 100 the androgenic effect is very low -only a 6- and the anabolic effect is 53. (In comparison: the androgenic effect of Dianabol is 45 and its anabolic effect is 90.) Oral-Turinabol thus has milligram for milli-gram a lower effect than Dianabol. It is therefore not a steroid that causes a rapid gain in strength, weight, and muscle mass. Rather, the achievable results manifest themselves in a solid muscle gain and, if taken over several weeks, also in a good strength gain. The athlete will certainly not get a puffy look as is the case with Test-osterone, Dianabol, and Anadrol 50. The maximum blood concen-tration of Oral-Turinabol when taking 10, 20 or 40 mg/day is 1.5 -3.5 or 4.5 times the endogenous testosterone concentration (also see Dianabol). This clearly shows that the effectiveness of this compound strongly depends on the dosage.

0.4 x pound (body weight) x days = number of tablets to take overall during the interval of intake
mg / tablet

An athlete weighing 200 pounds would take only 4 tablets of 5 mg (20mg/day.) In our experience bodybuilders take 8-10 tablets of 5 mg, that is 40-50 mg/day. Many enthusiastically report good results with this dosage: one builds a solid muscle mass, the strength gain is worthwhile seeing, the water retention is very low, and the estrogen-caused side effects are rare. Not without good reason OT is also popular among powerlifters and weightlifters who appreciate these characteristics.

Due to its characteristics OT is also a suitable steroid both for men and women in competitions. A usually very effective stack for male bodybuilders consists of 50 mg OT/day, 228 mg Parabolan/week, and 150 mg Winstro Depot/week. Those who have brought their body fat content to a low level by dieting and/or by using fatburning substances (e.g. Clenbuterol, Ephedrine, Salbutamol, Cytomel, Triacana), will find that the above steroid combination will manifest itself in hard, sharply-defined but still dense and full muscles. No enlarged breasts, no estrogen surplus, and no watery, puffy-look-ing muscle system. If OT were available on the U.S. black market for steroids, bodybuilders, powerlifters, and weightlifters would go crazy for this East German anabolic.

OT enjoys a great popularity since it is quickly broken down by the body and the metabolites are excreted relatively quickly through the urine. The often-posed question regarding how many days before a test OT can be taken in order to be "clean" is difficult to answer specifically or in general. We know from a reli-able source that athletes who only take OT as a steroid and who, in part, take dosages of 10- 15 tablets/day, have discontinued the com-pound exactly five days before a doping test and tested negative. These indications are

supported by the fact that even positive urine analyses have rarely mentioned the names Oral-Turinabol or chlordehydromethyl-testosterone.

The potential side effects of OT usually depend on the dosage level and are gender-specific. in women, depending on their predisposi-tion, the usual virilization symptoms occur and increase when dos-ages of more than 20 mg per day are taken over a prolonged time. In men the already discussed reduced testosterone production can rarely be avoided. Gynecomastia occurs rarely with OT Since the response of the water and electrolyte household is not overly dis-tinct athletes only rarely report water retention and high blood pressure. Acne, gastrointestinal pain, and uncontrolled aggressive behavior are also the exception rather than the rule with OT An increased libido is reported in most cases by both sexes. Since the substance chlordehydromethyltestosterone is I 7-alpha alkylated the manufacturer in its package insert recommends that the liver func-tion be checked regularly since it can be negatively affected by high dosages and the risk of possible liver damage cannot be excluded. Thus OT is also a steroid that can be taken without interruption for long intervals. Studies of male athletes who over a period of six weeks were given 10 mg OT/day did not show any indications of health-threatening effects.

The availability of OT is extremely poor. There is no chance finding an original Oral-Turinabol tablet in the U.S.

OXANDRALONE

Substance: oxandrolone
Trade Names:
Anavar (o.c.) 2.5 mg tab.; Searle U.S.
Anatrophill (o.c.) 2.5 mg tab.; Searle FR
Lipidex 2.5 mg tab.; Searle Brazil
Lonavar (o.c.) 2.5 mg tab.; Searle Argentina
Lonavar 2 mg tab.; Dainippon Japan
Oxandrolone SPA 2.5 mg tab.; SPA I
Vasorome 0.5 mg tab.; Kowa Japan
Oxandrolone 5 mg tab; Ttokkyo Labs
Vasorome 2 mg tab.; Kowa Japan

Searle Company introduced the substance oxandrolone to the U.S. market in 1964 under the name Anavar and it enjoyed great popu-larity for over two decades until, on July 1, 1989, the produc-tion of Anavar was phased out. Today Anavar is manufactured under its various generic names in only a few countries (see above). The compound with the generic name Oxandrolone SPA by S.p.A. Milano Company (Societ‡ Prodotti Antibiotica) from Italy is the only original anabolic steroid available in Europe which contains the substance oxandrolone. There are 30 tablets in one box with two push-through strips of 15 tablets each. Oxandrolone is a weak steroid with only a slight androgenic component. It has been shown that Oxandrolone, when taken in reasonable dosages, rarely has any side effects. This is appreciated since Oxandrolone was developed mostly for women and children. Oxandrolone is one of the few steroids which does not cause an early stunting of growth in children since it does not prematurely close the epiphysial growth plates. For this reason Oxandrolone is mostly used in children to stimulate growth and in women to prevent osteoporosis. Oxandrolone causes very light virilization symptoms, if at all. This characteristic makes Oxandrolone a favored remedy for female athletes since, at a daily dose of 10-15 mg, masculinizing symptoms are observed only rarely.

Bodybuilders and powerlifters, in particular, like Oxandrolone for three reasons. First, Oxandrolone causes a strong strength gain by stimulating the phosphocreatine synthesis in the muscle cell without depositing liquid (water) in the joints and the muscles. Powerlifters and weightlifters who do not want to end up in a higher weight class take advantage of this since it allows them to get stronger without gaining body weight at the same time. The combination of Oxandrolone and 20 - 30 mg Holotestin daily has proven to be very effective since the muscles also look harder. Similarly good results can be achieved by a simultaneous intake of Oxandrolone and 120-140 mcg Clenbuterol per day. Although Oxandrolone itself does not cause a noticeable muscle growth it can clearly improve the muscle-developing effect of many ste-roids. Deca-Durabolin, Dianabol, and the various testosterone compounds, in particular, combine well with Oxandrolone to achieve a "mass buildup" because the strength gain caused by the intake of these highly tissue-developing and liquid-retaining substances results in an additional muscle mass. A stack of 200 mg Deca-Durabolin/week, 500 mg Testosterone enanthate (e.g. Testoviron Depot 250)/week, and 25 mg Oxandrolone/day leads to a good gain in strength and mass in most athletes. Deca-Durabolin has a distinct anabolic effect and stimulates the syn-thesis of protein; Oxandrolone improves the strength by a higher phosphocreatine synthesis; and

Testosterone enanthate increases the aggressiveness for the workout and accelerates regeneration.

The second reason why Oxandrolone is so popular is that this compound does not aromatize in any dosage. As already men-tioned, a certain part of the testosterone present in the body is converted into estrogen. This aromatization process, depending on the predisposition, can vary distinctly from one athlete to another. Oxandrolone is one of the few steroids which cannot aromatize to estrogen. This characteristic has various advantages for the athlete. With Oxandrolone the muscle system does not get the typical watery appearance as with many steroids, thus making it very interesting during the preparation for a competition. In this phase it is especially important to keep the estrogen level as low as possible since estrogen programs the body to store water even if the diet is calorie-reduced. In combination with a diet, Oxandrolone helps to make the muscles har~ and ripped. Although Oxandrolone itself does not break downfat, it plays an indirect role in this process because the substancr-often suppresses the athlete's appetite. Oxandrolone can also cause some bloating which in several athletes results in nausea and vomiting when the tablets are taken with meals. The package insert of the Italian Oxandrolone notes its effect on the activity of the gas-trointestinal tract. Some athletes thus report continued diarrhea. Although these symptoms are not very pleasant they still help the athlete break down fat and become harder. Those who work out for a competition or are interested in gaining quality muscles should combine Oxandrolone with steroids such as Winstrol, Parabolan, Masteron, Primobolan, and Testosterone propionate. A stack of 50 mg Winstrol every two days, 50 mg Testosterone propionate every two days, and 25 mg Oxandrolone every day has proven effective. Another advantage of Oxandrolone's non-aromatization is that athletes who suffer from high blood pressure or develop gynecomastia of the thymus glands when taking stronger androgenic steroids will not have these side effects with this compound. The. Oxandrolone/Deca-Durabolin stack is a wel-come alternative for this group of athletes or for athletes show-ing signs of poor health during mass buildup with testosterone, Dianabol, or Anadrol 50. Athletes over forty should predomi-nantly use Oxandrolone.

The third reason which speaks well for an intake of Oxandrolone is that even in a very high dosage this compound does not influence the body's own testosterone production. To make this clear: Oxandrolone does not suppress the body's own hormone production. The reason is that it does not have a negative feedback mechanism on the hypothalamohypophysial testicular axis, meaning that during the intake of Oxandrolone, unlike during the intake of most anabolic steroids, the testes signal the hypothalamus not to reduce or to stop the release of GnRH (gonadot-ropin releasing hormone) and LHRH Luteinizing hormon releas-ing hormone). This special feature of Oxandrolone can be explained by the fact that the substance is not converted into estrogen Oxandrolone (Anavar), when given to normal men in high doses does not reduce the seminal volume or count, nor can it be converted (aromatized) into estrogen.

Oxandrolone combines very well with Andriol, since Andriol does not aromatize in a dosage of up to 240 mg daily and has only slight influence on the hormone production. The daily intake of 280 mg Andriol and 25 mg Oxandrolone results in a good gain in strength and, in steroid novices, also in muscle mass without excessive water retention and without a significant influence on testosterone production. As for the dos-age of Oxandrolone, 8-12 tablets in men and 5-6 tablets in women seem to bring the best results. The rule of thumb to take 0.125 mg/pound of body weight daily has proven successful in clinical tests. The tablets are normally taken two to three times daily after meals thus assuring an optimal absorption of the substance. Those who get the already discussed gastrointestinal pain when taking Oxandrolone are better off taking the tablets one

to two hours after a meal or switching to another compound.

Since Oxandrolone is only slightly toxic and usually shows few side effects it is used by several athletes over a prolonged period of time. However Oxandrolone should not be taken for several consecutive months, since, as with almost all oral steroids it is 1 7-alpha alky-lated and thus liver toxic. Oxandrolone is an all-purpose remedy which, depending on the athlete's goal, is very versatile. Women who react sensitively to the intake of anabolic steroids achieve good results when combining Oxandrolone/Primobolan Tabs and/or Clenbuterol, without suffering from the usual virilization symp-toms. Women, however, should not take more than 6 tablets daily. otherwise, androgenic-caused side effects such as acne, deep voice, clitorial hypertrophy or increased growth of body hair can occur.

Probably the largest disadvantages that come along with Oxandrolone are its high price and poor availability on the black market. Original Oxandrolone costs about $1 - 2 per tablet on the black market and is rarely avail-able, if at all.

PARABOLAN-: trenbolone hexahydrobencylcarbonate

Substance: trenbolone hexahydrobencylcarbonate
Trade Names:
Parabolan 76-mg/1.5 ml; Negma France

In bodybuilding and also in powerlifting Parabolan has become the most desired injectable steroid compound. This is not without reason since Parabolan is truly a phenomenal, unique product.

Parabolan is a strong, androgenic steroid which also has a high ana-bolic effect. Whether a novice, hard gainer, power lifter, or pro body-builder, everyone who uses Parabolan is enthusiastic about the re-sults: a fast gain in solid, high-quality muscle mass accompanied by a considerable strength increase in the basic exercises. in addition, the regular application over a number of weeks results in a well visible increased muscle hardness over the entire body without diet-ing at the same time. Frequently the following scenario takes place: bodybuilders who use steroids and for some time have been stag-nate in their development suddenly make new progress with Parabolan. Another characteristic is that Parabolan, unlike most highly-androgenic steroids, does not aromatize. The substance trenbolone does not convert into estrogens so that the athlete does not have to fight a higher estrogen level or feminization symptoms. Those who use Parabolan will also notice that there is no water retention in the tissue. To say it very clearly: Parbolan is the number one competition steroid. When a low fat content has been achieved by a low-calorie diet, Parabolan gives a dramatic increase in muscle hardness. In combination with a protein-rich diet it becomes espe-cially effective in this phase since Parabolan speeds up the metabo-lism and accelerates the burning of fat. The high androgenic effect prevents a possible overtraining syndrome, accelerates the regen-eration, and gives the muscles a full, vascular appearance but, at the same time, a ripped and shredded look.

Most athletes inject Parabolan at least twice a week; some bodybuilders inject 1-2 ampules per day during the last three to four weeks be-fore a competition. Normally a dosage of 228 mg/week is used, corresponding to a weekly amount of three ampules. It is our experience that good results can be achieved by injecting a 76 mg am-pule every 2-3 days. Parabolan combined with Winstrol Depot works especially well and gives the athlete a distinct gain in solid and high quality muscles together with an enormous strength gain. A very effective stack is 76 mg Parabolan every 2 days combined with 50 mg Winstrol every 2 days. Athletes who are interested in a fast mass gain often also use 30 mg Dianabol/day while those who are more interested in quality and strength like to add 25 mg+ Oxandrolone/ day. Probably the most effective Parabolan combination consists of 228 mg Parabolan/week, 200 mg Winstrol Depot/week, and 40-50 mg Oral-Turinabol/day and usually results in a drastic gain in high quality muscle mass together with a gigantic strength gain. Parabolan also seems to bring extraordinarily good results when used in combination with growth hormones.

Parabolan is not a steroid suitable for year-round treatment since it is quite toxic. The duration of intake should be limited to a maxi-mum of 8 weeks. It has been proven that Parabolan, above all, puts stress on the kidneys, rather than the liver. Athletes who have taken it in high dosages over several weeks often report an unusually dark colored urine. In extreme cases blood can be excreted through the urine, a clear sign of kidney damage. Those who use Parabolan should drink an additional gallon of fluid daily since it helps flush the kidneys. Since Parabolan does not cause water and salt retention the blood pressure rarely rises. Similar to Finaject, many

athletes show an aggressive attitude which is attributed to the distinct androgenic effect. It is interesting that acne and hair loss only occur rarely which might be due to the fact that the substance is not converted into dihydrotestosterone (DHT). Some athletes report nau-sea, headaches, and loss of appetite when they inject more than one ampule (76 mg) per week. Since Parabolan considerably reduces the endogenic testosterone production, the use of testosterone-stimu-lating compounds at the end of intake is suggested. In older athletes there is an increased risk that Parabolan could induce growth of the male prostate gland. We recommend that male bodybuilders, during and after a treatment with Parabolan, have their physician check their prostate to be sure it is still small in size.

Steroid novices should not (yet) use Parabolan. The same is true for women; however, there are enough female athletes who do not care since the female organism reacts to the androgenic charge and the strong anabolic effect of Parabolan with distinct gains in muscles and strength, especially from a female point of view. Thus the entire body has a harder and more athletic look. Parabolan without a doubt is an enticing product for ambitious female athletes. In the end everything depends on your personal willingness to take risks, ladies. The fact is that the standards on the national and interna-tional competition scenes in female bodybuilding have achieved lev-els which cannot be reached without the administration of strongly androgenic steroid compounds. A combination well-liked by female bodybuilders consists of 76 mg Parabolan/week, 20 mg Winstrol tablets/day, and 100 mcg Clenbuterol/day Women who do not in-ject more than one ampule of Parabolan per week and who limit the period of intake to 4-5 weeks can mostly avoid or minimize virilization symptoms. Female athletes who are overdoing it or who are sensitive to the androgenic part of trenbolone hexahydrobencylcarbonate can be confronted with some unpleasant surprises after several weeks of use: acne, androgenically-caused hair loss on the scalp, irregular menstrual cycles, missed periods, much higher libido, aggressiveness, deep voice, chtorial hypertrophy, and increased hair growth on face and on the legs. The last three side effects are mostly irreversible changes.

The chance of finding real Parabolan on the black market is around 5%. That is the reason why we take a chance and claim that only very few of you who read this book will have ever held an original Parabolan in your hand, let alone injected one. Those who have not tried the originals simply cannot take part in this discussion. As to the effect, the difference between the real French Parabolan and the fakes circulating on the black market is gigantic.

An individual package with a 76-mg/1.5 ml ampule costs between $25 and $35 on the American black market. Those who would like to purchase Parabolan on the black market should be very careful and skeptical toward the authenticity of the product offered.

PRIMOBOLAN- methenolone acetate

Substance: methenolone acetate
Trade Names:
Primobolan (o.c.) 5 mg tab.; Schering G, A, B
Primobolan 5 mg tab.; Schering Mexico, Costa Rica, Dom. Rep., Ecuador, E
Primobolan S 25 mg tab.; Schering G, NL; Leiras FI; Berlimed South Africa
Primobolan (o.c.) 50 mg tab.; Schering FR

Primobolan is an almost pure anabolic with an extremely low an-drogenic component. The ratio of the anabolic to the androgenic effect is indeed very favorable but, since the overall anabolic effect is only moderately strong, Primobolan tablets have only a limited effect in building up muscle mass and strength. With Primobolan nei-ther fast weight gains nor explosive strength gains occur. Primobolan is therefore mostly taken over a prolonged period since it gives only a slow but also a high-quality muscle gain which mostly remains after use of the compound is discontinued. An effective daily dose observed in athletes is in the range of 50-150 mg so that the 25 mg tablets are preferred to the 5 mg tablets. As for the recommended dose, the athlete obtains interesting information from the German package insert by Schering AG for their compound Primobolan S: "Unless otherwise prescribed the following guidelines apply: The dosage should be I - 1,5 mg per pound of body weight/day, that is 4-6 tablets for 100 pound of bodyweight." A bodybuilder weighing 100 kg should therefore take 200-300 mg daily which would corre-spond to a dosage of eight to twelve 25 mg tablets per day. We believe that this dosage is too high; however, this example shows that a fairly large dosage of the oral acetate form is necessary. The reason is that the Primobolan acetate tablets are not I 7-alpha alky-lated and, during the first pass in the liver, a large part of the substance is destroyed and thus deactivated leaving only a much smaller quantity of the substance to get into the blood.

If Primobolan is the only steroid that is taken, then with respect to strength and muscle buildup, it will usually lead to success in women and steroid novices. This, however, changes greatly when Primobolan is combined with steroids that are moderately too highly androgenic but which themselves do not aromatize or retain water. In such an environment the anabolic effect of Primobolan can develop to its optimum. Masteron, Parabolan, Equipoise, and Winstrol, are par-ticularly suitable. The effect can be optimized by the additional in-take of Oxandrolone. Steroid novices and the less advanced achieve a good strength and muscle gain by taking 50-100 mg Primobolan S/day and 150 mg Winstrol Depot/week, without retaining water. Even competing athletes report good quality gains with continu-ously "harder" muscles when taking 150 mg Primobolan S/day and 50 mg Winstrol Depot every two days, as well as 76 mg of Parabolan every two days.

The main uses of the Primobolan tablets, however, are in the preparation for a competition and in use by women. Since the acetate form does not aromatize into estrogens and does not cause water retention, the use of Primobolan during competitions is widespread. Acetate tablets are special in that they actively help burn fat. The Primobolan acetate tablets, however, must never be taken as the only steroid during a diet since, due to its extremely low androgenic effect, significant losses in muscle and strength can occur and there is a risk of overtraining. The above mentioned common steroid combinations are extremely effective when combined with a suitable diet during the preparation for a competition. Due to the fact that the acetate tablets burn fat but, at

the same time, that in large part they are already deactivated in the liver, it would be most efficient to apply the compound locally, bringing the substance directly into the blood through the skin in the areas with undesired fat deposits. At first this seems a little adventurous, but it is possible with the DMSO compound. Dimethyl sulfoxide (DMSO) is one of few substances which are fully absorbed through the skin and distributed through the body It is included in many ointments and gels which are used to treat sport injuries, contusions, swellings, and effusions in order to transport the casing substance through the skin. In addi-tion, DMSO makes the skin permeable to other substances.

Finely grind up one 25 mg Primobolan tablet with the grip of a knife on your kitchen board, mix it with half a teaspoon of DMSO gel and then apply a thin layer to your skin. It is important that you only apply it; do not rub it in. One or two applications is usu-ally enough. Another way to avoid the liver and consequent destruction of the substance is to grind up the Primobolan tablets in a mortar and consume them together with heated vitamin E oil. The Primobolan/vitamin E mixture reaches the blood similar to Andriol that is the absorption occurs through the lymph system and the solution does not reach the liver through the portal vessel.

Since the Primobolan tablets are not I 7-alpha alkylated but have a I 7-beta hydroxy group they are almost non-toxic to the liver. in a high dosage, however, they can influence the liver values resulting in higher biliburin, GPT, GOT, and alkaline phosphatase. Primobolan generally does not cause any significant side effects since it does not aromatize, does not cause water retention, is not I 7-alpha alkylated, and is only slightly androgenic. Blood pressure, liver values, cholesterol level, HDL and LDL values usually remain unaffected, making Primobolan well-liked by health-conscious older athletes. Primo is often an "entry drug" for novice users and, due to its rare side effects, encourages many steroid users to switch to "harder" stuff such as Dianabol, Anadrol 50, and testosterone. Since Primobolan is a precursor of dihydrotestosterone it can accelerate hair loss if such a predisposition exists.

The availability of Primobolan Acetate tablets on the black market is quite poor both in Europe and the U.S. The price for one 25 mg tablet on the black market is about $2.

Substance: mesterolone
Trade Names:
Mestoranum 25 mg tab.; Schering DK, S, NO
Pluriviron 25 mg drg.; Asche G
Proviron 10 mg tab.; Schering TK
Proviron 10 mg tab.; Leiras F1
Proviron 20 mg tab.; Leiras F1
Proviron 25 mg tab.; Schering G, A, B, CH, ES, FR, GB, GR, PL, NL, CZ,
Proviron 50 mg tab.; Schering I
Vistimon 25 mg tab.; Jenapharm G

Proviron is a synthetic, orally effective androgen which does not have any anabolic characteristics. Proviron is used in school medicine to case or cure disturbances caused by a deficiency of male sex hormones. Many athletes, for this reason, often use Proviron at the end of a steroid treatment in order to increase the reduced testosterone production. This, however, is not a good idea since Proviron has no effect on the body's own testosterone production but as mentioned in the beginning-only reduces or completely eliminates the dysfunctions caused by the testosterone deficiency. These are, in particular, impotence which is mostly caused by an androgen deficiency that can occur after the discontinuance of steroids, and infertility which manifests itself in a reduced sperm count and a reduced sperm quality. Proviron is therefore taken during a steroid administration or after discontinuing the use of the steroids, to eliminate a possible impotency or a reduced sexual interest. This, however, does not contribute to the maintenance of strength and muscle mass after the treatment. There are other better suited compounds for this (see HCG, Clomid, and Teslac). For this reason Proviron is unfortunately considered by many to be a useless and unnecessary compound.

You should be aware that Proviron is also an estrogen antagonist which prevents the aromatization of steroids. Unlike the antiestrogen Nolvadex which only blocks the estrogen receptors (see Nolvadex) Proviron already prevents the aromatizing of steroids. Therefore gynecomastia and increased water retention are successfully blocked. Since Proviron strongly suppresses the forming of estrogens no rebound effect occurs after discontinuation of use of the compound as is the case with, for example, Nolvadex where an aromatization of the steroids is not prevented. One can say that Nolvadex cures the problem of aromatization at its root while Nolvadex simply cures the symptoms. For this reason male athletes should prefer Proviron to Nolvadex. With Proviron the athlete obtains more muscle hard-ness since the androgen level is increased and the estrogen concentration remains low. This, in particular, is noted positively during the preparation for a competition when used in combination with a diet. Female athletes who naturally have a higher estrogen level often supplement their steroid intake with Proviron resulting in increased muscle hardness. In the past it was common for body-builders to take a daily dose of one 25 mg tablet over several weeks, sometimes even

months, in order to appear hard all year round. This was especially important for athletes' appearances at guest performances, seminars and photo sessions. Today Clenbuterol is usually taken over the entire year since possible virilization symp-toms cannot occur which is not yet the case with Proviron. Since Proviron is very effective male athletes usually need only 50-mg/ day which means that the athlete usually takes one 25 mg tablet in the morning and another 25 mg tablet in the evening. In some cases one 25 mg tablet per day is sufficient. When combining Proviron with Nolvadex (50 mg Proviron/day and 20 mg Nolvadex/day) this will lead to an almost complete suppression of estrogen. Even better results are achieved with 50 mg Proviron/ day and 500 - 1000 mg Teslac/day. Since Teslac is a very expensive compound (see Teslac) most athletes do not consider this combination.

The side effects of Proviron in men are low at a dosage of 24 tablets/day so that Proviron, taken for example in combination with a steroid cycle, can be used comparatively without risk over several weeks. Since Proviron is well tolerated by the liver, liver dysfunctions do not occur in the given dosages. For athletes who are used to acting under the motto "more is better" the intake of Proviron could have a paradoxical effect. The most common side effect of Proviron is a distinct sexual overstimulation and in some cases continuous penis erection. Since this condition can be painful and lead to possible damages, a lower dosage or discontinuing the compound are the only sensible solutions. Female athletes should use Proviron with caution since possible androgenic side effects cannot be excluded. Women who want to give Proviron a try should not take more than one 25 mg tablet per day. Higher dosages and periods of intake of more than four weeks considerably increase the risk of virilization symptoms. Female athletes who have no difficulties with Proviron obtain good results with 25 mg Proviron/ day and 20 mg Nolvadex/day and, in combination with a diet, report an accelerated fat breakdown and continuously harder muscles.

Proviron is one of the very few steroid hormones which is still sufficiently available. The usual price is about $1 per tablet on the black market. All Proviron tablets have one thing in common: they are all indented and on the back have the stamp AX, surrounded by a hexagon.

SPIRONOTHIAZ- spironolactone/hydrochlorthiazide

Substance: spironolactone/hydrochlorthiazide
Trade Names:
Aldactazide 25, 15 mg tab.; SPA I
Aldactazide 25, 50 mg tab.; Searle U.S.
Aldactazine 25, 15 mg tab. I- Searle PT FR, B
Aldactazine 25, 15 mg tab.; Vianex GR
Aldactide 25, 25 mg tab.; Co-Flumactone GB
Aldactide 50, 50 mg tab.; Co-Flumactone GB
Aldactine 25, 15 mg tab.; Searle ES
Aldoleo 50, 50 mg tab.; Leo ES
Risicordin 50, 50 mg tab.; Heumann G
Risicordin mite 25, 25 mg tab.; Heumann G
Spironazide 25, 25 mg tab.; Schein U.S.
Spirono/Thiazide Generic (o.c.) Lederle U.S., Warner Chillcott U.S., Barr Labs U.S
Spirono/Thiazide Generic 25, 25 mg tab.; Mylan U.S., Geneva U.S.
Spironothiazid 50, 50 mg tab.; Henning Berlin G
Spironothiazid 100, 100 mg tab.; Henning Berlin G
Spironothiazide 25, 25 mg tab.; Mylan Pharm. U.S.
Spirozide 25, 25 mg tab.; Rugby U.S.

Spironothiazide is a diuretic. it is a combination of a potassium sparing diuretic, spironolactone (see also aldactone) and a thiazide. Thiazides, from their type, are similar to loop diuretics (see also Lasix). The main difference from loop diuretics is that thiazides lead to a lower release of calcium and have a less pronounced and less drastic dehydrating effect. Spironothiazide combines an aldosterone antagonist (see also Aldactone) with the stronger thiazid diuretic, making it a favorite and effective remedy for many competing body-builders to reduce excessive water. The advantage of this combina-tion, on the one hand, is that potassium reabsorption by the spironolactone can be compensated by the thiazide. This usually leads to a suspension of the potassium-linked side effects. On the other hand, a good overall effect can also be obtained at lower dos-ages. Thus many use it as an alternative to the stronger and higher risk furosemides (Lasix). Spironothiazide is usually taken by athletes during the last days before a competition. Generally a dosage of 2-3 tablets of 50 mg per day is taken and divided into 2-3 indi-vidual doses. The side effects are mostly caused by the expected imbalances in the fluids and electrolytes. These can manifest them-selves in muscle cramps, irregular pulse rate (especially at an increased potassium level) and dizziness. In men, due to the antiandrogenic characteristics of spironolactone, gynecomastia and impotence are also possible but unlikely due to the short intake (see also Aldactone). As a preventive measure, the additional adminis-tration of potassium should be avoided and the period of intake should be as short as possible. Spironothiazide must be prescribed and is usually difficult to find on the black market since most athletes get prescriptions from their physicians. Fifty tablets of 50/50 mg cost approximately $40 on the black market

STEN

Sten 120 mg/2 ml; Atlantis Mexico

This is another multi-component testosterone which is becoming increasingly popular. Although the substance combination is not the same, this remedy can definitely be compared to Sustanon. The total quantity of the substance corresponds to just slightly less than half of the quantity included in Sustanon and therefore, either more frequent or more voluminous injections of Sten are necessary. The characteristics of Sten will not be discussed in detail since the de-scription would be almost identical to that found in the chapter "Sustanon." We currently do not know of any fakes of this com-pound. Sten is available for $30 on the black market. At this price, however, one receives 2 Redi-ject injections which seem to be worth the money The 2 ml ampule has a brownish-red imprint which cannot be scratched off and is easily felt, having been burnt into the glass. Two ampules together with a 3 ml syringe and its needle are packaged in a plastic bed.

Substance: stenbolone acetate
Trade Names:
Anatrofin (o.c.) 25 mg/ml; Syntex GB
Anatrofin (o.c.) 100 mg/ml; Syntex Mexico
Stenbolone (o.c.) 25 mg/ml; Farmacologico Latino ES
Stenbolone (o.c.) 50 mg/ml; Syntex ES
Stenbolone (o.c.) 100 mg/ml; Syntex ES

This-steroid has not been manufactured since the late 1980's. How-ever, we still would like to discuss it in a few sentences since it was such a popular steroid, with many potential customers even today Stenbolone was introduced on the market in 1963 by Syntex, the that produced the popular steroids Anadrol, Oxitosona (o.c.), and Anapolon. It is therefore not surprising that Stenbolone has an application similar to the other three compounds. Syntex developed Stenbolone as a mild alternative to the toxic same company Anadrol. And the company was successful because Stenbolone is neither liver-toxic nor does it aromatize, and it is only slightly an-drogenic. In addition, it has a similar effect to Anadrol in cases of anemia with abnormal blood formation since it increases the num-ber of red blood cells. For this reason Stenbolone is especially suit-able for competing athletes since it accelerates regeneration when dieting. Competing body builders in the weeks before a champi-onship often experience a catabolic phase and a condition of over training. Stenbolone rapidly and reliably counters this and helps to obtain a good form since it does not draw water and does not increase the estrogen level. For the buildup of strength and mass, however, Stenbolone is by far not as suitable as Anadrol, although some erroneously call it an injectable Anadrol. Stenbolone has lower anabolic and androgenic effects than the oral version and it leads to a slow but solid muscle gain along with a moderate strength gain. For this purpose it is preferred by women and ste-roid novices, and by older athletes who obtain satisfying results without the fear of significant side effects. Despite this, Stenbolone is, above all, I a competition steroid which is confirmed by the American "Steroid Guru" Daniel Duchaine in his book Underground Steroid Handbook 2: "This is an excellent steroid to use while diet-ing..."

Since the substance is in acetate form it has only a low half-life time so that frequent and regular injections are necessary in order to ob-tain sufficiently high and constant blood level values. For optimal results Stenbolone is normally taken daily and injected at least ev-ery 2 days. The usual weekly dose for athletes is 200-300 mg. For this reason the 50 mg strength is often preferred and the athlete either injects the entire one-milliliter ampule daily or limits the use to half of it. Women normally do well with 100- 150 mg/week and should divide their weekly dosage into three equal parts. The poten-tial side effects are low since the compound is well tolerated by the liver and edemas, gynecomastia, and high blood pressure do not occur. Cases of acne and increased aggressiveness in men are low and rare, as is a reduction in the body's own hormone production. Virilization symptoms in women also occur rarely and for the most part in very

sensitive persons when high dosages are given or when the intake interval lasts over several weeks. There are no fakes on Stenbolone, so neither the original compound nor an imitation can be found on the black market.

Stenox also known as Halotestin, has an extreme androgenic effect and a very slight anabolic effect. With this combination, a person can expect a great increase in muscle hardness and strength with no real gain in size or weight. Because of the very high androgenic effect, many athletes have reported high levels of aggression making their workouts extremely intense. A common dosage of Stenox is in the range of 20-30 mg which is between 8 and 12 tablets for a 4-6 week cycle. At this level an athlete can expect massive strength gains with a very low tendency of water and salt retention. Stenox is considered to be the most toxic oral steroid and has a high rate of side effect occurrences. This fact has kept most people, especially women, away from this compound. Stenox is also very hard on the liver and should never exceed 30 mg/day. Its strong androgenic characteristics have been commonly responsible for liver damage, headaches, irritability, aggressiveness, acne, gastrointestinal pain, virilization in women, and suppression of natural hormone levels.

Substance: TESTOSTERONE BLEN
Trade Names:
Durandron (o.c.) 250 mg/ml; Organon ES
Sostenon 250 250 mg/ml; Organon Mexico, ES
Sustanon 250 mg/ml; Ravasini I
Sostenon 250 250 mg/ml; Organon GB, NL, FI, India, Russia, TK, CZ, BG
Sustanon'250' 250 mg/ml; Organon Thailand
Sustenon 250 250 mg/ml; Organon PT
Veterinary: Deposterone Gouglund Syntex Mexico
Testono'n 250 mg/ml; Ttokkyo Labs
Durateston250 250 mg/ml; Organon BZ

Remark: Testosterone propionate 30mg, Testosterone phenylpropionate 60 mg, Testosterone isocaproate 60 mg, Testosterone decanoate 100 mg
Sustanon is a very popular steroid which is highly appreciated by its users since it offers several advantages when compared to other testosterone compounds. Sustanon is a mixture of four different testosterones which, based on the well-timed composition, have a synergetic effect. This special feature has two positive characteristics for the athlete. First, based on the special combination effect of the compounds, Sustanon, milligram for milligram, has a better effect than Testosterone enanthate, cypionate, and propionate alone. Second, the effect of the four testosterones is time released so that Sustanon goes rapidly into the system and remains effective in the body for several weeks. Due to the propionate also included in the steroid, Sustanon is effective after one day and, based on the mixed in decanoates, remains active for 3-4 weeks. Sustanon has a distinct androgenic effect which is coupled with a strong anabolic effect. Therefore it is well suited to build up strength and mass. A rapid increase in body strength and an even increase in body weight occur. Athletes who use Sustanon report a solid muscle growth since it results in less water retention and also aromatizes less than either testosterone enanthate or cypionate. Indeed many bodybuilders who use testosterone and fight against distinct water retention and an elevated estrogen level prefer Sustanon over other long-acting depot testosterones.

It is further noticed that Sustanon is also effective when relatively low doses are given to well advanced athletes- It is interesting to note that when Sustanon is given to athletes who have already used this compound in the same or lower doses, it leads to similar good results as during the previous intake. Sustanon is usually injected at least once a week, which can be stretched up to 10 days. The dosage in bodybuilding and powerlifting ranges from 250 mg every 14 days up to 1000 mg or more per day. Since such high dosages are not recommended-and fortunately are also not taken in most cases-the rule is 250-1000 mg/week. A dosage of 500 mg/week is completely sufficient for most, and can often be reduced to 250-mg/ week by combining Sustanon with an oral steroid. Sustanon is well tolerated as a basic steroid during treatment which stimulates the regeneration, gives the athlete a sufficient "kick" for intense training units, and next to the already mentioned advantage-rapid strength increase and solid muscle gain distinguishes itself also by its compatibility. In order to gain mass fast Sustanon is often combined with Deca-Durabolin, Dianabol or Anadrol

while athletes who are more into quality prefer combining it with Parabolan, Winstrol, Oxandrolone or Primobolan.

Although Sustanon does not aromatize excessively when taken in a reasonable dosage many people, in addition, also take an antiestrogen such as Nolvadex and/or Proviron to prevent possible estrogen-linked side effects. Since Sustanon suppresses the endogenous testosterone production the intake of HCG and Clomid must be considered after six weeks or at the end of treatment. It is recommended that women not take depot testosterones since the androgen level would strongly increase and virilization symptoms could result. Despite this, it is not uncommon for female competing athletes in the higher weight classes to take testosterone since it helps in remaining "competitive." Women who use "Testo" or who would like to try it should limit its use to either only testosterone propionate or inject a maximum of 250 mg Sustanon every 10-14 days over a period of no longer than six weeks. At this point we would like to emphasize once more that steroid novices should stay away from all testosterone compounds since, at this time, they simply do not need them. The side effects of Sustanon are similar to those of Testosterone enanthate (see also Testosterone enanthate) only that they are usu-ally less frequent and less severe. Depending on the predisposition and dosage, the user can experience the usual androgenic-linked side effects such as acne, aggressiveness, sexual overstimulation, oily skin, accelerated hair loss, and reduced production of the body's own hormones. Water retention and gynecomastia are usually within limits with the "Sustas" or are not as massive as with enanthate and cypionate. Liver damage is unlikely with Sustanon (see Test-osterone enanthate); however, in very high dosages, elevated liver values can occur which, after discontinuing use of the compound, usually go back to normal. The fact that the liver is a very efficient organ and able to cope well with higher quantities of testosterone is confirmed in the book Doping-verbotene Arzneimittel im Sport by Dirk Clasing and Manfred Donike. On page 54 the authors state: "The liver is able to metabolize an almost unlimited amount of tes-tosterone (2 g of rat liver are able to break down 100 mg/day of testosterone). "

Sustanon is well distributed on the black market and readily available. It is difficult to find the less frequently available original "Susta. " On the black market mostly the Russian or Indian 5ustanon 250 is sold. The Indian Sustanon 250 is manufactured in Calcutta, India, by Organon and officially destined for export to Russia. Through Czechoslovakia, however, large quantities of this original Sustanon 250 are smuggled to Europe and the U.S. The Russian Sustanon 250 comes in a plastic film; printed in blue ink on the back are the name of the compound, the manufacturer, and the included substances. This imprint is either stamped on aluminum foil or on white paper. Five ampules are combined in one strip whereas each ampule is packaged individually. Original Sustanon 250 usually costs S 12 - 18 per ampule on the black market and is certainly worth the price. In the meantime there are also several fakes of the Russian version which, however, can be easily identified by the rounded corners of the label. The originals always have a label with sharp corners.

Substance: Testolactone
Trade Names:
Fludestrin 100 mg/ml; Bristol G
Fludestrin 50 mg/ml; Bristol G
Teslac 50 mg tab.; Squibb B, NL; Squibb Mark U.S.; Mead Johnson U.S.

Teslac belongs to the group of sex hormones and from a biochemical perspective, is a relative of the testosterones. Although this catego-rizes it as an androgenic steroid, from a technical point of view it is neither an androgenic nor an anabolic steroid. Teslac is very similar to the structure of androgenic steroids but it has only a very low androgenic and no anabolic effect. In school medicine this compound is used in the treatment of advanced mammary carcinomas in women. Before you discard Teslac as a completely useless drug and stop reading we want to tell you that Teslac does have his justified application in bodybuilding. Two reasons speak for an intake of Teslac: First, it is the most effective antiestrogen and second, it causes a distinct increase of the endogenic (body's own) testosterone production. Teslac is unique in its effectiveness as an antiestrogen. Like Proviron, it prevents the aromatizing process of the steroids from the basis. Thus, Teslac prevents almost completely the introduction of more estrogens into the blood and subsequent bonding with the estrogen receptors. Athletes who want to be absolutely certain combine Teslac with Proviron 50 mg/day and obtain a complete sup-pression of the estrogens. What makes Teslac different from Proviron, however, and so desirable is the characteristic that it can lead to an irreversible and permanent suppression of the estrogens in male ath-letes. Studies, in the meantime, have proven that Teslac makes male athletes resistant to an aromatization of steroids over a prolonged period. A water retention caused by the estrogens and gynecomastia is thus avoided in the long term. Another advantage of Teslac is that it directly influences the hypothalamus and upon its "signal" the hypophysis releases more gonadotropine, leading to a significant increase of the endogenic testosterone level. The strength of the testosterone-stimulating effect of Teslac can be compared with the one of HCG (see also HCG). Unlike HCG which after only a few-hours results in an elevated plasmatestosterone level, Teslac does require a longer initial period. Thus a regular intake over several days is a preliminary. Although we have initially mentioned that Teslac does not have an anabolic effect, based on the increased testosterone level, a gain in muscles and strength can occur. This could lead to androgenically linked side effects but they are very unlikely.

Side effects from Teslac are very rare. Since this compound, above all, was developed for women, it was extremely important to exclude the androgenic effect component as much as possible. This was successfully accomplished so that females very rarely experience masculinizing symptoms such as, for example, increased growth of body hair or deep voice. Possible side effects from Teslac are given on the package insert by the German manufacturer, Bristol Arzneimittel GmbH, for the remedy Fludestrin: "cutaneous eruptions (maculopapular erythema), high blood pressure, sensations such as itching and pricking (paresthesia), pain in the arms and legs and swelling, tongue infection, loss of appetite, nausea and vomiting." These side effects, as already mentioned, are extremely rare. The plasma calcium level of athletes should, however, be checked since Teslac could lead to hypercalcemia (increased calcium level).

Perhaps the greatest negative side effect of Teslac is its high price. A package of fifty 50 mg tablets costs about $200 on the black market. Every single tablet thus costs $4. The recommended daily dose of 10-20 tablets that is 500-1000 mg/day! Usually 4-5 tablets daily (200-250 mg/day) are sufficient. However even such a dosage will discourage most athletes because of the high cost. An alternative would be to limit the intake of Teslac to two tablets per day and to supplement them with the similarly effective Proviron (50 mg/ day).

TESTOSTERONE CYPIONATE

Substance:
Trade Names:
Andro-Cyp (o.c.) 100 mg/ml, 200 mg/ml; Keene U.S.
Andro-Cyp 100 mg/ml, 200 mg/ml Brown U.S.
Andronaq LA (o.c.) 100 mg/ml, 200 mg/ml Central U.S.
Andronate (o.c.) 100 mg/ml, 200 mg/ml; Pasadena U.S.
D-Test 100/200 (o.c.) 100 mg/ml, 200 mg/ml; Burgin-Aden U.S.
Dep-Test (o.c.) 100 mg/ml -1 Sig U.S.
Dep-Testosterone (o.c.) 100 mg/ml, 200 mg/ml; Rocky Mountain U.S.
Dep Andro-100-200 100 mg/ml, 200 mg/ml - Forest U.S.
Depo-Testosterone 50 mg/ml; Upjohn U.S.
Depo-Testosterone 100 mg/ml, 200 mg/ml; Upjohn U.S.
Depotest 100 mg/ml, 200 mg/ml Hyrex U.S. Kay U.S.
Duratest- 100-200 (o.c.) 100 mg/ml, 200 mg/ml; Hauck U.S.
Duratest-100-200 100 mg/ml, 200 mg/ml; Roberts U.S.
Malogen Cyp (o.c.) 100 mg/ml, 200 mg/ml; Forest U.S. .
Testa-C 200 mg/ml; Vortech U.S,
Testadiate-Depo 200 mg/ml; Kay U.S.
Testex Leo prolongatum 100 mg/2ml, 250 mg/2ml; Leo ES
Testoject (o.c.) 100 mg/ml; Mayrand U.S.
Testoject-50 (o.c.) 50 mg/ml; Mayrand U.S.
Testoject-LA (o.c.) 200 mg/ml; Mayrand U.S.
Testosterone (o.c.) 50 mg/ml; Huffman U.S.
Testosterone Cypionate 100 mg/ml, 200 mg/ml; Huffman U.S.
Testosterone Cypionate 200 mg/ml; Legere U.S.
Testosterone Cypionate 100 mg/ml, 200 mg/ml; Goldline U.S., Steris U.S.
Testosterone 200 mg/ml; Ttokkyo Labs
Cypionate200LA
Testred Cypionate 200 mg/ml; ICN U.S.
Andro-Cyp (o.c.) 100 mg/ml, 200 mg/ml; Keene U.S.
Andro-Cyp 100 mg/ml, 200 mg/ml Brown U.S.
Andronaq LA (o.c.) 100 mg/ml, 200 mg/ml Central U.S.
Andronate (o.c.) 100 mg/ml, 200 mg/ml; Pasadena U.S.
D-Test 100/200 (o.c.) 100 mg/ml, 200 mg/ml; Burgin-Aden U.S.
Dep-Test (o.c.) 100 mg/ml -1 Sig U.S.
Dep-Testosterone (o.c.) 100 mg/ml, 200 mg/ml; Rocky Mountain U.S.
Dep Andro-100-200 100 mg/ml, 200 mg/ml - Forest U.S.
Depo-Testosterone 50 mg/ml; Upjohn U.S.
Depo-Testosterone 100 mg/ml, 200 mg/ml; Upjohn U.S.
Depotest 100 mg/ml, 200 mg/ml Hyrex U.S. Kay U.S.

Duratest- 100-200 (o.c.) 100 mg/ml, 200 mg/ml; Hauck U.S.
Duratest-100-200 100 mg/ml, 200 mg/ml; Roberts U.S.
Malogen Cyp (o.c.) 100 mg/ml, 200 mg/ml; Forest U.S. .
Testa-C 200 mg/ml; Vortech U.S,
Testadiate-Depo 200 mg/ml; Kay U.S.
Testex Leo prolongatum 100 mg/2ml, 250 mg/2ml; Leo ES
Testoject (o.c.) 100 mg/ml; Mayrand U.S.
Testoject-50 (o.c.) 50 mg/ml; Mayrand U.S.
Testoject-LA (o.c.) 200 mg/ml; Mayrand U.S.
Testosterone (o.c.) 50 mg/ml; Huffman U.S.
Testosterone Cypionate 100 mg/ml, 200 mg/ml; Huffman U.S.
Testosterone Cypionate 200 mg/ml; Legere U.S.
Testosterone Cypionate 100 mg/ml, 200 mg/ml; Goldline U.S., Steris U.S.
Testosterone 200 mg/ml; Ttokkyo Labs
Cypionate200LA
Testred Cypionate 200 mg/ml; ICN U.S.

Testosterone cypionate is the most popular and most used testosterone. Cypionate, like enatanthe, is an oil-dissolved injectable form of testosterone with strong androgenic and anabolic effects. It aromatizes quite easily which means that the conversion rate to estrogen, similar to enanthate's, is relatively high. Several athletes are of the opinion that cypionate stores more water in the body than enantathe does. The muscle buildup during the application along with the inevitable loss of strength and muscle mass after discontinuing use of one product, are the same with the other. Testosterone cypionate can be combined with many steroids and thus making it an excellent mass steroid. As with enanthate the dosage range is 250-1000 mg/week although several athletes inject megadoses (see Testosterone enanthate).

Almost everything written in this book about Testosterone enanthate can be applied to cypionate. In our opinion most athletes will not notice a difference between the two compounds. Testosterone cypionate is one of the drugs which is most frequently faked. The products by Lemmon, Goldline, and international Pharmaceutical available on the black market are fakes and almost certainly contain no cypionate. The price situation is the same as with Testosterone enanthate. For 1 ml of 200 mg or 250 mg, $ 10 - 15 are being asked and also paid.

For further information as to the effects of Testosterone cypionate, see also Testosterone enanthate.

TESTOSTERONE ENANTHATE

Substance: Testosterone enanthate
Trade Names:
Andropository 200 mg/ml; Rugby U.S.
Andro 100 (o.c.) 100 Mg/Ml; Forest U.S.
Andro L.A. 200 200 mg/ml; Forest U.S.
Androtardyl 250 mg/ml; Schering FR
Andryl 200 (o.c.) 200 mg/ml; Keene U.S.
Arderone 100/200 (o.c.) 100, 200 mg/ml; Burgin-Arden U.S.
Delatest (o.c.) 100 mg/ml; Dunhall U.S. .
Delatestryl (o.c.) 200 mg/ml; Mead Johnson. U.S.
Delatestryl 200 mg/ml; Gynex U.S.
Dura-Testosterone (o.c.) 200 mg/ml; Pharmex U.S.
Durathate-200 Injection (o.c.) 200 mg/ml; Hauck U.S.
Durathate-200 Injection 200 mg/ml; Roberts U.S.
Enarmon-Depot 125 mg/ml; Teskoku Hormone Japan
Everone 100, 200 mg/ml; Hyrex U.S.
Malogen 100/200 L.A. (o.c.) 100, 200 mg/ml; Forest Pharm. U.S.
Primoteston Depot 250 mg/ml; Schering GB, Mexico; Leiras F1
Primoteston Depot 100, 180 mg/ml; Schering No
Tesone L.A. (o.c.) 200 mg/ml; Sig U.S.
Testanate No. 1 (o.c.) 100 mg1ml; Kenyon U.S.
Testaval (o.c.) 100, 200 mg/ml; Legere U.S.
Testo-Enant 100, 250 mg/ml; Geymonat I
Testosteron-depo 50, 100, 250 mg/ml-, GalenikaYU; Hemofarm YU
Testosteron-Depot 250 mg/ml; Jenapharm G, BG
Testosteron Depot 250 mg/ml; Rotexmedica G
Test. prolongatum. 100 mg/ml; Polfa PL,_BG
Testosterone Enanthate 100, 200 mg/ml; Steris U.S.
Testosterone Enanthate (o.c.) 100, 200 mg/ml; Quad U.S.
Testoviron Depot 100 mg/ml; Schering B
Testoviron-Depot 250 mg/ml; Schering G, A, B, CH, DK, ES GR, PL, S, Thailand,
Testrin-PA. (o.c.) Veterinary: 200 mg/ml; Pasadena Res. U.S.
Testosterona 200 200 mg/ml; 10 ml Brovel Mexico

Testosterone enantate is an ester of the naturally occurring andro-gen, testosterone. It is responsible for the normal development of the male sex characteristics. In the event of insufficient testosterone production an almost complete balance of the functional, anatomic, and psychic deficiency symptoms can be achieved by substituting testosterone." (Excerpt from the package insert of the German phar-maceutical group, Jenapharm GmbH for its compound Testosteron--Depot.)

These lines clearly describe what an important and effective hor-mone testosterone is. One of the many testosterone substances is the testosterone enanthate. In a man it is normally used to treat hypogonadism resulting from androgen deficiency (1) and anemia (2). Surprisingly, in medical schools testosterone enanthate is also used in women and children. Boys and male youth take it as growth therapy and women take it as an "additive treatment for certain growth forms of the nipples during post-menopause". In bodybuilding, however, it is THE "mass building steroid." No matter what you think of Dianabol, Parabolan, Anadrol 50, FinaJect, and others, when it comes to strength, muscle mass, and rapid weight gains, testosterone is still the "King of the Road." Testosterone enanthate is the European counterpart to Test-osterone cypionate which is predominantly available in the U.S. (see also Test. Cyp.). Testosterone enanthate, as most trade names already suggest, is a long-acting depot steroid. Depending on the metabolism and the body's initial hormone level it has a duration of effect of two to three weeks so that theoretically very long intervals between injections are possible. Although Testosterone enanthate is effective for several weeks, it is injected at least once a week in body-building, powerlifting, and weightlifting. This, by all means, makes sense since Testosterone enanthate has a plasma half-life time in the blood of only one week.

The decisive advantage of Testosterone enanthate, however, is that this substance has a very strong androgenic effect and is coupled with an intense anabolic component. This allows almost everyone, within a short time, to build up a lot of strength and mass. The, rapid and strong weight gain is combined with distinct water reten-tion since a retention of electrolytes and water occurs. A pleasant effect is that the enormous strength gain goes hand in hand with the water retention. Weightlifters and powerlifters, especially in the higher weight classes, appreciate this characteristic. In this group, Testosterone enanthate, Testosterone cypionate, and Sustanon (see also Sustanon) are the number one steroids; this is also clearly re-flected in the dosages. Dosages of 500 mg, 1000 mg or even 2000 mg per day are no rarity-mind you, per day, not per week. Sports disciplines requiring a high degree of raw power, aggressiveness, and stamina offer an excellent application for Depot-Testosterone. The distinct water retention has also other advantages. Those who have problems with their joints, shoul-der cartilages or whose intervertebral disks, due to years of heavy training, show the first signs of wear, can get temporary relief by taking testosterone.

For the bodybuilder, the water retention that goes hand in hand with Testosterone enanthate cuts both ways. Certainly, one gets rap-idly massive and strong; however, one's reflected image after a few weeks often shows completely flat, watery, and puffy muscles. The muscles appear as if they have been pumped up with air' to new dimensions, yet during flexing nothing happens. Those who do not believe this should bother to go visit the so-called "bodybuilding champions" during the OFF-season when these exaggerated quanti-ties of "Testo" come in. A look at the now defunct bodybuilding magazine WBF makes it even clearer. An additional problem when taking Testosterone enanthate is that the conversion rate to estrogen is very high. This, on one hand, leads the body to store more fat; on the other hand, feminization symptoms (gynecomastia) are not unusual. However, it must be clearly stated that this depends on the athlete's predisposition. By all means, there are athletes who even with 1000 mg +/week do not show feminization symptoms or fat deposits and who suffer very low water retention. Others, however, develop pain in their nipples by simply looking at a Testoviron-Depot ampule. Yet the additional intake of Nolvadex and Proviron should be considered at a dosage level of 500 mg+ /week. As already mentioned, Testo is effective for everyone, whether a beginner or Mr. Olympia. Testosterone enanthate also strongly promotes the regeneration process. This leads to distinctly shorter

overcompensation phases, an increased feeling of well-being, and a distinct energy increase. This is also the reason why several athletes are able to work out twice daily for several hours six times a week and continue to build up mass and strength. Those who can work out again two hours after a hard leg workout know that Testo works. Athletes who take Testosterone enanthate report an excessively strong pump effect during training. This "steroid pump" is attributed to an increased blood volume with a higher oxygen supply and a higher quantity of red blood cells. Those who take megadoses of Testosterone enanthate will already feel an enormous pump in their upper thighs and calves when climbing stairs. Despite this we recommend that steroid novices stay away from all testosterone compounds. To make it very clear: Those who have never taken steroids do not yet need any testosterone and should wait until later when the "weaker" steroids begin to have little effect. For the more advanced, Testosterone enanthate can either be taken alone or in combination with other compounds.

For adding mass Testosterone enanthate combines very well with Anadrol 50, Dianabol, Deca-Durabolin, and Parabolan. As an example, a stack of 100 mg Anadrol 50/day, 200 mg Deca-Durabolin/ week, and 500 mg Testosterone enanthate/week works well. After six weeks of intake the Anadrol 50, for example, could be replaced by 40 mg Dianabol/day. Principally, Testosterone enanthate can be combined with any steroid in order to gain mass. Apparently a synergetic effect between the androgen, Testosterone enanthate, and the anabolic steroids occurs which results in their bonding witli several receptors.Those who draw too much water with Testosterone enanthate and Dianabol or Anadrol, or who are more intere6ted in strength without gaining 20 pounds of body weight should take Testosterone enanthate together with Oxandrolone or Winstrol. The generally taken dose-as already mentioned-varies from 250 mg/ week up to 2000 mg/day. In our opinion the most sensible dosage for most athletes is between 250-1000 mg/week. Normally a higher dosage should not be necessary When taking up to 500 mg/week the dosage is normally taken all at once, thus 2 ml of solution are injected. A higher dosage should be divided into two injections per week. The quantity of the dose should be determined by the athlete's developmental stage, his goals, and the quantity of his previous steroid intake. The so called beach and disco bodybuilders do not need 1000 mg of Testosterone enanthate/week. Our experience is that the Testosterone enanthate dosage for many, above all, depends on their financial resources. Since it is not, by any means, the most economic testosterone, most athletes do not take too much. Others switch to the cheaper Omnadren and because of the low price con-finue "shooting" Omnadren.

Testosterone enanthate has a strong influence on the hypothalamohypophysial testicular axis. The hypophysis is inhibited by a positive feedback. This leads to a negative influence on the endogenic testosterone production. Possible effects are described by the German Jenapharm GmbH in their package insert for the com-pound Testosteron Depot: " In a high-dosed treatment with testosterone compounds an often reversible interruption or reduction of the spermatogenesis in the testes is to be expected and consequently also a reduction of the testes size." Consequently, after reading these statements, additional intake of HCG should be considered. Those who take Testosterone enanthate should consider the intake of HCG every 6-8 weeks. An injection of 5000 I.U. every fifth day over a period of 10 days (a total of 3 injections) helps to reduce this problem. At the end of the testosterone treatment the administration of HCG, Clomid, Nolvadex and Clenbuterol is now quite common. To some extent the use of these compounds helps absorb the catabolic phase and helps elevate the endogenic testosterone level. By this method the strength and mass loss which occur in any event can be reduced. Those who go off Testosterone enanthate 6cold turkey6 after several weeks of use will wonder how rapidly their body weights and former voluminous muscles will decrease. Even a

slow tapering-off phase, that is reducing the dosage step by step, will not prevent a notice-able reduction. The only options available to the athlete consist of taking testosterone-stimulating compounds (HCG, Clomid, Cyclofenil), anti-catabolic substances (Clenbuterol, Ephedrine), or the very expensive growth hormones, or of switching to milder steroids (Deca-Durabolin, Winstrol, Primobolan). Most can get massive and strong with Testosterone enanthate. However, only very few are able to retain their size after discontinuing the compound. This is also one of the reasons why really good bodybuilders, powerlifters, weightlighters, and others take the "stuff " all year long.

The side effects of Testosterone enanthate are mostly the distinct androgenic effect and the increased water retention. This is usually the reason for the frequent occurrence of hypertony (3). Those who have a predisposition for high blood pressure or whose blood pressure is elevated when they begin taking Testosterone enanthate should have it periodically checked by a physician. If necessary the intake of an antihypertensive drug (4) such as Catapresan is advisable. Many athletes experience a strong acne vulgaris with Testosterone enanthate which manifests itself on the back, chest, shoulders, and arms more than on the face. Athletes who take large quantities of Testo can often be easily recognized because of these characteristics. It is interesting to note that in some athletes these characteristics only occur after use of the compound has been discontinued, which implies a rebound effect. In severe cases the medicine Accutane can help. The already discussed feminization symptoms, especially gynecomastia, require the intake of an anti-estrogen. Sexual overstimulation with frequent erections at the beginning of intake is normal. In young athletes, "in addition to virilization,testosterone can also lead to an accelerated growth and bone maturation, to a premature epiphysial closing of the growth plates and thus a lower height" (Jenapharm GmbH, package insert for Testosteron-Depot).' Since mostly taller athletes are successful in bodybuilding, young adults should reflect carefully before taking any anabolic/andro-genic steroids, in particular, testosterone.

Other possible side effects are testicular atrophy, reduced spermatogenesis, and especially an increased aggressiveness. Those who transfer this aggressiveness to their training and not their environment do not have to worry. Unfortunately this is not the case in some athletes who take Testosterone enanthate. Testosterone and Finaject are both primary reasons for some eruptions. In particular, high doses are in part responsible for anti-social behavior among its users. One can talk here of a sort of "superman syndrome" that occurs in some users. Although Testosterone enanthate is broken down through the liver, this compound is only slightly toxic when taken in a reasonable dose; therefore, changes of the liver values do not occur as often as with the oral I 7-alpha alkylated steroids. Further potential side effects can be deep voice and accelerated hair loss.

Women should normally avoid its intake since it could result in unpleasant androgen-linked side effects. The use of testosterone in women may cause symptoms of virilization such as acne vulgaris, hirsutism (5), androgenetic alopecia (6), voice changes, and occasional clitorial hypertrophy and an unnatu-rally perceived increase in libido. Changes in voice and alopecia must be classified as irreversible, hirsutism and clitorial hypertrophy as in part reversible." Women who are not afraid of this are found at many competition scenes. In our opinion, 250 mg is the maximum quantity of Testosterone enanthate that a fe-male athlete should take each 7-10 days. However in competition bodybuilding and especially in powerlifting much higher dosages and shorter injection intervals have been observed in women.

Another interesting side effect of Testosterone enanthate is men-tioned in the bodybuilding magazine Muscle

Media 2000, June July 1993 on page 45. Judging whether this is positive or nega-tive is left to the reader. 'A few years ago, the Lancet Medical Journal of England reported that they found testosterone (the proto-type anabolic steroid) to be a remarkably effective form of male birth control. Researchers conducted a 12 month study which included 270 men and determined that weekly injections of the hormone testosterone were 'safe, stable, and effective.' They dis-covered that weekly testosterone injections had a success rate of 99.2% as a birth control method. That makes it more effective than the birth control pill (97%) and much more effective than condoms (88%). The study also revealed that the effects of the contraceptive injections were entirely reversible upon discontinu-ing administration of the drug and that the testosterone injec-tions produced minimal side effects."

Similar studies with identical data are also in progress at a German university clinic. Although this is not part of the actual subject of this book, these results stress at least the need for testosterone-stimu-lating compounds during and after the intake of Testosterone enanthate. Since it is effective for such a long period of time, Test-osterone enanthate is always taken more frequently by athletes during their "steroid intervals." An injection of 250 mg every 2-3 weeks helps maintain strength and mass. Whether this application makes sense remains to be seen; the fact is that it works.

(1) Inadequate function of the genital glands (2) Anemia (3) High blood pressure (4) To reduce high blood pressure (5) Increased hair growth in face and on legs (6) Androgenic-linked loss of hair on the scalp

TESTOSTERONE HYTHELATE

Substance: testosterone heptylate
Trade Names:
Testosterone Heptylate Theramex 50 mg/ml, 100 mg/ml, 250 mg/ml; Theramex France

Testosterone heptylate is another injectable testosterone ester. The French pharmaceutical Company Laboratoire Theramex is the only firm worldwide which manufactures this compound and has been selling it under the drug name Testosterone Heptylate Theramex since 1955. Testosterone Heptylate Theramex rates high among French, Belgian, and Dutch athletes since it is readily available, extremely economical, and very effective - The compound Testosterone heptylate, like every injectable testosterone, has a strong androgenic effect which goes hand in hand with a distinct anabolic component. Testosterone heptylate is excellent for the rapid buildup of strength and muscle mass. When looking at the gain rates of bodybuilders who use Testosterone Heptylate Theramex this steroid, milligram for milligram, seems to have a stronger effect than enanthate, cypionate, and propionate.

Testosterone Heptylate Theramex leads to a strong protein synthesis in the muscle cell and promotes recovery to a high degree. Athletes report an enormous pump effect during the workout and a noticeable appetite increase after only days of intake. The gains usually consist of solid muscle since the water retention that occurs during intake is usually lower than with enantathe and cypionate. Competing bodybuilders and athletes normally become puffy be-cause of the testosterone injections should give Testosterone Heptylate Theramex a try.

Testosterone Heptylate Theramex has a du-ration of effect of 20 days. Although this theoretically allows long injection intervals athletes usually inject it at least once a week. Men usually prefer the 250 mg strength while women use the more conservative 50 mg or 100 mg version. With 250-750 mg/week most male bodybuilders get on well and make great progress. An effective combination in the buildup phase, for example, would be 500 mg Testosterone Heptylate Theramex/week, 200 mg Deca-Durabolin/week, and 30 mg Dianabol/day. Female bodybuilders, by taking 50 mg Testosterone Heptylate Theramex/week, 50 mg Deca-Durabolin, and 15 mg Oxandrolone/day can obtain good strength and muscle gains without fear of virilization symptoms.

The potential side effects of Testosterone heptylate are comparable to those of enantathe and cypionate. Since, when taking Testosterone Heptylate Termex, a certain percentage of the substance converts into estrogens in the body, athletes will also have to take antiestrogens. The administration of testosterone-stimulating sub-stances such as HCG, Clornifen citrate or Cyclofenil could be indicated since the endogenous testosterone production is considerably reduced by Testosterone heptylate. Young bodybuilders should keep in mind that Testosterone heptylate could lead to an early stunting of growth since it prematurely closes the epiphysial growth plates.

As for the availability on the black market it can be noted that Testosterone Heptylate Theramex is not as widespread as cypionate and enanthate. The French, however, can purchase Testosterone Heptylate

Theramex at a ridiculously low price in pharmacies. Following, please find the actual French pharmacy prices:

50 mg: 9.90 francs (approx. $2.05) per package including two ampules;
100 mg: 12.50 francs (approx. $2.55) per package including two ampules;
250 mg: 20.70 francs (approx. $4.25) per package ~ including two ampules.

On the black market the 250 mg version usually costs $12 - 15. Those who want to be absolutely certain of buying an original should buy only ampules in a double pack, i.e. the ampules that are welded into the plastic bed and to the aluminum foil.

TESTOSTERONE PROPIONATE

Substance: Testosterone Propionate
Trade Names:
Agovirin inj. 25 mg/ml; Leciva CZ
Androfort-Richt. 10, 25 mg/ml; Gedeon Richter HU
Androlan (o.c.) 50, 100 mg/ml; Lannett U.S.
Hybolin Imp. (o.c.) 25, 50 mg/ml; Hyrex U.S.
Neo-Hombreol 50 mg/ml; Organon NL
Testex (o.c.) 50, 100 mg/ml; Pasadena U.S.
Testex Leo 25 mg/ml; Leo ES
Testosteron 5, 10 mg/ml; Galenika YU; Hemofarm YU
Testosteron 25, 50 mg/ml; Galenika YU; Hemofarm YU
Testosteron 10 mg/ml; Sopharma BG
T Berco Suppositorien 40 mg/S; Funke G
T-Prop. Disp. 10, 20 mg/ml; Disperga A
T Jenapharm (o.c.) 25 mg/ml; Jenapharm G
T Streuli 5, 10, 25, 50 mg/ml; Streuli & CO.AG A
Tprop. Eifelfango 10, 25 mg/ml; Eifelfango G
Tprop. Eifelfango 50 mg/ml; Eifelfango G
T Vitis (o.c.) 10, 25 mg/ml; Neopharma G
T propionicurn 10, 25 mg/ml; Polfa PL
Testosterone Prop. (o.c.) 50 mg/ml; Quad U.S., Lilly U.S.
Testosterone Prop. 100 mg/ml; Steris U.S.
Testoviron 10, 25 mg/ml; Schering 1, ES
Testoviron 50 mg/ml; 5chering 1, GR
Testovis 50, 100 mg/ml; SIT I
Testovis Deposit. 5 0, 100 mg1ml; SIT I
Triolandren 20 mg/ml; Ciba Geigy CH
Virormone 25, 50 mg/ml; Paines & Byrne GB
Virormone Veterinary: 100 mg/ml; Paines & Byrne GB
Ara-Test 25 mg/ml, 10 ml; Aranda Laboratories Mexico
Testogan 25 mg/ml, 50 ml; Laguinsa Costa. Rica, Nicaragua, Panama, Guatemala
Testosterona 50 5 0 mg/ml, 10 ml; Brovel Mexico

Testosterone propionate, after Testosterone cypionate and enanthate, is the third injectable testosterone ester that needs to be described in detail. This makes sense because, unlike cypionate and enanthate, both of which are widely used and well-spread in Europe, proprionate is little noticed by most athletes. The reader will now certainly pose the question of why the characteristics of an apparently rarely used substance are described in detail. At a first glance this might seem a little unusual but when looking at this substance more closely, there are several reasons that become clear. Testosterone propionate is used on so few occasions in weightlifting, powerlifting, and bodybuilding not because it is ineffective. On the contrary, most do not know about propionate and its application potential. One acts according to the mottos "what you don't know won't

hurt you" and "If others don't use, it can't be any good." We do not want to go this far and call propionate the most effective testosterone ester-, however, in certain applications it is superior to enanthate, cypionate, and also undecanoate because it has characteristics which the common test-osterones do not have.

The main difference between propionate, cypionate, and enanthate is the respective duration of effect. In contrast to the long-acting enanthate and cypionate depot steroids, propionate has a distinctly lower duration of effect. The reader learns how long this time is from the package insert of the German Jenapharm GmbH for their compound "Testosteron Jenapharm" (see list with trade 'names): "Testosterone proprionate has a duration of effect of I to 2 days." An eye-catching difference, however, is that the athlete "draws" distinctly less water with propionate and visibly lower water retention occurs. Since propionate is quickly effective, often after only one or two days, the athlete experiences an increase of his training energy, a better pump, an increased appe-tite, and a slight strength gain. As an initial dose most athletes pre-fer a 50-100 mg injection. This offers two options: First, because of the rapid initial effect of the propionate-ester one can initiate a sev-eral-week-long steroid treatment with Testosterone enanthate. Those who cannot wait until the depot steroids become effective inject 250 mg of Testosterone enanthate and 50 mg of Testosterone propionate at the beginning of the treatment. After two days, when the effect of the propionates decreases, another 50 mg ampule is injected. Two days after that, the elevated testosterone level caused by the propi-onate begins to decrease. By that time, the effect of the enanthates in the body would be present; no further propionate injections would be necessary. Thus the athlete rapidly reaches and maintains a high testosterone level for a long time due to the depot testo. This, for example, is important for athletes who with Anadrol 50 over the six-week treatment have gained several pounds and would now like to switch to testosterone. Since Anadrol 50 begins its "breakdown" shortly after use of the compound is discontinued, a fast and el-evated testosterone level is desirable.

The second option is to take propionate during the entire period of intake. This, however, requires a periodic injection every second day. Best results can be obtained with 50-100 mg per day or every sec-ond day. The athlete, as already mentioned, will experience visibly lower water retention than with the depot testosterones so that propionate is well-liked by bodybuilders who easily draw water with enanthate. A good stack for gaining muscle mass would be, for example, 100 mg Testosterone propionate every 2 days, 5p mg Winstrol Depot every 2 days, and 30 mg Dianabol/day. Propionate is mainly used in the preparation for a competition and used by female athletes. And in this phase, dieting is often combined with, testosterone to maintain muscle mass and muscle density at their maximum. Propionate has always proven effective in this regard since it fulfills these requirements while lowering possible water retention. This water retention can be tempered by using Nolvadex and Proviron. A combination of 100 mg Testosterone propionate every 2 days, either 50 mg Winstrol Depot/day or 76 mg Parabolan every 2 days, and 25 mg Oxandrolone/day help achieve this goal and are suitable for building up "quality muscles."

Women especially like propionate since, when applied properly, an-drogenic-caused side effects can be avoided more easily The trick is to increase the time intervals between the various injections so that the testosterone level can fall again and so there is an accumulation of androgens in the female organism. Women therefore take propi-onate only every 5-7 days and obtain remarkable results with it. The, androgenic effect included in the propionate allows better regeneration without virilization symptoms for hard-training women. The dosage is usually 25-50 mg/injection. Higher dosages and more frequent intervals of intake would certainly show even better re-sults but are not recommended for women. The duration of intake should not

exceed 8-10 weeks and can be supplemented by taking mild and mostly anabolic steroids such as, for example, Primobolan, Durabolin, and Anadur in order to promote the synthesis of pro-tein. Men who do not fear the intake of testosterone or the possible side effects should go ahead and give propionate a try. The side ef-fects of propionate are usually less frequent and are less pronounced. The reason is that the weekly dose of propionate is usually much lower than with depot testosterones. A daily injection of 50 mg amounts to a weekly dose of 350 mg while several depot injections easily launch the milligram content of testosterone into the fourfigure range. When compared with enanthate and cypionate, propionate is also a "milder" substance and thus better tolerated in the body. Those who are convinced that they need daily testosterone injections should consider taking propionate. The key to success with propionate lies in the regular intake of relatively small quantities (50-100 mg every 1-2 days.)

Although the side effects of propionate are similar to the ones of enanthate and cypionate these, as already mentioned, occur less frequently. However, if there is a predisposition and very high dosages are taken, the known androgenic-linked side effects such as acne vulgaris, accelerated hair loss, and increased growth of body hair and deep voice can occur. An increased libido is common both in men and women with the use of propionate. Despite the high conversion rate of propionate into estrogen gynecomastia is less common than with other testosterones. The same is true for possible water retention since the retention of electrolytes and water is less pronounced. The administration of testosterone-stimulating compounds such as HCG and Clomic can, however, also be advised with propionate use since it has a strong influence on the hypothalamohypophysial testicular axis, suppressing the endogenous hormone production. The toxic influence on the liver is minimal so that a liver damage is unlikely (see also Testosterone enanthate). What athletes dislike most about propionate are the frequent injections that are necessary.

As for frequent injections: The Testosterone Berco Suppositories by the German company Funke can help. This is quite an unusual testosterone compound since these are suppositories. The suppositories contain 40 mg Testosterone propionate and are introduced into the body through the rectum. This form of intake also has an additional advantage. The substance Testosterone propionate is reabsorbed very rapidly through the intestine. For a package with 18 suppositories the price on the black market is about $35.

TESTOSTERONE SUSPENSION

Substance: Testosterone aqueous suspension
Trade Names:
Agovirin-Depot 50 mg/2 ml; Biotika CZ
Androlan Aqueous (o.c.) 25, 50, 100 mg/I ml; Lannet U.S.
Androlin (o.c.) 100 mg1 I ml; Lincoln U.S.
Andronaq-50 (o.c.) 50 mg/1 ml; Central U.S.
Histerone Injection (o.c.) 100 mg/1 ml; Hauck U.S.
Histerone Injection 100 mg/ I ml; Roberts U.S.
Malogen (o.c.) 25, 50, 100 mg/1 ml; Forest Pharm U.S.
Malotrone (o.c.) 25, 50 mg/1 ml; Bluco U.S.
Tesamone (o.c.) 25, 50, 100 mg/1 ml; Dunhall U.S.
Testolin (o.c.) 25, 50, 100 mg/1 ml; Pasadena Res. U.S.
Testosterone-Aqueous 100 mg/1 ml; Legere U.S.
Testosterone-Aqueous 50, 100 mg/1 ml; Schein U.S., Steris U.S.

Another injectable testosterone compound which is used in power sports circles is Testosterone suspension. In the following we will describe the testerone dissolved in water. For athletes who readily and frequently work with the popular oily testosterone suspensions (Sustanon 250 or Testosterone Depot) this information might be something new. Besides, water-dissolved tes-tosterone was actually the first injectable steroid. In Europe during the 1940's injectable testosterone was used in the German armed forces to increase aggressiveness and stamina, and also in the recovery of undernourished prisoners of war. This was nothing else but crystalline testosterone mixed with water. Russian weightlifters began experimenting with this testosterone compound during the late 1 940's and broke one world record after another. Since, at the time, pure testosterone without additional esters was used, the substance remained in the body for only a few hours requiring daily injec-tions, and often several per day By first injecting the testosterone molecules with an ester, such as for example isobutyrate (in Agovirin), it was possible to prolong the duration of effect up to about one week.

Since testosterone is dissolved in water the substance reaches the blood after only 1-2 hours so that it is unnecessary to wait longer for results, a circumstance that is advantageous to powerlifters. In the last one or two weeks before a competition testosterone suspen-sion is injected daily, often resulting in amazing strength gains. Of-ten Testo -suspension is even injected on the day of competition to increase the athlete's aggressiveness and self-esteem in order to ap-proach the difficult tasks with the right attitude. For this purpose, this rapidly effective testosterone is considerably more effective than methyltestosterone (see chapter "Methyltestosterone"). Among East European powerlifters and competing bodybuilders Testo-suspension has always been a "last minute secret." Especially women can reliably change their estrogen/testosterone ratio to break down excessive water and to give softer muscles a visibly better hard-ness in a short time. Female bodybuilders usually have considerably greater difficulty in getting their calves and upper thighs in contest condition than their upper bodies. Often you see a female bodybuilder on the posing platform with striated pecs, delts and triceps, whereas her lower body appears flat and soft. For several reasons the estrogen level can be too high, leading to an increase in the hormone aldosterone. Since

aldosterone regulates the body's own water household-meaning the higher the aldosterone level, the more water is stored by the organism it is important to keep the aldosterone level as low as possible. Finally it is known that women by nature store fat and water mostly in their upper thighs. An optimal form for a competition requires a high an-drogen level with a minimal estrogen level. Women who on the day of competition never obtain the right muscle hardness can usually achieve a significant performance enhancement by in-jecting 25-50 mg Testosterone suspension daily during the last 1-4 days before the competition.

However, men also use Testosterone suspension during the last 10-14 days before a bodybuilding competition to make an all-out effort for optimal muscle hardness. Athletes report outstanding results when Testo -suspension is used together with the car-bohydrate/loading technique. The athlete unloads his body by depriving it of carbohydrates for several days and begins loading carbohydrates three days before a competition with the goal of storing as much glycogen in the muscle cells as possible. He can optimize this process by taking 5 0-100 mg Testosterone suspension/day. Testosterone suspension considerably boosts the stor-ing of glycogen in the muscle cells and, since dissolved in water, becomes effective almost immediately. As is known, glycogen also bonds with water in the muscle cells, which manifests itself in extremely tight and full muscles.

In the mass-gaining phase Testosterone suspension is only rarely used. With respect to strength and muscle mass the gains, as with all injectable testosterone esters, are very good; however, this testosterone compound requires frequent injections in order to reach a performance enhancing dosage. With 100 mg every 1-2 days rapid muscle gains can usually be obtained and the strength increase can usually be felt from the first day. However a stale effect remains since the injection of testosterone dissolved in water is not only extremely unpleasant but the pain at the injection area remains for some time. To endure such martyrdom for several weeks is not to everyone's liking. The gains disappear rapidly after use of the compound is discontinued.

As for side effects, the same is true for Testosterone suspension as it is for other testosterone esters. A considerable part of the compound is converted into dihydrotestosterone in the body so that acne and hair loss occur quite frequently. The endogenous testosterone production is already considerably lower after only a few days of use which during a several week long intake could result in testicular atrophy and temporary impotence. Women experience the usual virilization symptoms. An enormously increased sexual drive in both sexes is noted, often from the first day of intake. The same can be said about the influence of Testo suspensions on the aggression potential. Men are also at risk to develop a prostate condition or possible gynecomastia.

The price on the black market for a 2 ml ampule, according to reports by athletes, is around $6 - 10. Since steroid molecules do not easily bond with water, Testosterone suspension must be well shaken before the injection. Those who let the injection rest for more than 30 minutes without touching it will notice that the testosterone separates from the watery solution in form of a white, crystalline powder. After shaking, an opaque, white mixture is formed in the ampule.

TESTOVIRON

Substance: testosterone propionate, testosterone enanthate
Trade Names:
Testoviron Depot 50 20 mg prop., 55 mg enant./ml; Schering G, A, ES, I
Testoviron Depot 100 25 mg prop., I 10 mg enant./ml; Schering G, CH, A, ES,GR, 1, NL, FT, Rep. Dom.
Testoviron Depot 135 25mg prop.;110mg enant./ml; Schering DK, S.
Testoviron Depot 250 50mg prop.;200mg enant./ml; Schering I

This injectable testosterone compound is a mixture of two different testosterone esters. The Testosterone propionate leads to a quick effect which, due to the depot effect of Testosterone enanthate, remains for several days. Since it has an intense anabolic effect together with a strong androgenic effect, it is very suited for the buildup of strength and muscle mass. As is normal with testosterone, water retention occurs but in most cases is less pronounced than with pure enanthate. Theoretically, although long intervals between the injections are possible, athletes usually inject the drug at least once a week. The dosages are normally between 2 and 4 ml/week. Most often Testoviron Depot 100 is used since a favorable amount of the substance is present. For further information on its characteristics, see chapters on Testosterone enanthate and propionate. Although it should be a very interest-ing preparation for testo fans, it is much less used when compared to Sustanon, Omnadren and pure Testosterone enanthate. The reason is that the "Propionate-enanthate combi package" is rarely found on the U.S. black market. In addition, the other testosterone versions, milligram for milligram, are much cheaper. The price on the black market for TD 100, according to information from athletes, is around $10 - 15 per ampule.

TRENBOLONE ACETATE

Trenbolone is a steroid having the advantages of undergoing no adverse metabolism, not being affected by aromatase or 5alpha-reductase; of being very potent Class I steroid binding well to the androgen receptor; and having a short half life, probably no more than a day or two though I don't believe this has been measured. Fifty milligrams per day is a good dosing for someone on his first cycle or someone who is as yet less than, say, 20 pounds over his natural limit; while 100 mg/day may be preferred by the more advanced user who has already gained more than this. These doses are assuming that trenbolone is the only Class I steroid being use. There really is no need to stack another -- testosterone being the only sensible exception -- but if another is stacked then the amount of trenbolone may be reduced accordingly.
There is no evidence in the literature, nor I think practical evidence, that trenbolone acetate has a "special role" in burning fat. Rather, it is an extraordinarily potent AAS, being about three times as effective per milligram as testosterone esters. This seems to apply only to Class I activity, however. To obtain good anabolism from non-AR-mediated mechanisms, a Class II steroid such as Dianabol or Anadrol should be stacked.

There used to be a myth that trenbolone was "hard on the kidneys." I have found no indication in the scientific literature of particular kidney toxicity with trenbolone. I know a number of users, at doses of 50-100 mg/day, who have experienced no problems. It seems to me that the claims that have been made were from athletes stacking an incredible amount of drugs, and how the blame could have fairly been laid at trenbolone (actually at Parabolan, not trenbolone acetate) is not clear.

It is also not clear that trenbolone results in any greater degree of increased aggression for a given amount of anabolic effect than testosterone itself does, despite another myth to that effect. The increase in aggressive tendency -- which does not mean the act of aggression -- is moderate and entirely controllable, if noticeable at all.

TRIACANA

Trade Names:
Nidolin 0.35 mg tab.; Chelfar GR
Teatrois 0.35 mg tab.; Theranol FR
Triacana (o.c.) 0.35 mg tab.; Medgenix FR
Triacana (o.c.) 0.2 cream; Medgenix FR
Triacana 0.35 mg tab.; Marcofina FR, Sidus. Argentina
Triacana 0.2 cream Marcofina FR

Triacana belongs to the group of thyroid hormone preparations. Its substance tiratricol is a precursor of the iodiferous thyroid hormone, L-triiodthyronine (L-T3). L-T3, together with another iodiferous thyroid hormone, L-T4 (L-thyroxine), is produced in the thyroid and is the distinctly stronger and more effective of these two hormones. School medicine use Triacana in the treat-ments of obesity and hyperthyroidism (e.g. Jod-Basedow phenom-enon-, goiter). Hyperthyroidism is an abnormal function of the thy-roid gland in which the amount of secretion by the thyroid hor-mone is above average. The thyroid-stimulating hormone (TSH) stimulates the thyroid gland to produce more L-T3 and L-T4. By the use of Triacana an excessive release of TSH can be avoided.

In the medical arsenal of bodybuilders Triacana has had a firm place since the late 1970's. After all, its lipolytic (fatburning) ef-fect is sufficiently known. This is due to the hypermetabolic state, increased irritability, and especially higher body temperature (gen-eration of heat) during the intake of Triacana. These are factors, which help the competing bodybuilder break down fat more eas-ily. By a caloric intake which is higher than usual it is still pos-sible to obtain a lower body fat content together with good muscle hardness. Although Triacana enjoys the reputation among ath-letes as a strong and especially effective fatburning thyroid hor-mone preparation, this preparation is a rather mild, well-toler-ated and relatively harmless compound. The often-made com-parison with the two L-T3 thyroid gland hormone compounds, Cytomel and Thybon, is a poor comparison since Triacana, mi-crogram for microgram, has a considerably lower effect. Even the more moderate L-T4 thyroid hormone drugs such as Synthroid or L-thyroxine are stronger than the substance tiratricol.

In order to achieve a visible fat-reducing effect most athletes must usually take 10-14 tablets/day. Generally, two 0.35 mg tablets are taken on the first day of intake and with two tablets added each successive day until 10-14 tablets/day are taken. The half-life time of tiratricol is 5-7 hours, so Triacana is usually taken 3-4 times daily. This guarantees a constant quantity of the sub-stance in the blood and thus a continued effect. Many athletes, in the meantime, are combining Triacana with Clenbuterol or Ephe-drine and report considerably better fat breakdown than when Triacana alone is taken. Among competing female bodybuilders and participants at the Miss Fitness pageant, in particular, the simultaneous administration of 8-10 Triacana tablets/day and 80-100 mcg Clenbuterol/day is a favorite. A series of bodybuild-ers use Triacana in combination with growth hormones in order to meet the body's increased thyroid hormone need during STH

treatment (see chapter "Growth Hormones"). The theoretical ap-proach seems to be correct but Triacana is not an "ideal" thyroid hormone drug. The preparation Thyreocomb from the German Berlin-Chemie Company taken with a combination of the iodiferous L-T3 and L-T4 thyroid hormones would be more suit-able.

As for the duration of application the opinions of athletes vary greatly. Some use Triacana for only 4 weeks, mostly because they are afraid of a thyroid dysfunction. Others take it over a period of months. When looking at the physiological character-istics of the substance tiratricol, it becomes easier to make more accurate indications as to a possible duration of intake and the potential health risks that go along with the use. When taken in a dosage of 0.6 mg/day the reduction in the body's own TSH release can be obtained; with increased dosages it can be completely suppressed. The fear that the TSH release will be continu-ously disturbed or suppressed after using the medication is with-out reason since this is a reversible, temporary process. 'Already 2-3 weeks after the intake is discontinued the TSH release is completely normalized" (from Vidal 1994, page 1498). With this back-ground knowledge and based on the experiences of several ath-letes we would choose an intake interval of 10- 12 weeks.

Potential side effects such as palpitations, tremors, irregular heartbeat, dizziness, restlessness, nervousness, and excessive perspiration occur mostly during the first few days of intake. Those who in-crease their dosages slowly and evenly over several days as sug-gested usually have few problems with Triacana. Toward the end of the intake period a step-by-step reduction in the daily tablet dosage is better than abruptly discontinuing the substance. In summary one can say that Triacana is a (mild) alternative to the strong L-T3 thyroid hormone compounds such as Cytomel or Thybon with their strong side effects. It has only a lower lipolytic effect but can be taken over a prolonged period of time. Mistakes made during the intake are forgiven with Triacana rather than with Cytomel. Ambi-tious bodybuilders and athletes who are able to responsibly use strong medication choose Cytomel; persons who, however, fear side effects, who do not know much, or believe that "more is better," should select Triacana.

One hundred tablets are packaged in a box containing four push-through strips of 25 tablets each. The tablets are white and have neither an imprint nor a break indentation. The price on the black market is usually $60 - 80 per box.

Substance: stanozolol
Trade Names:
Winstrol Depot 50 mg/ml;
Winstrol (o.c.) 50 mg/ml;
Strombaject (o.c.) 50 mg/ml;
Stromba 50 mg/ml;
Stromba (o.c.) 50 mg/ml;
Veterinary:
Winstrol V 50 mg/ml; Winthrop U.S.
StanolV 100 mg/ml; Ttokkyo Labs
Winstrol V 50 mg/ml; Upjohn U.S.

Winstrol is one of the favorite steroids in general, as confirmed by many positive doping cases. Stanozolol, for example, was one of the substances which enabled Ben Johnson to achieve his magic sprints. It also gave this exceptional athlete a distinctly visible gain in hard and defined quality muscles, possibly making quite a few bodybuilders envious. During the first doping-tested professional bodybuilding championships, the Arnold's Classic 1990, the winner, Shawn Ray, and the enormously massive Canadian pro, Nimrod King, tested positive on Winstrol (stanozolol), (FLEX, July 1990). The Track and Field World Champi-onships 1993 in Stuttgart also brought two positive "stanozolol cases" to light. To make a long story short: Winstrol is a very effec-tive steroid when used correctly. It is important to distinguish be-tween the two different forms of administration of stanozolol, since the injectable Winstrol Depot is distinctly more effective than the oral Winstrol. Thus it is preferred by most athletes.

What is special about the injectable Winstrol Depot is that its substance is not as is common in almost all steroids-dissolved in oil; it is dissolved in water. Although almost every steroid-experienced bodybuilder knows this difference, the practical application of this knowledge rarely occurs: the injection-free intervals of the compound Winstrol Depot must be distinctly shorter than with the other common steroids. Simplified, this means that Winstrol Depot 50 mg/ml must be injected much more frequently than the oil-dissolved steroids (e.g. Primobolan, Deca-Durabolin, Sustanon 250, Parabolan, etc.). The reason for this is the relative low half-life time of steroids. Those dissolved in water must be injected at least every second day, and best results are observed

at a daily injection of 50 mg. The substance stanozolol is a precursor to the dihydrotestosterone and consequently, it prevents Winstrol Depot from aromatizing into estrogens with water retention occurring only rarely. Based on these characteristics the main application of Winstrol Depot is clearly defined in bodybuilding: preparation for a competition. Together with a calorie-reduced diet which is rich in protein Winstrol Depot gives the muscles a continuously harder appear-ance. Winstrol Depot is usually not used as the only steroid during dieting since, based on its low androgenic component, it does not reliably protect the athlete from losing muscle tissue. The missing, pronounced androgenic effect is often balanced by a combined intake with Parabolan. Depending on the athlete's performance level, the athlete usually takes 50 mg Winstrol Depot every 1-2 days and Parabolan 76 mg/1.5 ml every 1-2 day. Although there is no scientific proof of a special combined action between Winstrol Depot and Parabolan, based on several practical examples, a synergetic effect seems likely. Other steroids which athletes suc-cessfully combine with Winstrol Depot during the preparation for a competition include Masteron, Equipoise, Halotestin, Oxandrolone, Testosterone propionate, Primobolan, and HGH.

Winstrol Depot, however, is not only especially suited during preparation for a competition but also in a gaining phase. Since it does not cause water retention rapid weight gains with Winstrol Depot are very rare. However, a solid muscle gain and an over proportionally strong strength increase occur, usually remaining after use of the compound is discontinued. Bodybuilders who want to build up strength and mass often combine Winstrol Depot with Dianabol, Anadrol 50, Testosterone, or Deca-Durabolin. With a stack of 100 mg Anadrol 50/day, 50 mg Winstrol Depot/day, and 400 mg Deca-Durabolin/week the user slowly gets into the dosage range of ambitious competing athletes. Older athletes and steroid novices can achieve good progress with either Winstrol Depot/Deca-Durabolin or Winstrol Depot/Primobolan Depot. They use quite a harmless stack which normally does not lead to noticeable side effects. This leaves steroid novices with enough room for the "harder" stuff which they do not yet need in this phase. Winstrol Depot is mainly an anabolic steroid with a moderate, androgenic effect which, however, can especially manifest itself in women dosing 50 mg/week and in men dosing higher quantities. Problems in female athletes usually occur when a quantity of 50 mg is injected twice weekly. The effect of Winstrol Depot decreases considerably after a few days and thus an injection at least twice weekly is justified. However, an undesired accumulation of androgens in the female organism can occur, resulting in masculinization symptoms - Some deep female voices certainly originated with the intake of Winstrol Depot. However, a dose of 50 mg Winstrol Depot every second day in ambitious female athletes is the rule rather than the exception. Other non-androgenic side effects can occur in men as well as in women, manifesting themselves in headaches, cramps, changes in the HDL and LDL values, and in rare cases, in high blood pressure. Possible liver damage can be estimated as very low when Winstrol is injected; however, in large doses an elevation in the liver values is possible. Since Winstrol Depot is dissolved in water the injections are usually more uncomfortable or more painful than is the case with oily solutions.

Although there are many fakes of the injectable Winstrol, the original "Winny " as it is lovingly called by its users, is easily recognized based on its unusual form of administration. At a first glance the content of the ampule is only a milky, white, watery solution which, however, has distinct

characteristics. Original "Winny " is recognized because the substance separates from the watery injection fluid when the ampule is not shaken for some time. When the ampule is left flat in its ampule box or, for example, stands upright on a table, the substance accumulates as a distinctly visible white layer on the lower side of the glass and can only be mixed with the watery fluid if shaken several times or rolled forward and backward. An ampule containing I ml of suspension and its 50 mg dissolved stanozolol should normally separate a white layer in the size of almost a thumb-nail. The athlete thus can easily determine whether his injectable Winstrol is actually stanozolol or is rather under closed. Do not buy ampules or glass vials which contain more than I ml of suspension since an original injectable Winstrol is only available in one-milliliter glass ampules. The price for a 50 mg Winstrol Depot ampule lies be-tween $10 - 15 on the black market.

When injected daily Winstrol Depot can become a very expensive compound. It also has the disadvantage that, because of the fre-quent injections, the already-mentioned scar tissue will develop in the gluteal region (buttocks) which leads many athletes to inject Winstrol in their shoulders, arms, legs or even calves. Although this was originally intended as an expedient, injecting Winstrol Depot into certain muscles has become increasingly popular since athletes have noticed that this leads to an accelerated growth of the affected muscle. An American pro bodybuilder who is known for his cross striated, horseshoe- shaped triceps owes this in considerable part to his regular "triceps Winstrol-Depot injections." A confusion with the also often used Esiclene is excluded. Athletes who want to avoid daily injections usually take 2-3ml Winstrol Depot twice a week. in the U.S. injectable stanozolol is manufactured only for veterinary medicine. It is distributed under the name Winstrol V by Winthrop and Upjohn.

Substance: stanozolol
Trade Names:
Stromba (o.c.) 5 mg tab.; Winthrop CH, DK, NL, G, Sterling- Winthrop S, Ster
Stromba 5 mg tab.; Winthrop B
Stromba 5 mg tab.; Sterling-Health HU, CZ
Winstrol (o.c.) 2 mg tab.; Winthrop GR, PT
StanolV 10 mg tab; Ttokkyo Labs
Winstrol 2 mg tab.; Winthrop Pharm. U.S., Upjohn U.S., Zambon ES,

Much of what has been said about the injectable Winstrol is more or less also valid for the oral Winstrol. However, in addition to the various forms of administration there are some other differences so that a separate description-as with Primobolan-seems to make sense. For a majority of its users Winstrol tablets are noticeably less effective than the injections. We are, however, unable to give you a logical explanation or scientific evidence for this fact. Since the tablets are I 7-alpha alkylated it is extremely unlikely that during the first pass in the liver a part of the substance will be deactivated, so we can exclude this possibility.

One of the reasons for the lowered effectiveness of the tablets, in our opinion, is that most athletes do not take a high enough quantity of Winstrol tablets. Considering the fact that the injectable Winstrol Depot is usually taken in a dosage of 50 mg/day or at least 50 mg every second day and when comparing this with the actual daily quantity of tablets taken by many athletes, our thesis is confirmed. Since, in the meantime, most athletes only get the 2 mg Winstrol tablets by Zambon one would have to take at least 12-25 tablets daily to obtain the quantity of the substance one receives when injecting. For two reasons, most athletes, however, cannot realize this. On the one hand, at a price of approximately $0.70 - $1 for one 2 mg tablet on the black market the cost for this compound is extremely high. On the other hand, after a longer intake such a high quantity of tablets can lead to gastrointestinal pain and an undesired increase in the liver values since the tablets as already mentioned are. 1 7-alpha alkylated and thus are a considerable stress on the liver. Male athletes who have access to the injectable Winstrol Depot should therefore prefer this form of administration to the tablets. Women, however, often prefer the oral Winstrol This, by all means, makes sense since female athletes have a distinctly lower daily requirement of stanozolol, usually 10-16 mg/day. Thus the daily quantity of tablets is reduced to 5-8 so that gastrointestinal pain and increased liver values occur very rarely. Another reason for the oral intake in women is that the dosage to be taken can be divided into equal doses. This has the advantage that unlike the 50 mg injections-it does not lead to a significant increase in the androgens and thus the androgenic-caused side effects (virilization symptoms) can be reduced. Athletes who have opted for the oral administration of Winstrol usually take their daily dose in two equal amounts mornings and evenings with some liquid during their meals. This assures a good absorption of the substance and, at the same time, minimizes possible gastrointestinal pain.