



THE UNDERGROUND **ANABOLIC REPORT**

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Opinions on steroid use tend to fall into two distinct categories. You have those who are vehemently opposed to them, swearing that they're the scourge of sports -- then you have the advocates, the hardcore bodybuilders who will do everything and anything to build muscle and steroids are at the top of the list. It's either one way or the other. No yin. No yang.

Neutrality within controversial topics is rare. More rare is the willingness to see both sides of the picture. If you're dead set against the use of pharmaceutical enhancement for either moral, ethical, medical or legal reasons, you'll have plenty of arguments to support your conviction.

Steroids, used irresponsibly, can cause a host of complications. However, many such "anti-roid" assessments stem from a lack of credible information and far too many people draw conclusions and cast aspersions on those who wish to partake based solely on prejudice and ignorance. These are the people who always know a guy who knew a guy, who had a friend who knew a guy whose brother worked with somebody who had a neighbour who knew a guy who took steroids and his head exploded.

The truth is, the potential side effects of steroid use are mostly dose and duration related. Unfortunately, it's that very fact that prompts some bodybuilders to consider drug use an almost benign endeavour. No one thinks they take too much. Everyone believes they have things under control. Problems only happen to the "other guy."

Simply put, steroids are drugs, and there is no such thing as a completely safe drug. They certainly don't deserve to be on par with narcotics (although they're classified as a schedule II drug) yet, they can easily be abused. Attempting to set a guideline for responsible use of steroids isn't unlike setting boundaries for responsible alcohol use -- it's too ambiguous and open to interpretation. No one ever wakes up and says; "I'm going to be an alcoholic!" But it happens to millions of people each year. The same can be said for steroid use.

Thousands upon thousands of men and women have sworn; "I want to do just ONE cycle!" Nice try. But once you've dipped into that bag of tricks, it's difficult to resist its allure and subsequent cycles are almost sure to follow. The better the gains, the greater the temptation to push the envelope further. And once you get used to feeling like Superman, it's tough to go back to being Mr. Normal. That's when you've got a problem, whether you're willing to admit it or not.

The only sane approach to steroid use, for those of you who've already decided to take the plunge, is to use them in a judicious fashion following certain stipulations. Once again, parameters become blurred by the individual's ability to rationalize. A tweak here and an alteration there won't make much of a difference, will it?

Maybe. Maybe not. But only by staying within the boundaries can you be sure (or as close to it as possible) to avoid contraindications.

If there was a "rule book" of sorts on safe steroid use, it may look something like the following. It's a check list of protocols that will insure you keep the risk to benefit ratio leaning in your favour.

1. ***No one under the age of 21 should use steroids.***

Until the age of 21, your body is overflowing with testosterone and growth hormone. If you can't make progress without drugs when you're still young, you need to re-evaluate a few things mainly your training and your supplementation. There's no reason why you shouldn't be able to progress on a consistent basis without drugs. And if you can't, chances are you won't do much better with drugs. Steroids will also close the growth plates of long bones so if you haven't reached full height, steroids may prevent further skeletal development, not to mention, they'll be shutting down your hormonal system at a time when it's reaching maturity.

Don't mess with your reproductive system at this point. You're going to need it in the future.

2. ***You shouldn't commence steroid use until natural pathways have been exhausted.***

Even if you're over 21, steroids should never be used as a shortcut. In doing so, you'll be cutting yourself off from ever reaching your full potential. You don't know what you're capable of until at least 5 years of training naturally. After that, if you honestly believe you've reached your genetic peak and cannot make any further progress, then and only then, should you consider taking steroids.



3. ***A full medical check up, including blood work is essential.***

Moderate steroid use, if it were legal, is usually safe for a healthy adult. Still, there's no telling how someone will react to any foreign substance. Check with a doctor to make sure you aren't taking any unnecessary risks. Most bodybuilders forgo this process because finding a physician who is open minded in the usage of anabolics may be hard to come by. Steroids can place a strain on the vital organs and if you have any underlying problems, they may be exasperated. A second blood test following the cycle would also be a good idea to see how well you reacted to the drugs.

4. ***All cycles should be no longer than 4 weeks in length.***

This goes against conventional thinking but it makes perfect sense. The greatest gains come when the receptors are fresh. Why not make the most of this precious "window of opportunity?"

Then get out and get clean. Naturally, gains won't be massive due to the abbreviated cycle length, but remember, smaller gains are much easier to maintain. It doesn't matter if you put on 30 pounds if you lose 20 of them. (In fact, if you put on that much, chances are you'll lose the last 10 as well because you'll be in such a catabolic state once you come off and "crash.") But a gain of 6-7 pounds in three weeks -- that, the body can handle. Also, the shorter the cycle, the quicker the endocrine system can normalize.

5. ***Dosages should be kept to an absolute minimum.***

There are certain self-proclaimed steroid gurus who are advocating mega-doses of steroids going with the assumption that; "If you're going to suppress your natural testosterone anyway, you might as well take as much as possible." That line of thinking may sound logical, but all you have to do is take a look at some of the champions from the 60's and early 70's to prove it wrong. Men like Larry Scott, Don Howorth, Sergio Oliva, Harold Poole, Dave Draper, Frank Zane and many, many more made outstanding gains using just a couple of Dianabol a day! And they accomplished it without the hideous side effects such as impotence, bloated bellies, and swollen nipples which are so prevalent among today's professional bodybuilders. That's because they knew how to train and how to eat. They didn't just let the drugs do everything. There's a valuable lesson to be learned there.

6. *Avoid substances that pose the biggest risk.*

This may appear to be a "no-brainer," but you'd be surprised how often this rule is broken. The reasoning is usually due to the fact that only certain drugs may be available. That doesn't make it okay! Anadrol, Halotestin, Parabolan, and most testosterone esters are but a few that can cause irreparable damage. Although a milligram of steroid is a milligram of steroid in terms of the way it affects muscle cell, certain drugs have a lower risk to benefit ratio. But even steroids that are considered mild can have negative side effects. Deca-Durabolin has long been a popular choice among bodybuilders, mostly because it's a powerful anabolic with few androgenic side effects, yet new evidence suggests that Deca will still suppress the HPTA (hypothalamic-pituitary-testicular-axis) as much, if not more, than straight testosterone. It also produces progestogenic effects making it a culprit in the development of "bitch tits." (Gynecomastia).

Winstrol and Anavar are potent oral steroids with a favorable profile which makes them superior to more harsh orals like Dianabol. (Although Dianabol is known to have the biggest bang for the buck). But as is the case with all orals, they can raise LDL (bad) cholesterol and lower HDL (good cholesterol) levels. Since the pill dosage of both Winstrol and Anavar is so low, up to 30 tablets a day are required, placing a strain on your liver as well as your bank account.

The one steroid considered by many as the "most safe" would be Primobolan Depot. It's as close to a perfect steroid as possible in that it retains nitrogen extremely well (allowing for more muscle growth via the ingestion of protein) with virtually no endogenous suppression of testosterone. (If cycles are kept short). The drawback of Primobolan is that it won't produce "spectacular" gains. It's also expensive. This encourages many bodybuilders to eschew Primo and go with something like Testosterone Cypionate which is cheap and will cause dramatic size spurts in a relatively short time. Unfortunately, as with most testosterone esters, the gains are lost shortly after cessation of use. The muscle from Primobolan tends to be more solid, and should be maintained once the cycle is terminated. (Note* This may be due to the very fact that it's so weak.)

There's also an oral version of Primobolan (Acetate) which is not liver toxic, the reason being it isn't 17-alpha-alkylated. The alkylated process is what prevents the liver from breaking it down, thus placing it under additional stress. The downside of a non-17-alpha-alkylated oral steroid is, the drug remains in your system for only a few hours necessitating several doses throughout the day. Primobolan tablets once came in 50mgs, which meant four a day were all that were required for an effective dose. Most Primo tabs manufactured today come in only 5 mgs! This makes it ideal for women but completely impractical for men. Forty pills a day at a dollar per pill is simply out of most bodybuilders' budgets.

7. *Once gains cannot be made with 1000mgs a week, it's time to stop - for good.*

Each time you do a cycle, the body will develop more of a tolerance until it requires higher and higher dosages to induce gains. If you get to the point where a total of 1000mgs a week isn't producing noticeable gains, it's time to call it quits. That means, let it go entirely. Accept the fact that you've obtained far more muscle than you could have naturally and cut yourself off. If you try to continue beyond this point with ever increasing dosages, you may never make it back to a normal lifestyle. You may be bound for a life of dependency.

Steroid use is a personal decision, one that should not be condemned or condoned. Anyone who makes a conscious choice to use drugs must understand the risks and accept responsibility for the repercussions. Although such an individual isn't a threat to society and shouldn't be treated as such, the lawmakers see it differently and that's a stark reality that must be taken under consideration. Since anabolic use is illegal in North America, the danger of dealing with a black market becomes a significant factor. Counterfeits, bootlegs and veterinarian products are often passed as genuine pharmaceutical grade merchandise. Some products contain no active ingredients at all. Some may actually be contaminated. Anyway you slice it, you're taking a chance. You can't be too careful.

Anyway there are few excellent pharmaceutical sources. You can check a totally legit pharmaceutical source out at:

<http://www.International-Pharma.com>

There may not be such a thing as "totally safe" steroid use, but if you keep within these guidelines, you stand a much better chance of avoiding a catastrophe from which there may be no return. Play it smart. Play it safe. Grow in peace.

ANABOLIC STEROIDS TERMS

- **Androgenic Effects** - Negative Side Effects (Can include hair recession, acne, oily skin, estrogenic build up, water retention, and prostate tissue growth.)
- **Anabolic Effects** - More Positive Side Effects (Increase in energy, sex drive, endurance, strength, mass)
- **Aromatization** - Excess testosterone metabolized into estrogens
- **DHT** - (derivative of testosterone metabolism - 5x as androgenic as testosterone, not aromatized, improves muscle hardness)
- **HPTA** - Process of Natural Testosterone Production

TESTOSTERONE AND ITS ESTERS

Greatest for Energy, Mass and Strength Gains

Noted Positive Effects of Testosterone

Excellent anabolic qualities and the resulting lean tissue augmentation due to increased protein synthesis.

Rapid mass weight and strength gains

Increased muscle glycogen synthesis

Improved muscle insulin sensitivity.

Equally anabolic and androgenic in activity.

Increased fat mobilization and decrease fat synthesis.

Promotes red blood cell count for improved oxygen/nutrient transport and vascularity.

Increase bone density, formation, and mineral use.

Increase creatine phosphate synthesis and storage.

Good recovery and regenerative qualities.

Moderate cortisol control and protein sparing qualities.

Androgenically induced brain function/training intensity.

Improved immune function/protection against autoimmune.

Increased metabolic rate.

Increased HDL/decreased LDL and total cholesterol

Significant increase in libido.

Improved self-confidence and sense of well-being.

Noted Negative Side Effects

Aromatization to estrogens at a high rate/high water retention.

Reduces to dihydrotestosterone (DHT).

Decreased HDL/increased LDL in cases of hi dosage prolonged use.

Increased body hair growth.

Accelerated genetic predisposition expression of male pattern balding.

Promotion of platelet aggregation (blood clots in rare cases)

Significant HPTA inhibition

Poor post-cycle mass/weight retention due to HPTA inhibition and loss of estrogen induced water retention

ORAL ANABOLIC STEROIDS

Anadrol-50 – Oral

- Action: Very Anabolic and Androgenic
- Active Life: 15 hours
- Acne: Yes
- Water Retention: Yes, High
- High Blood Pressure: Yes
- Liver Toxic: Yes, Highly
- DHT Conversions: Yes
- HPTA Decrease: Yes, Very
- Aromatization: Undecided

Andriol (Testosterone Undecanoate) - Oral

- Action: Moderately Anabolic and Androgenic
- Active Life: 8 Hours
- Acne: Low
- Water Retention: Yes
- High Blood Pressure: No
- Liver Toxic: Low
- DHT Conversions: In High Dosages
- HPTA Decrease: Low
- Aromatization: Moderate

Dianabol – Oral Similar to Android - Anadrol are close

Halotestin - (Fluoxymesterone) - Oral

- Action: Mildly Anabolic and Significantly Androgenic
- Active Life: 8 Hours
- Acne: Common
- Water Retention: No
- High Blood Pressure: No
- Liver Toxic: Very
- DHT Conversions: No
- HPTA Decrease: Moderately
- Aromatization: Low
- Promotes strength over mass gain, stacked for leanness

Methyltestosterone - Oral

- Action: Moderately Anabolic and Highly Androgenic
- Active Life: 8 Hours
- Acne: Yes
- Water Retention: Yes
- High Blood Pressure: Yes
- Liver Toxic: Very
- DHT Conversions: High
- HPTA Decrease: Severe
- Aromatization: High

Anavar/Oxandrin - (Oxandrolone) - Oral

- Action: Anabolic and Androgenic
- Active Life: 12 Hours
- Acne: With Excess Dosages
- Water Retention: Low
- High Blood Pressure: No
- Liver Toxic: Moderately
- DHT Conversions: Low
- HPTA Decrease: No
- Aromatization: No
- Quick Hard Muscles and Rapid Strength Gains, Fat Reduction

Winstrol Tabs - (Stanozolol Tablets) - Oral

- Action: Anabolic and Androgenic
- Active Life: 8 Hours
- Acne: Low
- Water Retention: Low
- High Blood Pressure: No
- Liver Toxic: Moderately
- DHT Conversions: No - DHT derivative
- HPTA Decrease: No
- Lean Mass Retention, Low Water Retention

INJECTABLE ANABOLIC STEROIDS

Winstrol Depot - (Stanozolol Steroid) - Injection

- Action: Highly Anabolic and Moderately Androgenic
- Active Life: 48 Hours
- Acne: Low
- Water Retention: Low
- High Blood Pressure: Low
- Liver Toxic: Moderately
- DHT Conversions: No, DHT variant
- HPTA Decrease: Low
- Aromatization: No
- Dense Lean Muscle Gain

INJECTABLE TESTOSTERONES

Testosterone Cypionate - Injection

- Action: Highly Anabolic and Highly Androgenic
- Active Life: 16 days
- Acne: Yes
- Water Retention: High
- High Blood Pressure: Yes
- Liver Toxic: Low
- DHT Conversions: High
- HPTA Decrease: High
- Aromatization: High

Testosterone Enanthate - Injection

- Action: Highly Anabolic and Highly Androgenic
- Active Life: 8 days
- Acne: Yes
- Water Retention: High
- High Blood Pressure: Yes
- Liver Toxic: Low
- DHT Conversions: High
- HPTA Decrease: High
- Aromatization: High
- Fast Energy Boost, Sex Drive, Strength Gains and Weight Increases

Testosterone Propionate - Injection

- Action: Very Anabolic and Very Androgenic
- Active Life: 3 days
- Acne: Yes
- Water Retention: Low to moderate
- High Blood Pressure: Yes
- Liver Toxic: Low
- DHT Conversions: High
- HPTA Decrease: Yes
- Aromatization: High
- Fast acting, out of system quickly, less water gain than others.

Testosterone Suspension (testosterone in sterile water) - Injection

- Action: Anabolic and Androgenic
- Active Life: 1 day
- Acne: High
- Water Retention: High
- High Blood Pressure: Yes
- Liver Toxic: Low
- DHT Conversions: High
- HPTA Decrease: Yes
- Aromatization: High
- Rapid activation, very painful injection.

Testosterone Depot (Testosterone Propionate/Enanthate Mixture)

- Action: Anabolic and Androgenic
- Active Life: Propionate 3 days, Enanthate 8 days
- Acne: Yes
- Water Retention: Yes
- High Blood Pressure: Yes
- Liver Toxic: Low
- DHT Conversions: High
- HPTA Decrease: Yes
- Aromatization: High
- Quick acting and long lasting

NORTESTOSTERONE (NANDROLONE) AND ITS ESTERS

Deviation of testosterone molecule that results in a highly anabolic, moderately androgenic AAS. Praised to be protein sparing and liver friendly.

Noted Positive Effects of Nortestosterone

Significant anabolic qualities.
High quality but slower lean tissue gains.
Excellent post-cycle lean mass retention.
Low or moderate water retention.
Does not negatively effect HDL.
Low aromatization to estrogens (Only 20% (1/5) of the rate of testosterone)
Moderate strength and weight gain.
Noted improvement in joint/soft tissue function.
Excellent protein sparing/anti-catabolic qualities
Inhibition of fat synthesis.
Increased metabolic rate.
Does not reduce to DHT
Low to moderate HPTA function Inhibition.
Increased muscle glycogen synthesis.
Increased Creatine Phosphate synthesis.
Reduction in total triglyceride and cholesterol levels.
Beneficial/improved insulin metabolism

Possible Side Effects of Nortestosterone

Poor protection from over training.
Some men experience decreased libido
Inhibition of HPTA function with dosages greater than 400mg weekly.

Deca Durabolin (Nandrolone Decanate) - Injection

- Action: High Anabolic and Moderately Androgenic
- Active Life: 15 days
- Acne: With higher dosages
- Water Retention: Low or moderate
- High Blood Pressure: No
- Liver Toxic: No
- DHT Conversions: No
- HPTA Decrease: Low to Moderate
- Aromatization: Low to Moderate

ANTI-ESTROGENS AND HPTA REGENERATION DRUGS

Arimidex (Anastrozole) - Oral

- Action: Anti-Estrogen / estrogen blocker
- Active Life: 6 hours
- Acne: No
- Water Retention: No
- High Blood Pressure: No
- Liver Toxic: Low except with higher dosages
- HPTA Decrease: No, Mild HPTA up-regulating effects
- 80% Aromatization inhibition rate - Stops estrogen production
- Used during and after cycles

Clomid (Clomiphene Citrate) - Oral

- Action: Synthetic Estrogen and HPTA stimulator
- Active Life: 10 hours
- Acne: No
- Water Retention: No
- High Blood Pressure: No
- Liver Toxic: Low
- Anti-estrogen Properties: Mild
- HPTA Increase: High
- Used First 10 days of off cycle

Cyclofenil - Oral

- Action: Synthetic estrogen, anti-estrogen, and HPTA stimulator
- Active Life: 10 hours
- Acne: Light
- Water Retention: No
- High Blood Pressure: No
- Liver Toxic: No
- Sex Drive Increase: Yes
- Anti-estrogen Properties: Mild
- HPTA Increase: High
- Used During and after cycle - After 5 weeks loses its HPTA benefits, so often followed with Arimidex

HCG (Human Chorionic Gonadotropin) - Injection

- Action: HPTA Increaser - LH - Gonadotropin
- Active Life: 65 hours
- Acne: Yes
- Water Retention: Yes
- Liver Toxic: Ho
- Aromatization: Low
- HPTA Increase: High, but does not stimulate pituitary.
- Used during the first 10-15 days of off cycle and sometimes mid cycle. (Not to be used more than 2 weeks straight and must have one month off time between HCG cycles.)

Nolvadex (Tamoxifen Citrate) - Oral

- Action: Anti-estrogen / estrogen antagonist
- Active Life: 1 day
- Acne: No
- Water Retention: No
- Liver Toxic: Yes
- HPTA Increase: Mild
- Used during and after cycle
- Blocks estrogen use and mildly increases natural testosterone production

Proviron - Oral

- Action: Androgenic Steroid - Anti-aromatization - Estrogen blocker
- Active Life: 12 hours
- Acne: No
- Water Retention: No
- High Blood Pressure: No
- Liver Toxic: No
- Used during and after cycle
- Can cause long term erections that are painful and potentially damaging

Teslac - Oral or Injection

- Action: Anti-estrogen / estrogen antagonist
- Active Life: 1 day
- Acne: No - Water Retention: No
- Liver Toxic: No
- High Blood Pressure: Sometimes
- HPTA Increase: Yes - Natural hypothalamus and pituitary stimulation
- Used during and after cycle Reputed to cause permanent irreversible suppression of estrogens production in men.
- Blocks estrogen aromatization use and mildly increases natural testosterone production
- (Potential side effects include nausea, vomiting, tongue infection, swelling and pain in arms and legs, prickling sensation, high blood pressure and loss of appetite.

Proscar - DHT blocker

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