Anabolic Steroids Frequently Asked Questions (AS-FAQ)

Compiled by Fred Hosn

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Introduction:

This FAQ is posted to misc.fitness.weights and alt.sport.weightlifting every once in a while. The HTML version is available via the World Wide Web at http://www.geocities.com/HotSprings/7110/. Please note that I can't respond to Emails. If you have a question, please post it to the newsgroups listed above.

-Fred

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1. DISCLAIMER (Please Read)

Anabolic steroids (AS) are a controlled substance (U.S. DEA class CIII), and they are a very powerful hormone which might cause serious adverse reaction. So, I do NOT advocate, promote, or encourage the use or the possession of Anabolic steroids. Also, be aware that I am NOT a medical expert and I do NOT provide medical advice. If you need medical advice, please consult your physician. Furthermore, every effort has been taken to ensure the accuracy of the information contained in this FAQ, however I assume NO responsibility for errors, omissions, or for personal and physical damage/harm resulting from the use of the information contained herein. IF YOU DECIDE TO USE ANABOLIC STEROIDS OR ANY OTHER CONTROLLED SUBSTANCE, DO IT AT YOUR OWN RISC.

2. WHAT ARE ANABOLIC STEROIDS?

Anabolic steroids (AS) are synthetic derivative of testosterone (the male sex hormone). Testosterone is responsible for normal growth and development of the male sex organs and for the maintenance of secondary sex characteristics which include growth and maturation of the prostate, seminal vesicles, penis, and scrotum. Furthermore, testosterone help in thickening of the vocal cord, the alteration in body musculature and fat distribution, and the retention of nitrogen, water, and electrolytes.

3. WHAT ARE THE SIDE EFFECTS?

Anabolic steroids are associated with numerous side effects. Most of the side effects are mild and reversible. However, some are permanent and life threatening.

In both sexes:

* Acne
* Carcinoma
* Decrease in HDL to LDL (good to bad cholesterol) ratio
* Depression
* Edema due to fluid and electrolytes retention
* Impotence
* Increased or decreased libido
* Insomnia
* Liver cell tumors
* Male pattern baldness
* Nausea
* Vomiting

In males:

* Bladder irritability
* Prostate Enlargement
* Gynecomastia
* Increased frequency of erection
* Inhibition of testicular function
* Testicular atrophy

In females:

- Clitoral enlargement
- Deepening of voice
- Increase in facial and body hair
- Menstrual irregularities

4. CAN YOU LIST & DESCRIBE THE VARIOUS TYPES OF AS?

Note: This list is by no mean complete.
The names in parenthesis are brand names (some of which are discontinued).

The dosage provided are, in some cases, the therapeutic dosage

dosages used by athletes can be much higher.

* BOLDENONE UNDECYLENATE (Equibold; Equipose; Vebenol)

This is a veterinary AS which is used to beef up cattle and race horses. It is also used by many bodybuilders. There are some mixed opinions about this AS some BB notice bloating and severe acne while others don't.

Dosage: 100-250 mg/week

* FORMEBOLONE (Esiclene, Hubernol)

This drug is used by athletes for two reasons. First it is used to inflame muscle just before competition. It is also used to help lagging body parts grow.

Dosage: 4 mg amp.

* FLUOXYMESTERONE (Android-f; Halotestin; Hysterone)

This drug is very toxic on the liver and it's one of the few AS that causes "Roid Rage." It's primarily used to increase the hardness of muscles.

Dosage: 5-40 mg/day.

* **METHANDROSTENOLONE (Anabol; Dianabol; Metanabol)**

Dianabol was widely used in the 70's and 80's by most strength athletes. For that reason it was called "the breakfast of champions". D'bol works; Weight and strength gain are in most cases dramatic. It has been discontinued in the U.S. however it is still being manufactured in Russia, Poland and other Eastern European countries and Thailand.

Dosage: 5-40 mg/day

* **METHENOLONE (Primobolan Tabs; Primobolan Depot)**

This is excellent AS; it is anabolic and insignificantly androgenic. It is usually stacked with D'bal and Test in a bulking cycle and with Winstrol or Deca in a cutting cycle. It is found in 5, 25 & 50 mg tablets and in its 100 mg injectable form.

Dosage: Tabs. 50-300 mg/day | Inj. 200 mg/week

* **METHYLTESTOSTERONE (Android; Metadren; Primotest)**

This is another toxic drug which is primarily used by weightlifters. It helps in increasing intensity without losing muscle mass.

Dosage: 10-40 mg/day.

* **NANDROLONE DECANOATE (Deca Durabolin; Hybolin Decanoate; Kabolin)**

This AS is considered by athletes to be one of the best AS available in the U.S. It is highly anabolic and mildly androgenic. Mostly, it is used in conjunction with other AS such as testosterone in a bulking cycle and with Anavar/Primobolin in a cutting cycle. This drug lasts a long time in the body, therefore infrequent injections are required. Some people inject every four weeks although it's not recommended.

Dosage: 100-600 mg/week.

* **NANDROLONE PHENPROPIONATE (Anabolin; Durabolin; Nandrocot)**

This is a fast acting form of Nandrolone Decanoate it last up to five day in the body.

Dosage: 50-100 mg/week.

* NANDROLONE UNDECANOATE (Dynabolon)

Nandrolone Undecanoate comes in 80.5 mg amps which provides 50 mg of free form nandrolone. It's a bit more anabolic/androgenic than Deca.

Dosage: 161-322 mg/wk

* OXANDROLONE (Anavar; Lonavar; Oxandrin)

After a short absence from the US market Oxandrolone is now available in 2.5 mg tabs sold under the brand name Oxandrin. This AS is supposed to be a very safe anabolic steroid that promote protein anabolism. It's very low on androgen and it's primarily used in conjunction with other steroids.

Dosage: 10-25 mg/day

* OXYMETHOLONE (Anadrol 50; Anapolon 50; Plenastrill 50)

Anadrol is highly anabolic/androgenic drug (I believe it's the highest anabolic steroids in the market). It causes some serious side effects; various cases of liver cancer were attributed to this drug. Edema and bloating is always associated with the use of Anadrol.

Dosage: 1 mg/kg/day.

* TRENBOLONE HEXAHYDROBENCYLCARBONATE (Parabolan)

Parabolan is an androgen which is highly praised by strength athletes. Parabolan causes a tremendous increase in muscle hardness and muscle strength. it comes in a 76 mg amp and it last 2-4 days in the body. Parabolan works very well when stacked With a low androgen steroid (i.e. Anavar) during a cutting cycle.

Dosage: 152-304 mg/week

* MESTEROLONE (Proviron; Pluriviron; Vestimon)

Proviron is a strong Androgen which is used by strength athletes as well as by swimmers. The effectiveness of this drug is highly

debatable; some bodybuilders don't use Proviron because they believe it's useless while others use it in conjunction with Nolvadex as an Estrogen antagonist.

Dosage: 25-50 mg/day

* STANOZOLOL (Winstrol; Stromba)

This drug is primarily used as a cutting up drug by males and females BB. It's promotes protein anabolism and it's low on androgen. The injectable form of Winstrol (Winstrol V in the US & Winstrol Depot & Stromba in Europe) is considered to be much safer than the oral form.

Dosage: 4-10 mg/day (Winstrol Tabs) | 100-300 mg/week (Wins. Inj)

* TESTOSTERONE ESTERS (Andro-Cyp; Depo-Test.; Primotest Depot; Sustanon)

i. Testosterone: Testosterone is dissolved in water and various esters which determines its life span in the body. Generally, Testosterone Suspension last one day in the body, Testosterone Propionate last a few days. Testosterone Cypionate last 1-3 weeks and Testosterone Enanthate last from 2-4 weeks.

Dosage: 50-1000 mg/week

ii. Sostenon/Sustanon 250: This is a combination of four testosterones which work in synergy with one another. One of those testosterones is a short acting form, two of them last 1-3 weeks, and the last one last up to 4 weeks. Sostenon (in Europe it's called Sustanon) is a very powerful drug which works very well in a bulking cycle.

Dosage: 250-1000 mg/week

5. WHAT OTHER DRUGS ARE USED IN CONJUNCTION WITH AS?

* EPHEDRINE HCL (Dymetadrine, Theodrine, plus many O.C. Expectorant)

Ephedrine (E) is used medically as an expectorant and it is found in many O.C. drugs. Strength athletes use E for it's thermogenic/anticatabolic effects; many BB compare the effect of E to those of the much stronger drug Clenbuterol. E is usually used in conjunction with Caffeine (C) and Aspirin (A).

Dosage: 25mg E + 200 mg C + 300 mg A | 30 min before Exercise
(OR)
25mg E + 200 mg C + 300 mg A | three times a day

* CLENBUTEROL HYDROCLORIDE (Clenasma; Navegam; Spiropent)

Dosage 80-120 mcg/day

* CLOMIPHENE CITRATE (Clomid; Omifin; Serophene)

Clomid is a drug that is used to normalize the function of the testes. It acts directly on the hypothalamus to produce LH and FSH thus increasing the level of Testosterone in the body.

Dosage: 50-100 mg/day

* HUMAN CHRIONIC GONADOTROPIN (Chorex; Gonic; Pregnyl)

HCG is a drug used to jump start the body's own production of testosterone after the end of a steroid cycle. It act in the body by imitating the action of LH (a hormone that regulated testosterone production).

Dosage: 1,500/5,000 Unit two or three times a week

* HUMAN GROWTH HORMONE (Genotropin; Humatrope; Saizen)

hGH is a hormone produced by the pituitary (the pea-size organ deep behind your nose). This hormone is used by weight trainers to promote protein anabolism and the release of body fat into the bloodstream. This stuff cost $60-$100 per 4 IU.

Dosage: Up to 0.1 mg/kg (0.26 IU/kg) three times a week.

* TAMOXIFEN CITRATE (Nolvadex; Tamoxifen; Tamoxan)

Tamoxifen Citrate (TC) act on preventing gynecomastia (Gyno aka bitch tits) by blocking the receptor sites in the breast area. It is usually used with drugs that are easily converted to Estrogen (i.e. Testosterone and Anadrol). It comes in 10-40 mg tablets.

Dosage: 10-20 mg/day

6. CAN YOU RATE THE VARIOUS TYPES OF ANABOLIC STEROIDS?

I will use size, strength & side effects as the evaluation criteria.

NOTE: * indicates a low value (AND) ***** indicate a high value

Anabolic Steroid	Size	Strength	Side Effects
Boldenone Undecylenate	****	****	***
Fluoxymesterone	*	***	*****
Formebolone	***	N/A	**
Methyltestosterone	**	****	*****
Nandrolone Decanoate	***	***	**
Nandrolone Phenpropionate	***	***	**
Nandrolone Undecanoate	***	***	**
Methandrostenolone	*****	*****	*****
Oxandrolone	*	***	*
Oxymetholone	*****	*****	*****
Parabolan	**	****	****
Primobolan	*	*	*
Proviron	*	*	**
Stanozolol (Oral)	*	**	***
Stanozolol (injectable)	*	**	**
Testosterone	*****	****	****

7. WHAT ARE THE BEST CYCLES OF ANABOLIC STEROIDS?

The best cycles are those that last a short period of time. Those cycles usually lasts 8-10 weeks because the most muscle gain come in the first month of the cycle. Here are some *BASIC* hypothetical cycles of AS.

i. The Up then Down (Diamond Pattern) Cycle:

* AS used: Testosterone Cypionate 200 mg/ml

Week 1.	200 mg
Week 2.	200 mg
Week 3.	400 mg
Week 4.	400 mg
Week 5.	600 mg
Week 6.	400 mg
Week 7.	400 mg
Week 8.	200 mg
Week 9.	200 mg

ii. The Increase-as-you-go Cycle:

* AS used: Methandrostenolone (D-bal) 5 mg/tab

Week 1.	10 mg/day
Week 2.	15 mg/day
Week 3.	15 mg/day
Week 4.	20 mg/day
Week 5.	20 mg/day
Week 6.	25 mg/day

iii. The Playing with Days Cycle:

* AS used: Sostenon 250 mg/ml

day 1 .	250 mg
day 14.	250 mg
day 24.	250 mg
day 31.	250 mg
day 38.	250 mg
day 44.	250 mg
day 49.	250 mg
day 54.	250 mg

iv. Here are some more advanced AS cycles:

* AS used: D-bal 5 mg/tab, Sustanon 250 mg/ml, Deca 200 mg/ml, HCG 1500 I.U.

Week	D-bal	Sustanon	Deca	HCG 1500 I.U.
1	10 mg/day	0	200 mg	0
2	15 mg/day	0	200 mg	0
3	20 mg/day	0	200 mg	0
4	25 mg/day	0	200 mg	0
5	0	250 mg	200 mg	0
6	0	250 mg	200 mg	0
7	0	500 mg	200 mg	0
8	0	500 mg	200 mg	0
9	0	0	0	2x1500 I.U.
10	0	0	0	2x1500 I.U.

* AS used: Sustanon 250 mg/ml, Dynabolon 80.5 mg/ml, and HCG 1500 I.U.

Week	Sustanon 250	Dynabolon 80.5	Pregnyl 1500 I.U.
1	250 mg	161 mg	0
2	250 mg	161 mg	0

3	500 mg	161 mg	0
4	500 mg	161 mg	0
5	500 mg	241.5 mg	3x1500 U
6	500 mg	241.5 mg	0
7	750 mg	241.5 mg	0
8	750 mg	241.5 mg	0
9	250 mg	0	3x1500 I.U.
10	0	0	3x1500 I.U.

8. OTHER QUESTIONS

Question 1: How is Testosterone produced in the body naturally?

Answer 1: First, let me say that both males and females produce testosterone (T) and Estrogen (E) naturally. However the amount of T and E produced varies between the two sexes. In this post I'll emphasize on the production of T in males [sorry ladies :)] which goes like this:

When T level in the body falls bellow a certain set-point (set-point varies between individuals) the hypothalamus is stimulated to produce Gonadotropin Releasing Hormone GnRH). GnRH in turn signal the pituitary to produce Luteinizing Hormone (LH) and Follicle Stimulated Hormone (FSH) which is then released into the blood stream. Those two hormones travel in the blood until they get attached to specialized cells in the testes; LH enters the Leydig cells where it stimulate the production of T, while FSH enters the Sertoli cells and promotes the production of Sperm.

Now for sperm cells to mature they need to "swim" in T. So guess who gets the first shot at T? The remaining T is then released into the blood stream where 97 to 99 percent of them gets bound to serum protein and become inactive and then destroyed by the liver. The remaining 1 to 3 percent are free to enter sex organs and muscle cells and might, under certain circumstances, cause muscle growth.

At this point the level of T is high in the blood. This high concentration of T signals the formation of Inhibin which then signal the hypothalamus to stop the production of GnRH and the beginning of the transformation of some T to Estrogen (the female sex hormone). When the level of T become low again, the whole process is repeated.

Things to keep in mind:

> The average male 21-45 produces 4-12 mg/day of T naturally - if your body produce between 9 & 12 mg/day you're a lucky dog!!
>
> Amount of LH is almost exactly equal to amount of FSH.

Only a very small amount of T produced can cause muscle growth.

Your body is programmed to think That sperm formation is more important than muscle growth.

The process mentioned above is repeated every 1-3 hours.

Question 2: How do you Inject Anabolic Steroids?

NOTE: The information below was taken from the current information leaflet on steroid use, prepared by the Inner South Community Health Services AIDS Prevention Team for Turning Point, Melbourne. A big Thank you goes to James M. for bringing this subject to my attention and for providing a text copy of the injection leaflet.

Answer 2: When injecting steroids, whether water or oil based, they must be taken intramuscularly, i.e. the injection must penetrate the skin and surface fat and enter the muscle. The most common area to inject into is the upper outer quarter of the buttock. Injections can also be placed into the outer thigh. Intramuscular injections should be given deep within the muscle and away from major nerves and blood vessels.

Some solutions can be harder to inject than others, causing the needle to block sometimes. Shake the solution vigorously before drawing into the syringe to avoid blocking.

The most acceptable needle is a 19 or 21 gauge (1.5 inch) with a 2.5ml syringe. Needles shorter than 1 inch are not recommended.

The injection site should be cleaned with an alcohol swab. Always use a new syringe and a new needle. To clear the syringe of air slowly squeeze the plunger, needle pointed up, until the air bubbles near the top are pushed out. Do not touch the needle. Once the syringe is inserted deep into the muscle, pull back on the plunger and make sure there is no blood in the syringe (indicating you've hit a blood vessel). Slowly inject the oil, withdraw the needle and press a new alcohol swab on the site. Rub the area vigorously. Always discard the used needle properly: use a needle disposal bin or coffee jar and return to a needle exchange.

It is not recommended to use the same injection site more than twice a week.

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