

CYCLES AND CYCLE SAFETY

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Steroid Cycles and Cycle Safety

Introduction to Steroid Cycles

Anabolic steroid cycles are used for one of three purposes. They are:

To improve mass and strength.

To promote a harder and leaner physique.

To improve athletic performance.

Example Cycle

Name	Weeks	Dosage	Frequency	Remarks
Depo Test 250	1-12	500mg	EW	Mon 250mg & Thurs 250mg
Proviron	1-12	50mg	ED	NA
Stanozolol	8-12	75mg	ED	NA

Name	Weeks	Dosage	Frequency	Remarks
Nolvadex-D	14-15	40mg	ED	Post Cycle Therapy
Nolvadex-D	16-17	20mg	ED	Post Cycle Therapy

ED = Everyday
EW = Every Week
EOD = Every Other Day

The thing is, when used sensibly and properly, anabolic steroids can be safely used. However, no one can guarantee that the use of anabolic steroids is absolutely safe. You can only make their use safer.

First of all, the use of anabolic steroids is not prescribed for enhancing physical performance. In the early phases, there were not many clinical studies on how anabolic steroids effected physical enhancement and performance. In the absence of this data, people developed their own cycles and dosages, usually through trial and error. However, that has now changed and many clinical studies have been conducted in real world conditions, with actual dosages to examine the effect of anabolic steroids on enhancing physique and performance.

Some of these studies have shown that anabolic steroids give the greatest benefit when used in a logical sequence. This sequence is also called a steroid cycle. Body builders and athletes often use the term 'on-cycle' to refer to the time when they are taking steroids. The period when they are not taking steroids is called an 'off-cycle'. The average cycle can last anywhere between six to 12 weeks.

Many individuals also take two or more anabolic steroids at the same time, in a process called stacking. Stacking can cause a massive gain in strength and mass, which a single anabolic steroid cannot deliver. But it is recommended only for advanced steroid users.



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While oral steroids are quick-acting and give faster results, they can be toxic if taken for a long time. Therefore, some individuals will take oral steroids for a month and then switch to injectable steroids. Injectable steroids can take some time to show their effect, so people who are looking for quick gains may 'front load' or take a larger than normal quantity of the anabolic steroid initially.

In palliative medicine, anabolic steroids are used for treating different diseases and debilitations. But the dosage is usually small and there are no 'cycles', unlike when they are used to enhance physique.

Safety Issues When Starting a Steroid Cycle

Your first concern if you are planning to use anabolic steroids (to enhance your physique and performance) should be safety. When used for therapeutic use, anabolic steroids are considered to be safe, but if you start abusing them, like some bodybuilders do, they can easily become dangerous. Here is a list of things that you should keep in mind before you start taking anabolic steroids for muscle gain.

Do Not Take Anabolic Steroids for Body Building Before the Age of 25

Some teenagers are taken in by the photos of professional body builders in body building magazines and they start desiring bodies like that. They hear that anabolic steroids can help them attain such mass and they start experimenting with them. But they do not know how hard the body builder must have worked to develop his muscles. The teenagers also do not know that at their age, there is no steroid in the world that can get them bodies like that.

No individual should start taking anabolic steroids before he reaches the age of 25 and even then must resort to using steroids only if he has been lifting weights for at least 5 years. Between the age of 12 and 26, the hormone level in a man's body will steadily rise. After 26, these levels start tapering off and by the time they reach 40, it is a fraction of its peak level.

When puberty begins, there is a spurt in hormone levels, which causes male characteristics such as body hair, deep voice and increase in height to develop. In this stage of growth, the body is awash with naturally produced hormones and it is like a mild steroid cycle in itself.

Introducing exogenous anabolic steroids into the body during this period will be counterproductive. If an individual uses anabolic steroids without having reached his genetic potential, there can also be many side effects like stunted growth, stretch marks, hair loss, acne, water retention, gynecomastia and even organ failure.

An anabolic steroid is not a replacement for a good diet and exercise. While you may get some gains initially, without the proper nutrition and workout, you may have trouble hanging on to it after you finish your cycle. Teenagers can achieve their natural limits by adjusting their food intake, eating foods that build muscles and following an effective training program.

The First Cycle Should Contain Testosterone Only and Nothing Else

It is well known that the first steroid cycle should only contain Testosterone and no other steroid. In fact, it can be repeated many times, with proper off-cycles and it will still give great results.

All human beings and nearly all other animals produce Testosterone and for this reason, it is the primary anabolic steroid. It is also considered to be the safest of all anabolic steroids, because the body already produces Testosterone and as a result, it is used to it.

When you inject yourself with Testosterone, it gives you an opportunity to gauge how your body will react to exogenous anabolic steroids, including advanced anabolic steroids. If you show a horrid reaction to Testosterone, you are likely to show an even worse reaction to other anabolic steroids which are basically derivatives of Testosterone.



Stacking multiple anabolic steroids in a cycle is a dangerous practice. If you have never used anabolic steroids before, you will not know what to expect.

Another problem with stacking multiple anabolic steroids on the first cycle is that if the body ever shows an adverse reaction to the cocktail, there is no way to know what caused the reaction. Note that, Testosterone must always be a part of all your cycles in the future too.

Always Keep Your Cycles Short

Long steroid cycles can cause a host of problems. For this reason, a steroid cycle should not go beyond 4 weeks, with the preferred duration being 2 or 3 weeks.

The most important reason why you should keep your steroid cycles short is because of the side effects that are associated with long cycles. For one, there will be a drastic shift in your lipid profile. Your levels of HDL (good cholesterol) will come down while the level of LDL (bad cholesterol) goes up. This can increase the risk of heart disease.

As the steroid cycle progresses, the body's own production of hormones such as Follicle Stimulating Hormone, Luteinizing Hormone and Testosterone slow down and eventually shut down all together. But there will be a fairly high level of Estrogen (from the aromatization of Testosterone) and a normal level of Cortisone.

There is an enzyme called aromatase, whose main purpose is to catalyse the conversion of Testosterone into Estrogen. The male body needs Estrogen, which plays an important role in the maturation of sperms but too much of it can have negative effects. It can lead to testicular atrophy, low libido, enlarged nipples, muscle mass loss and even potentially fatal health issues such as stroke, hormonal cancers and heart attack.

Cortisone, an anti-stress hormone has a catabolic effect on muscle mass but it is usually suppressed by Testosterone. When adequate amounts of Testosterone are not present, Cortisone has a free hand and it starts liquidating the muscle mass that you may have developed through the use of a synthetic anabolic steroid.



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The longer your steroid cycle, longer will be the time it will take for your body to renew its production of natural Testosterone. One of the side effects of long term steroid use is an atrophication of the Leydig cells of the testes. When the steroid cycle ceases, the Leydig cells are not able to restart the production of Testosterone immediately because at this point they are desensitized to the effect of the gonadotropins.

Eventually they will respond and the body will kick start its production of Testosterone but not before you have been through a lot of discomfort. This is the reason why post-cycle therapy is an absolute must after the end of a cycle.

Go for the Lowest Effective Dose

Lower the dose of the anabolic steroids you take, lower your chance of developing side effects. But you would not want the dose to be so low, that you are not seeing the results you want. This is where the minimum effective dose comes in. A minimum effective dose can be defined as the lowest possible dose that will give you the desired effect.

When they are on a cycle, most individuals intensify their training. Their frequency of training also increases compared to their off-cycle. They are also more likely to follow a good diet. All these factors are also responsible for their gain in mass.

Anabolic steroids certainly play a part, but exercise and proper diet are also important. Inexperienced anabolic steroid users will erroneously assume that the steroids are wholly responsible for their gains and so will increase their intake to get more results. This is not the way to go about it.

First make progress with a small dose, grow into it and then increase it by the barest minimum to improve results. You may have to take the minimum dose for a few cycles at least. Many first time users of anabolic steroids will straightaway start with 500mg per week dose, increase it to 700mg the second week, to 1000mg the third and so on. This is not necessary and it is very unhealthy.

Note that the average production of Testosterone in the body of a normal male is about 50-70mg per week. A 500mg dose will be 10 times the normal value. Some professional body builders have become so insensitive to the effects of Testosterone that they are able to take more than 4000mg of Testosterone every week (when they are preparing for competitions), without showing major side effects. Even 300mg per week is not a bad start for a first time anabolic steroid user.

Do Not Stack More than Two Anabolic Steroids at One Time Unless Necessary

Unless you are a professional body builder or an athlete, there is really no reason for you to stack more than two anabolic steroids in a cycle. When the number of anabolic steroids you take increases, the stress on your organs also increases. The side effects will also become more severe.

Some More Safety Measures to Consider Before You Start a Steroid Cycle

If you have just started bodybuilding, do not take steroids. You should train at least for a few years before you can even think about taking steroids. Before starting a steroid cycle, undergo a full body check-up, including blood tests. This can tell you if you are in the best of health and whether you have any underlying conditions that may be exacerbated by the use of steroids. If you have such a condition that can be worsened by steroid use, make a conscious decision to stay away from them.



Keep off strong anabolic steroids like Trenbolone and Anadrol until you have undergone several cycles with milder steroids. If you take them without guidance and without conditioning your body first, they can devastate your body. These steroids are only recommended for professional body builders and even they are cautious about using such steroids.

First Time Users Are Better Off with Injectable Anabolic Steroids

If you want to use anabolic steroids, as far as possible, use injectable ones. Oral anabolic steroids can exhibit hepatotoxicity if you take them in large and consistent doses. Oral anabolic steroids are alkylated (at the methyl group attached to the 17th carbon). Alkylation gives the anabolic steroid molecules more resistance to hepatic metabolism. But the downside is, the more a substance resists action by the liver, the more strain the liver undergoes.

Through alkylation, a higher percentage of the anabolic steroid survives metabolism by the liver and is subsequently introduced into the bloodstream. This is the reason orally ingested anabolic steroids show faster and better results. The toxicity of an oral anabolic steroid depends on the anabolic steroid (some are more toxic than others), how much you take of it (dosage) and for how long (cycle length).

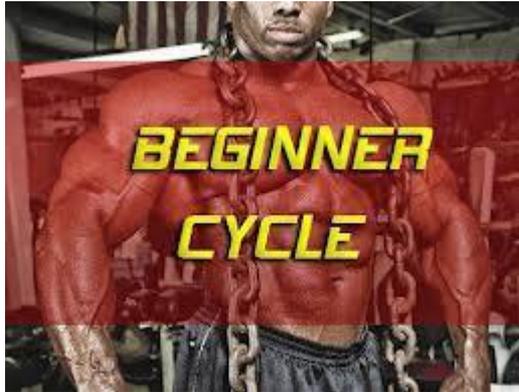
Most of the well-known injectable anabolic steroids are not alkylated and are not so stressful on the liver. Consider using an aromatase inhibitor. Aromatase inhibitors prevent androgens from being converted into Estrogen. Note that careless use of an aromatase inhibitor might lead to a drop in the level of HDL cholesterol (the good cholesterol).

The level of fat in your body should be below 20% before you start a steroid cycle. If you take anabolic steroids when you have a high level of body fat, you may see Estrogenic side effects like gynecomastia.

Adipose tissue is a store house of aromatase enzyme. When the Testosterone level in the blood increases beyond normal levels, the body starts converting the excess Testosterone into Estrogen with the help of the aromatase enzyme.

Steroid Cycles for Beginners

If you are thinking of starting your first steroid cycle, you might have a lot of questions. Steroid cycles can be complicated to a novice. The bigger problem is your lack of understanding of how the hormones work.



There are many steroid cycles on the internet for beginners, but it cannot be said with certainty that what worked for someone else will work for you. Beginner steroid cycles can only give you a base to start from and as you progress, often through trial and error, you will find out more about what works and what should be avoided.

Most individuals on their first cycles are not able to reach their potential because they are not sure about what they want and how to go about it.

There have even been cases where people have started taking anabolic steroids randomly, with disastrous effects.

Some people, when they do not see the effects they thought they would get, get frustrated and up their dose and lengthen their cycles. This can lead to bad results. Therefore, it is very important that beginners have adequate knowledge about steroids, their side effects, the results that can be expected and the mistakes to avoid. Note that using anabolic steroids to enhance the physique is illegal in the U.S. You should also educate yourself about what kinds of anabolic steroids are available and how to use them properly, so that you can have a good experience.

The truth is, there is no one-size-fits-all steroid cycle for beginners. Factors like the individual's weight, age and height will make a difference. Every bodybuilder will need a custom cycle that is designed keeping his body features and individual goals in mind.

How To Plan Your Steroid Cycle?

You must first decide what you want to achieve from your steroid cycle. Do you want to add bulk, so that you can enter a higher weight division? Are you looking to gain more lean mass or strength to play a sport? Do you want to reduce your body fat, so that you can add more definition to your body? Note that you cannot cut fat and bulk up at the same time, so choose your priorities carefully.

Next, you must choose the steroid that you want to use. Keep your first cycle as simple as you can. The first cycle should be a Testosterone-only cycle. Testosterone is naturally produced by the body, which means the chances that you will suffer from side effects is much lower than if you had started with an anabolic steroid like oxymetholone.

At this point, you might be wondering which type of Testosterone you should use, since there are so many. There is Testosterone Cypionate, Testosterone Propionate, Testosterone Enanthate and even some blends. The compounds are basically the same, the only difference being the number of carbon atoms on the ester chain. The more carbon atoms the ester chain has, the more the variant's solubility in oil. This solubility affects the compound's release into the bloodstream.

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Once you inject one of these esterified compounds into your body, it gets deposited in the muscle from where it will be released into the blood slowly. If you are a beginner you would want to start with an anabolic steroid that you would not have to take frequently, so in this case Testosterone Cypionate or Enanthate are perfect. Some power lifters even use Testosterone suspension just before they perform because it works quickly, in as little as ten minutes.

The main problem is that the existing steroid cycles for beginners have mostly been developed by individuals with no formal training in human biochemistry or physiology. The internet has a lot of personal opinions and dangerous misinformation about first time steroid cycles. For instance, some sites have included Trenbolone in their first time cycles; but Trenbolone can be toxic and is not recommended for first time users. Some others recommend stacking, but stacking is only for experienced users.

Things To Consider Before You Start a Steroid Cycle

The first few anabolic steroid cycles are learning curves. Your first cycle, along with the subsequent cycles will help you gauge and explore how your body reacts to the hormones.

Here are a few preliminary considerations before you begin a steroid cycle.

Training and Nutrition

If you only take steroids and do not exercise and maintain a proper diet, prepare to get disappointed. One of the primary reasons why people use anabolic steroids is to gain muscle, but steroids cannot build muscles by themselves. You also need to train properly and eat well.

Your training regimen should be a mixture of both strength training and muscle building exercises. Undertake strength training exercises such as deadlifts, bench presses and squats. For muscle gain, do a minimum of eight sets of each exercise, with lighter weights. Also do tricep pushdowns, pec flies, bicep curls and other concentrated exercises that will increase your muscle size. Another advantage of anabolic steroids is that they can decrease the time you need to rest between your reps.

Another effect of taking steroids is an increase in protein synthesis. They can bring about an increase in muscle mass and strength. That is why people who are suffering from debilitating diseases like chronic hepatitis and AIDS are administered steroids.

But for the steroid to work, you should provide the raw material, which is protein. Meat, eggs, cheese, milk and yoghurt are rich sources of protein. You can also obtain proteins from pulses.





Cholesterol-rich food such as egg yolk and dry fruits should also be eaten. However, limit your intake of these foods because cholesterol has a tendency to cause deposits in blood vessels. Also consume lots of fibre. It will add bulk to your diet and prevent constipation.

Potassium rich food such as dates, milk, apricot and peaches should also be eaten because steroids can cause a depletion in the level of potassium in the blood.

If you want to start a steroid cycle and if it is your first time, start with Testosterone. You may think, why Testosterone when there are so many other anabolic steroids on the market? Testosterone is a highly versatile anabolic steroid (most anabolic steroids are Testosterone derivatives) and it is well tolerated by the body.

Never Start an Oral-Only Steroid Cycle

Under no circumstance should you start an oral anabolic-only steroid cycle. Many first time users of anabolic steroids, will often start with oral anabolic steroids. It may be that the individual does not like needles or because oral anabolic steroids are easier to procure than injectable ones. The fact is, oral anabolic steroids are not made for solitary runs. But some people do use them to supplement their injectable anabolic steroid cycles.

Proper protocols should be followed when you are injecting yourself with anabolic steroids. If you are not serious about them, then anabolic steroids are not for you.

Compounds that can be used in a first time anabolic steroid cycle

Testosterone Cypionate

Testosterone Enanthate

Testosterone Propionate

Compounds for subsequent anabolic steroid cycles

Testosterone Enanthate

Testosterone Cypionate

Testosterone Propionate

Equipoise

Deca Durobolin

Compounds that can be used after some cycle experience has been gained

Nandrolone

Dianabol

Anavar



Injectable Primobolan

Compounds that should only be taken by advanced users

Anadrol

Masteron

Trenbolone

What Dosage of an Anabolic Steroid Should You Take on Each Cycle?

The dosage is very important and it will determine the benefits you receive. To see gains you will have to take a large dose (a substantial improvement over a therapeutic dose). Below the therapeutic dose, the body may suppress the endogenous Testosterone. A 100mg dose of Testosterone Cypionate or Enanthate in a week is considered a therapeutic dose. But if the dosage is increased to 250 or 500mg per week, it will start supporting muscle growth.

A Typical First Time Steroid Cycle

From week 1 to 12- Testosterone Cypionate or Enanthate (250-500mg every week).

From week 13 to 15- No anabolic steroids. This is an off period to allow the Testosterone to clear from your body.

From week 16 to 17- Nolvadex (Tamoxifen) 40mg every day.

From week 18 to 19- Nolvadex (Tamoxifen) 20mg every day.

Advanced Steroid Cycles

Advanced steroid cycles are only for those who have successfully completed several steroid cycles. At this point it is assumed that the individual has gained complete knowledge of creating and administering steroids to himself.

Advanced steroid users may use more potent compounds such as Trenbolone and Anadrol, but the Testosterone-only cycle is not ruled out either. A lot of advanced users would rather use Testosterone than any other advanced anabolic steroid. Many beginners are often surprised when they see that a senior is still using Testosterone which is thought of as a basic anabolic steroid, but they are misunderstanding the scenario. These advanced users possess a complete understanding of their body and how it reacts to different anabolic steroids, which they have gained after years of using anabolic steroids.

Apart from knowing how to procure legit anabolic steroids and possessing an extensive understanding of the administering protocol, advanced users also know what supplements they have to take to counteract side effects. There are many kinds of advanced steroid cycles. Here is more information on some of them.

The Three-Week Blitz



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The three-week Blitz is a 14-week cycle and includes 5 anabolic steroids, each of which is taken for three weeks. The anabolic steroids in this cycle are Dianabol, Sustanon, Anavar, Primobolan and Deca-Durabolin. The user begins with Dianabol, which he takes for two weeks by itself. In the third week, he stacks it with Sustanon. The next week is a standalone Sustanon week. In the third Sustanon week, he stacks it with Anavar and so on. The last two weeks are recovery weeks and here the user takes Human Chorionic Gonadotrophin or HCG.

The Double Mini

The Double Mini cycle is also a 14 week cycle. Here, the user stacks two anabolic steroids for six weeks, say Deca-Durabolin and Anadrol. The next two weeks are recovery weeks, with HCG. In the second mini cycle (which is again for six weeks), he stacks the same compounds again. When the second mini cycle ends, he rests for two months.

The Inverted Pyramid

This eight week advanced cycle starts with a large dosage of three steroids- Deca-Durabolin, Testoviron Depot and Winstrol. The quantity is gradually tapered off, and by the end of the eighth week he is actually taking a very small dose of the three steroids. For this reason, the Inverted Pyramid cycle is quite popular among athletes who have to undergo drug testing. This steroid cycle should not be used by beginners for the obvious reason that it has very high initial doses.

The Diamond

The 14 week Diamond cycle and the Inverted Diamond cycle are opposites of each other. Here, the user begins with a small dosage of two steroids (Dianabol and Sustanon) which he increases until the eighth week. From the ninth week, he decreases the dosage, until it is back to the initial dosage. The 11th and the 12th week are recovery weeks, with HCG.

Workouts and Diet

No matter how hard a natural body builder works, he will never be able to obtain the mass and strength that a body builder taking anabolic steroids can achieve. But even the latter has to follow a dedicated exercise routine to build up his muscle mass. There is another reason why you have to work out. Sometimes, steroids can lead to excessive bloating and cause other side effects. The best way to fight these problems is to burn body fat and treat the water retention.

To shake your muscles out of homeostasis and get them into body building mode, you will need to work out intensely. Keep increasing the weights as you gain strength, so that stress is maintained on the muscles. If you are able to perform sets easily and you are not facing muscle failure, the weights are not enough and you need to add more weight.

Stressful exercises provide stimulation to the muscles, but they grow only when they are at rest. Structure your workouts in such a way that you are able to exercise all groups of muscles at least once a week. A sudden increase in mass can put stress on the heart. Perform cardiovascular exercises to keep your heart in good shape.



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Consider that you are on a steroid cycle. You are religiously following an intense workout session, but your gains have started to stagnate. Most of the time, it can be attributed to poor nutrition. Many individuals do not follow proper eating habits. A good diet can make a huge difference.

Break your meals into several portions. We normally eat three meals a day- breakfast, lunch and dinner. Unfortunately, this is not enough for a body builder. You need to eat five to six small meals a day. This will force the body to release insulin on a continuous basis, which is essential for muscle building.

You should also increase your intake of calories. The average person needs about between 2000 to 3000 calories every day. But if you are a bodybuilder and you are taking anabolic steroids, you will have to take 5000 calories each day.

Normally you should take one and a half grams of protein for every pound of your weight. This level is needed to keep the nitrogen balance in your muscle cells, positive. Positive nitrogen balance can be defined as a condition where protein is synthesized at a faster rate than its broken down, leading to growth in tissue.

Carbohydrates are also an important component of a good diet because they give energy, maintain adequate levels of blood sugar and burn fat. When you are doing intense workouts, you should eat nearly 900 gm of carbohydrates. Complex carbohydrates should form 85% of your carbohydrate intake. Noodles, whole grains, vegetables, rice, pasta and oats are good sources. Simple carbohydrates should form the remaining 15% of your carbohydrate intake. You can get these from fruits.

Cycling and Duration

Here are a few questions to help you know what anabolic steroids you can use.

What physical gains are you planning to achieve?

How long do you plan to run your steroid cycle?

How much have you budgeted?

How often can you inject?

What side effects do you want to avoid?

After you have chosen the anabolic steroid that you are going to use and have settled on the dosage, it is time to decide on how long you plan to continue the cycle and what pattern you are going to use. This is the time to consider your goals from the cycle.

The average body builder just wants to maintain his gains when he finally ends his cycle. To retain your gains, you will have to avoid losses. Losses occur if your body has not recovered its ability to produce natural testosterone, which is common at the end of a cycle. What happens is, your body tries to cope with the high level of exogenous testosterone in your blood by temporarily suspending its production of testosterone. Note that the longer your steroid cycle, longer the recovery time.





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The length of the cycle should not be too short and neither too long. If a cycle is too short, say four weeks, you might not see the gains you want. Real gains do not start showing until you have reached the third week. While you may gain muscle mass in two weeks, this is also the time when the body is adapting to the anabolic steroids and if you continue the cycle, you might see very efficient growth in the weeks to come. Therefore short cycles are not recommended. An eight-week cycle is the minimum time prescribed.

On the other hand, if a cycle goes beyond 10 weeks, you may have to face recovery problems. Another thing is, your body would have already grown considerably and at this point, your gains might start to stagnate. So in this regard, long cycles are not efficient and you are more likely to see greater losses when you finally end the cycle.

The Three Types of Steroid Cycles - Steroid cycles can be split into three categories. Here they are:

Bulk Mass Gain Cycles

These steroid cycles are basically for adding mass. It is difficult to retain the gains you make on these cycles because the bulk that is formed is mainly retained water. First time users will usually start with bulk cycles. These cycles are also cheaper to start and you can run them for shorter durations.

Cutting Cycles

If you want to burn fat and give your physique a defined look, then this cycle is for you. The advantage of a cutting cycle is that, with the proper workout regime and diet, you can maintain most of the physical gains you make on your cycle. Cutting cycles will not help you if you are looking to add, but the muscle produced will be better in quality than the ones you might have achieved on a bulk gain cycle. These cycles are more expensive to sustain and the costs will depend on the steroid products that you use.

Lean-Bulk Cycle

Leak-bulk cycles are longer cycles, and consist of both cutting and bulk-gain cutting steroids. These cycles usually include cutting steroids like Equipoise and bulk steroids like Dianabol. Lean bulk cycles can last as long as 16 weeks. They are also quite expensive to run, though it depends on the steroids that you are planning to use. These cycles are used by more experienced users. If a body builder wants go through just one or two cycles in a year only, he may opt for the leak-bulk cycle.

Special Cycles

Special cycles are undertaken by sportsmen and power lifters whose main concern is strength building and not mass gain. Anabolic steroids like Halotestin and Primobolan can provide large gains in strength. Since many athletes and power lifters also have to undergo steroid detection tests, they have to choose the steroids that they are going to use very carefully. Some even refer to special time charts to find out for how much time a steroid will remain in the blood after it is taken.



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How Long Do You Plan to Run Your Steroid Cycle?



Anabolic steroid cycles can range from anywhere between eight weeks to 16 weeks and this does not include the Post Cycle Therapy. How soon your body starts producing its own testosterone will depend on the steroids that you have used and the length of the cycle. The process can be quickened by taking HCG.

Short and frequent steroid cycles deny the body an opportunity to normalize. It can also lead to unsafe steroid use, where the user does not achieve the results that he desires. All first time anabolic steroid users should note that at least two months of post cycle therapy is needed after the completion of the cycle for testicular function to become normal (with the use of an anti-Estrogen like Nolvadex and/or HCG).

Eight weeks may be the minimum duration for a steroid cycle, but it is not the recommended duration. The optimum period is 12 weeks to 16 weeks. Individuals who are seeking quality gains, should definitely go for longer cycles. Also, most quality anabolic steroids have to be used for long periods, to see the best results.

How Much Have You Budgeted?

Anabolic steroids do not come cheap. If you are not monetarily prepared for the expenses, your cycle can fail. Also, because you did not structure the cycle properly, your body might suffer from damages.

If your budget is tight, rather than buying a low quality product or running a shorter cycle, save money to invest in a decent and good quality steroid cycle. Your gains will literally depend on the quality of the anabolic steroid that you take.

If you want to attain quick bulk only, you can get the products for a relatively cheaper price. But before you begin, make an inventory check to ensure that you have everything you need such as syringes and post cycle therapy products such as Clomid or Nolvadex. Conduct your research online and do not listen to the amateurs down at your gym.

How Often Can You Inject?

Many novice anabolic steroid users do not like injecting themselves and for this reason many opt for oral anabolic steroids. But oral anabolic steroids have many disadvantages – the cost and the poor bio-availability. Many people even compare steroid injections with injections of illicit drugs, but this is not true at all.

There is a saying among anabolic steroid users, 'If you do not want to inject, anabolic steroids are not for you.' This is especially true, if you are about to start your first steroid cycle. Oral testosterone can cost up to six times more than injectable testosterone and if you want your steroid cycle to be safe, be ready to inject. Note that different injectable anabolic steroids have different life spans. You may have to inject some, more frequently. If you are not sure about how frequently you must inject a steroid, find the information on the internet.



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What Side Effects Should You Be Careful of?

Individuals who take high doses of anabolic steroids for a long period may suffer from side effects. The most common side effect is the temporary cessation of the production of natural testosterone by the body. There are also other side effects like testicular shrinkage, decrease in sperm count, impotence, roid rage, premature balding, enlarged prostate and gynecomastia.

Women bodybuilders who take large doses of anabolic steroids for long periods can experience side effects such as virilisation. This can include a decrease or increase in the length of their menstrual cycle, enlarged clitoris and deepening of voice.

Adolescents may experience stunted growth, hypervirilization and precocious sexual development. Many side effects are not limited by gender and may effect anyone. These include acne, elevated cholesterol levels, jaundice, kidney and liver damage and high risk of cardiovascular disease.

But the good news is, there are many ways to counter these side effects, including medications and running cycles with specific steroids that will minimize side effects.

Always keep anti-Estrogen products on hand to combat symptoms of gynecomastia, for instance Nolvadex. Provironum is another effective anti-Estrogen compound, but it can increase your costs significantly. Other products such as Acnotin and Finasteride can help you combat acne and hair loss respectively. Finasteride can also keep your prostate healthy. You can combat mood swings and feelings of restlessness with Valium or Xanax. There are also herbal products like milk thistle and saw palmeto to protect the liver and prostate respectively. If you are suffering from pain after your workouts, you can use pain relief gels or creams. Note that only an advanced user of anabolic steroids should use these products. These may also increase your budget.

THE HARMFUL EFFECTS OF STEROIDS

HAIR

- Male balding pattern occurs in women (irreversible).

HEAD

- Frequent and continuous headaches.

EYES

- Yellow staining of the eyes.

BREATH

- Bad breath.

CHEST

- Breast development in males. Tissue surrounding the nipple becomes swollen and sore.

LIVER

- Liver tumors. Liver disease (Jaundice). Complete liver failure may result.

ABDOMINAL/INTESTINAL AREA

- Abdominal and stomach pains with possible hemorrhaging. Nausea, vomiting, and diarrhea.

PROSTATE GLAND

- Prostate enlargement.

SKIN

- Yellowing of the skin. Acne. Red spots and rashes over entire body. Stretch marks.

MUSCLES, TENDONS, & LIGAMENTS

- Increased risk of injury to muscles, tendons, and ligaments. Long periods of recovery from injuries. Muscle cramps.

BRAIN & PERSONALITY

- Extreme mood swings and personality changes. Paranoia, anxiety, irritability, aggressive and violent behavior, rage, depression, insomnia, fatigue, and euphoria.

FACE

- Becomes round and puffy due to water retention. Acne. Increased facial hair growth in women.

TONGUE

- Sore tongue.

VOICE

- Hoarseness and deepening of the voice in women.

HEART

- Increased risk of heart disease, heart attack, stroke, and death. High blood pressure. Increase in cholesterol. Decrease in good cholesterol (HDL).

STOMACH

- Feeling of stomach bloating. Nausea, vomiting, and vomiting of blood.

KIDNEYS

- (Not shown) Kidney disease. Kidney stones.

BLADDER

- Frequent urge to urinate. Painful.

REPRODUCTIVE SYSTEM

MALES

- Shrunken testicles. Sterility. Impotence. Frequent, painful, and continuing erections. Adolescents experience enlarged penis and increased erections.

FEMALES

- Changes in menstrual period. Infertility. Clitoral enlargement. Fetal damage.

INJECTION SITE

- Blood poisoning from injections. High risk of infectious diseases from non-sterile needles. Injection area(s) very tender and swollen.

BONES

- Loss of potential height (stunted growth) due to

Examples for Advanced Steroid Cycles

Long term cycle



Cycle time – 12 weeks

Testosterone Enanthate- 100mg every week.

Trenbolone Enanthate- 800mg every week.

Masteron- 400mg every week.

Short term cycle

Cycle time – four weeks

Testosterone Propionate- 1050mg every week (150mg every day)

Trenbolone Acetate- 1050mg every week (150mg every day)

Anavar- 100mg every day.

Stacking and Standalone Use of Steroids

Body builders may start stacking anabolic steroids if they see a plateau in their physical development. This can happen if they have been using a single anabolic steroid for a long time. Most stacks have an androgenic-anabolic base. The concept is actually decades old and was used for therapeutic effect long before body builders and athletes started using it to enhance their performance.

How Bodybuilders and Athletes First Started Stacking Steroids

By the time sportsmen embraced anabolic steroids, pharmacies had already begun stocking many kinds of steroids. Some were in the form of pills, while others consisted of injections. They were all potential muscle builders though it was seen that the steroids differed in their effects.

Naturally, body builders and athletes started experimenting with them, each of them searching for a mix that could help them attain their goals. As their use became more widespread, there was more understanding about which steroids worked best, which were less effective and which had the least and the most side effects.

Steroids were separated into two categories. The first category included drugs that were more androgenic like oxymetholone, methandrostenolone and testosterone. These androgenic steroids were good for muscle building, but also caused many side effects such as water retention, aggravation in hair loss and gynecomastia, especially when the individual took them in large doses...

The other category included steroids that showed less androgenic effects like oxandrolone, nandrolone and stanozolol. However, they were not so efficient in leading to muscle gain, when compared to the androgenic steroids. So basically, while they showed weaker muscle building properties, they were more tolerable. Note that this classification is an informal one. There is now a tendency to classify all steroids used for body building purposes as 'anabolic' steroids but that it not true.

From this arose a natural curiosity about what could happen if more than one steroid was taken at a time. It soon caught popular attention and evolved into the concept we now call stacking- where two or more steroids are used at a time, to bring more gains and control side effects.

Most often, a strong androgenic steroid is stacked with a mild and primarily anabolic steroid. If there is a high dose compound, it is probably an 'androgenic' compound and it would usually be the maximum tolerable dose. The anabolic steroid was then added and the combination was so adjusted that the body builder could take his muscle building to the peak, while suffering from the least side effects. The effects of the weak steroid essentially complimented the stronger one, whose dose could not be escalated without serious side effects.

Now, there is more understanding about the effect of ancillary medications like aromatase inhibitors and anti-Estrogens through which the side effects can be minimized.

Combinations of Steroids

There are many logical combinations of steroids. For example, you can stack an injectable steroid with an oral steroid. Oral steroids are not good for the liver, which means you can only take one oral steroid at a time. There are many effective combinations here. The popular bulking stack of oxymethalone (Anadrol) and Testosterone is an oral-injected stack.

Another important one is the androgenic-anabolic stack. For example, Deca and Dianabol. You can also consider stacking a moderate Estrogenic steroid with a low Estrogen producer, like Testosterone and Methenolone Enanthate. This stack gives good results and you even avoid taking oral steroids.

When you are stacking anabolic steroids, select those where the lengths of the ester chain are nearly the same. This will allow you to inject them at the same time. Trenbolone Acetate and Testosterone Propionate make a good stack because you can mix the compounds in one syringe and inject it, either every day or every alternate day. Trenbolone Enanthate and Testosterone Propionate is another good stack that you inject together weekly. However, stacking Testosterone Propionate and Trenbolone Enanthate can give rise to complications because you will have to inject the Propionate daily while the Enanthate has to be injected weekly.

Some Two-Steroid Stacks

Testosterone and Trenbolone



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One individual reportedly improved his mass from 185 pounds (11% body fat) to 208 pound (8% body fat), even after not training for 4 weeks and following an inadequate diet. The gains from this stack are comparable to the gains from other stacks. Common doses are 240mg to 500mg of Testosterone and 300mg to 700mg of Trenbolone. Benefits are an increase in muscle mass, lowering of body fat and low fluid retention.

Methandrostenolone (Dianabol) and Trenbolone

This stack is known for its 'pump' effect. The 'pump' has a physiological explanation. Anabolic steroids have the effect of increasing the production of RBCs. When an individual is on a steroid cycle, the volume of blood in his body increases. This leads to an improvement in the oxygen carrying capacity of the blood, increasing the endurance and efficiency of skeletal muscles. Common doses are 105mg to 350mg per week of Methandrostenolone and 300mg to 700mg per week of Trenbolone.

Stanozolol (Winstrol) and Trenbolone

While the Stanozolol and Trenbolone stack does not produce a rapid improvement in lean body mass, it does give significant gains. Go for this stack if your main goal is to reduce fat mass. There is very little fluid retention. Common doses are 350mg to 700mg per week of Stanozolol and 300mg to 700mg of Trenbolone.

Stanozolol and Oxymethalone (Anadrol)

The Stanozolol and Oxymethalone stack is popular among those want to see quick gains in strength and a rapid increase in weight. One major side effect of this stack is edema. Common doses are 350mg to 700mg per week of Stanozolol and the same for Oxymethalone.

Methandrostenolone and Deca (Nandrolone Decanoate)

The Methandrostenolone and Deca stack is one of the most popular stack for increasing mass. But most people have been dissatisfied with the strength gains. Common doses range from 105mg to 350mg of Methandrostenolone and 400mg to 1000mg of Deca. Nandrolone Decanoate or Deca is a well-known steroid. Even who do not know much about anabolic steroids may have heard of Deca.

Methandrostenolone and Testosterone

The Methandrostenolone (Dianabol) and Testosterone stack is nearly as famous as the Deca and Dianabol stack, though there have been cases where gynecomastia and edema have been reported. The problem is, there are not many people who know how to use aromatase inhibitors and anti-Estrogens when they are using such stacks. Common doses are 105mg to 350mg of Methandrostenolone and 500mg to 2000mg of Testosterone a week.

Stanozolol and Testosterone

The Stanozolol and Testosterone stack is not very popular. It may be because it does not give the 'pump' effect that steroid users experience when they use Dianabol. Common doses are 350mg to 700mg of Stanozolol and 500mg to 2000mg of Testosterone.



Standalone Steroid Cycles

Testosterone Standalone Cycle

Testosterone standalone cycles are quite popular, both with newbies and advanced steroid users. Doses vary between 500mg to 2000mg per week. Individuals have noted considerable gains in muscle mass, along with an increase in their sex drives. Fat mass may also decrease. The effects are not as pronounced as the gains from the Testosterone and Trenbolone stack. Strength gains are significant, though a Trenbolone only cycle can give better gains.

Trenbolone Standalone Cycle

If you are looking for strength gains from a standalone cycle, then you should go for a Trenbolone-only cycle. Notably, gains in lean body mass were moderate. Fat mass can reduce significantly. Many people have reported that they noticed a decrease in their sex drives after going on a Trenbolone-only cycle, which took some time to return even after Trenbolone use was discontinued.

Oxymethalone Standalone Cycle

The main benefit of this cycle is that your lean body mass will see a significant gain. On the other hand, fat will only slightly decrease. Edema and gynecomastia are two commonly noticed side effects. Dosage varies between 350 to 700mg per week.

Methandrostenolone Standalone Cycle

The mass gains from Methandrostenolone cycles can be compared to that from Oxymethalone cycles. The strength gains however, are low. Edema is not an issue but some people have complained about gynecomastia. Doses vary between 350mg to 700mg per week.

Stanozolol Standalone Cycle

Lean body mass gains from Stanozolol-only cycles are moderate. On the other hand, the reduction in fat is significant. Edema is not a problem in this cycle. Doses vary between 350mg to 1500mg. At high doses, impressive reductions in fat mass can be seen, along with strength gains.

Methenolone Standalone Cycle

Lean body mass will see a substantial improvement, while the loss of fat is only moderate. Doses vary between 600mg to 2000mg per week. Water retention is not an issue here. If you are looking for a pump up effect, do not expect it from this cycle.

Oxandrolone Standalone Cycle

This cycle will lead to a significant loss of fat. Lean body mass will only see a slight increase. You do not have to worry about water retention, if you run this cycle. The pump up effect is one of the lowest you will get from all standalone steroid cycles. Doses vary between 100mg to 700mg per week.



Halotestin Standalone Cycle

Lean body mass will see a moderate improvement in a Halotestin or Fluoxymesterone-only cycle. Fat reduction is also moderate. But strength gains see a noteworthy improvement. Doses vary from 100mg to 500mg per week.

What is Frontloading?

Advanced users of anabolic steroids might be aware of a practice called frontloading. Here, starting from the beginning of a cycle, high potency oral steroids are used for a few weeks so that there is a boost in gains. This technique is followed for a period ranging between two to four weeks depending on how the compound affects the liver. The more the toxicity, the shorter the usage. Though all oral steroids are potent, some are milder than others. Anabolic steroids like Proviron, Primobolan and Anavar fall into this category.

Anabolic steroids differ in their characteristics, which means there are steroids that are only suitable for specific uses. For instance, Trenbolone is not recommended for bulking but it is an outstanding fat burner. This makes it perfect for a lean mass cycle or a cutting cycle.

Always take the side effects of a particular compound into consideration whenever you plan a stack. Do not combine anabolic steroids that show similar side effects. For example, never combine Anapolon and Dianabol because they are already quite toxic and if you combine them, the toxicity will increase exponentially and cause serious damage to your body.

The Period After the Steroid Cycle

When you are calculating the length of the cycle, do not forget to account for the half life of the anabolic steroid. Also note the time it might take for the injected drug to go below inhibitory level. This can be many half lives.

Let us take the example of Sustanon. Consider that you are to do a cycle of Sustanon for two weeks, stop for two weeks, before starting again. You continue this for 16 weeks (four cycles). If you think that you have been on two week cycles, you are wrong. A substantial amount of Sustanon will remain in your body in the two weeks that you are not taking any anabolic steroids, which can still produce effects. In short, you are not recovering. What will happen is, in the end you may find it difficult to recover your natural production of testosterone.

What Symptoms Can you Expect After a Cycle is Complete?

You may go through hypogonadism (low level of androgen) in the period following a steroid cycle. It is not possible to block this side effect. But how severe it becomes will depend on the length of the cycle and the anabolic steroid or steroids that you took during the cycle.

Poor recovery can result in a loss of muscle mass. During the cycle, the pituitary gland slows down its production of Luteinising hormone and FSH. Because the levels have been low for a considerable time, even when the cycle is complete, it will be some time before the pituitary gland starts producing normal levels. In the period, testicular atrophy may occur, but note that you can prevent it by using HCG, occasionally, during the cycle's heavy phase.

Muscle loss can be minimized by restoring your body's natural production of testosterone, maintaining muscle stimulation (through training) and taking proper nutrition. Hormonal recovery programs with Tamoxifen (Nolvadex), HCG and Clomiphene Citrate (Clomid) can also help.

HCG to Combat Testicular Atrophy

Human Chorionic Gonadotrophin, better known as HCG, is useful for those who show signs of testicular atrophy when on cycle. HCG mimics the action of Luteinizing hormone, in that it stimulates the Leydig cells of the testes to produce testosterone.

Spread your HCG use across two weeks and take small doses in frequent intervals. This will minimize side effects and show better results. You should accompany it with a SERM compound (Selective Estrogen Receptor Modulator) such as Nolvadex or an aromatase inhibitor because by itself, HCG tends to increase the production and activity of aromatase enzyme, causing an increase in Estrogen levels.

Tamoxifen and clomiphene citrate are used to restore the production of natural testosterone. Both of these are SERM compounds. These block the effect of Estrogen on the cellular level and also trigger the production of FSH and LH. Also consider using an aromatase inhibitor such as Femara. Aromatase inhibitors suppress the action of aromatase enzyme, which is responsible for converting Testosterone into Estrogen, thus countering the side effects of HCG. But if you are using an SERM, you should not use an aromatase inhibitor, because the interaction of the two drugs can produce negative effects.

You should continue taking these medications until you are sure that your level of natural testosterone has come back to normal. There are also some optional medications that you can take to quicken your recovery, for instance Vitamin D supplements. Taking mega doses of Vitamin D, during the PCT can increase your testosterone levels.

Things to be Careful About

Abstain from using steroids for at least eight weeks to 12 weeks, after the cycle ends. Some individuals cannot stay away from steroids for the whole duration and they may start 'bridging'. Here they inject themselves with low doses of a steroid like Testosterone Enanthate (200mg) every two or three weeks. This is not encouraged, because it interferes with recovery and may even prevent you from achieving metabolic homeostasis.

In the final weeks of their steroid cycles, some individuals start reducing their doses. In short, they practice tapering. They may taper their doses for three or four weeks. Here the dose is cut evenly, until finally it is discontinued. However, it is not known if tapering offers any value to the user. No clinical evaluation has even been conducted on the practice. While the technique is often used with thyroid hormones and anti-depressants, it is not recommended when you are using anabolic steroids. All studies that have been conducted on anabolic steroids end with high doses, with no tapering.

Tapering programs are said to aid in the recovery of natural hormones. But the body will not recover as long as a supraphysiological (more than natural level of androgen) is present in the blood. Such levels will usually persist during the entire duration of the tapering period. Tapering is also not proven to reduce muscle catabolism in the post cycle period.



Ultimately, there is no one answer that will suit everyone. Note that needs differ with the user. This advice will hold for body builders who are reasonably conservative and who wish to see substantial results.

Steroid Cycles for Women

Anabolic steroid use among women bodybuilders is a controversial topic and is seldom talked about. Not many women bodybuilders who use anabolic steroids are willing to open up about it and if they do, it is mostly to their close friends. It may be because the use of anabolic steroids to enhance physique and strength is still a frowned upon topic. Another factor is that anabolic steroids are basically male hormones and their use by women might raise uncomfortable questions.

Women have a different physiology and the way anabolic steroids affect them also differs. The lack of information on the topic and the veil of secrecy means a lot of women bodybuilders who use anabolic steroids are doing so without proper guidance and through trial and error. While there is much content to guide male bodybuilders, female bodybuilders are being deprived of a chance to make knowledgeable decisions, which puts them at a greater risk.

When designing steroid cycles for women, there are many things to consider compared to steroid cycles that are designed for men. For instance, there is a lot in the use of steroids, cycle protocols and PCT which does not apply to women.

Women body builders have some advantages over male bodybuilders when it comes to steroid use. On the other hand, there are also some disadvantages that they have to face.

Women Body Builders and Steroid Use

All anabolic steroids are either synthetic derivatives or analogues of Testosterone. When a women starts an anabolic steroid cycle, she is basically injecting testosterone into herself. This puts her at a risk to develop male secondary sexual characteristics or virilization. Her voice will deepen and she might grow facial and body hair. Menstrual irregularities and clitoral enlargement are other side effects. Note that women should never take anabolic steroids during pregnancy, because the introduction of exogenous hormones such as Testosterone during that phase might lead to birth defects in the fetus.

Differences Between Female and Male Anabolic Steroid Cycles

The amount of testosterone that a female produces is nowhere close to the amount produced by a male (it is only 1/10th of the amount produced by a man). In females, the adrenal glands are primarily responsible for producing Testosterone compared to the testes in men.

Females do not have to undergo post cycle therapy after completing their anabolic steroid cycles. The purpose behind the PCT is to restore the production of endogenous testosterone by the testes. Therefore, PCT is unnecessary for women.



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Virilization symptoms can be avoided to a large extent by keeping the cycles small. The longer the duration of anabolic steroid use, the greater the risk and severity of virilization. Female steroid cycles should not exceed four weeks at any time. If you notice any virilization symptoms such as growth of facial or body hair, cracking of the voice, the steroid cycle should be immediately stopped.

Combinations of anabolic steroids and stacks should be strictly avoided. Stacking can cause the results to get compounded, which will lead to rapid virilization. Women should also avoid using strong anabolic steroids.

Here is a brief discussion about the anabolic steroids that are suitable for use by women, the ones that are not, and the ones that should not be used unless the situation is exigent.

Steroids for Women and What to Avoid

Anabolic steroids for women should exhibit low androgenic properties. There are many such steroids. You may know them as 'mild' anabolic steroids. For example Primobolan and Anavar. It is important to note that while the androgenic effects might be low, all anabolic steroids exhibit androgenic effects and only their severity differs.

Anabolic steroids with long esters should also be avoided, because they are released slowly and have a long half life. For example, Nandrolone Decanoate.

Women should also avoid using anabolic steroids that have high androgenic properties such as Trenbolone, Anadrol, Dianabol and Testosterone.

Different Categories of Anabolic Steroid Users Among Women

Female professional bodybuilders

Like their male counterparts, female professional bodybuilders want to develop muscular physiques, far beyond what the average female will desire. They will usually be more accepting of the virilization effects that may accompany the use of anabolic steroids among women.

Female figure/fitness competitors

Female figure/fitness competitors are not willing to go as far as female body builders, when it comes to the use of anabolic steroids. They want to retain their femininity but still achieve a lean and fit physique. They are less accepting of virilization and would like to avoid it. They are also less likely to use strong anabolic steroids like Dianabol and Testosterone.

Females who want to lose weight and get into shape

When an average gym going woman uses anabolic steroids, we can assume that she is trying to achieve her fitness goals faster and with more efficiency. They will not do anything that will put them at a risk for virilization. They will limit their use of anabolic steroids to the mildest ones. At any sign of virilization, they will cease using such products. The doses they take are quite low and the cycle lengths are also minimal.

More About the Anabolic Steroids That Women May Opt For



Anavar

Anavar is a very mild anabolic and perfect for women who want to start a steroid cycle. Another benefit is that it has low androgenic activity. It is currently available under the trade names Oxanabol and Oxandrin. Most women who opt for Anavar, start a 5mg to 10mg dose every day for four weeks. Anavar can bring good strength gains and reasonable muscle gains. The side effects are few and of low severity.

Primobolan Depot

Primobolan is quite popular among female bodybuilders who take anabolic steroids. There is almost no edema and the body does not convert it into Estrogen. Dosage for women will lie between 30mg and 50mg per day, for four weeks. Some of the side effects that you may see with Primobolan use are acne, oily skin and an increase in body or facial hair.

Winstrol

Winstrol or Stanozolol, is well known as a mass builder. It can also produce significant strength gains. It is also one of the few anabolic steroids that can be taken by women. Winstrol is available as injections and oral tablets. 5mg to 10mg of the oral tablets can be taken or 15mg of it can be injected, every alternate day (60mg per week) for four weeks. Some women have complained of joint pain and headaches after taking Winstrol, but it is only if the dose exceeds 25mg. If you are taking it as an oral tablet, do not forget to take a supplement like milk thistle, to protect your liver.

Equipoise

Equipoise or Boldenone Undecylenate is another 'mild' anabolic steroid. While it can produce androgenic side effects, these occur at high doses. Virilization symptoms are almost non existent, when Equipoise is taken at a low enough dose. Women can inject 50mg to 75mg of Equipoise per week for four weeks for anabolic effects.

While these are the major anabolic steroids that women use, they are not the only ones. These are basic introductory compounds and most women bodybuilders and athletes who use anabolic steroids might know about them. When preparing for a contest, women body builders may also use Clenbuterol- noted for its fat burning and anabolic properties and Cytomel (better known as T3). Cytomel is a thyroid hormone and it is used to increase metabolism, which for a female body builder or athlete can translate into fat burning.