

# **UNDERGROUND STEROID HANDBOOK**

**FOR MEN AND WOMEN**



## **UPDATE: 1992**

**CLENBUTEROL, CYTADREN, COUNTERFEITS & MORE  
COMPLETE INSTRUCTIONS: MAKE GHB IN YOUR OWN KITCHEN**

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## THE UNDERGROUND STERROID

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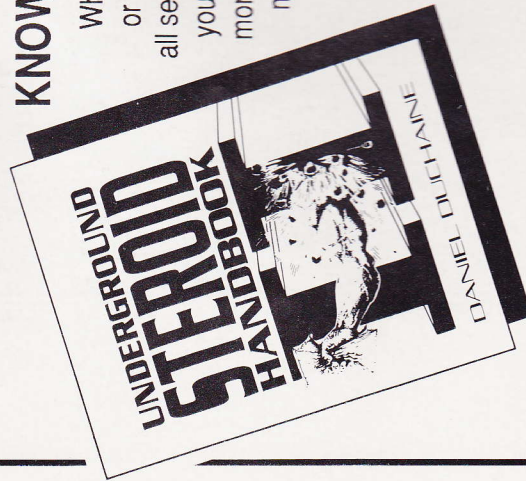
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# UNDERGROUND STERROID HANDBOOK (II) UPDATE:1992

By Daniel Duchaine

FIRST PRINTING

Printed in the United States of America

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Cover art by Robin Williams

## what's new:1992

In my neighborhood, which is in Venice, California, the trash is picked up on Tuesday mornings, usually early, right around 8 AM, just before the street sweeper comes by. Most of the trash from the houses and apartments is already at the curb, put out the night before. Early in the morning, before 8AM, a small Oriental lady with her two children will go up and down the street ferreting out bottles and cans for recycling redemption money. The mother extracts the cans and the kids stomp them flat to save space. Some of us try to make it easier for them by putting the redeemables all in one bag. She doesn't wear gloves, nor do her children.

I, however, don't put my trash at the curb the night before. In fact I don't even bring it out until I know the truck is nearby. When the collectors are just a house away or so, I haul the cinch sacks out and stand by as the workers toss them in. If I can't be around for the pickup, I just don't put out the trash that week. I don't have a beef against the Oriental lady. I do have a beef against the two DEA agents sitting in a van across the street. Waiting. Most every Tuesday. They wear gloves. But they don't care about bottles and cans. Cocaine, marijuana, methamphetamine are far from their minds. They want 'steroid paraphernalia': needles, syringes, broken ampules, empty vials, suspicious bottles. What they want is probable cause to get a warrant to search my residence. Don't tell me I'm paranoid: I've been searched once already this year.

I wrote the UNDERGROUND STEROID HANDBOOK II in 1988, just before I went to prison for a year on a steroid charge. At that time the general non-athletic public just began to get interested in steroids. Ben Johnson had been found positive in Seoul at the Olympics. The American media, along with Senator Joe Biden, sensationalized a small survey about steroid use by teenage boys. In 1988 it became illegal for a doctor to prescribe anabolic steroids for any kind of cosmetic or performance enhancement benefit. In 1991 anabolic steroids became Schedule III drugs, in the same categories as narcotics. It is now a felony to possess some of the same hormones that your body naturally secretes.

The public now not only has an awareness of steroids in athletics, but believes that steroids are just as harmful as narcotics and that athletes who use steroids are addicts, in addition to being criminals.

Back when I was in high school and college I owned a number of fast American sedans: we called them muscle cars. They were big, heavy, and cumbersome; they were also intoxicatingly fast and viscerally exciting. Performance in the sixties was gotten simply enough: just make the engine bigger. But as the seventies came about, things changed dramatically for these cars. The government started listening to Ralph Nader. The Arabs got stingy with their oil. Finally, new safety and emission standards legislated these iron heavyweights out of existence. Engines shrank, and with them performance. By 1975 the American performance car as we knew it was dead, dead like the dinosaur. And its driver-enthusiasts would say, in 1975, that performance was gone forever. But it wasn't. By 1985 the new American performance sedans finally surpassed the speed and excitement standards of the sixties. And they were also safer, handled better, got good gas mileage and didn't foul the air hardly at all. The point is this: modern technology improved car performance and did it in a way that is socially acceptable. Everybody's happy: the government, the insurance people, the environmentalists, and of course, the drivers.

I took this little literary detour about performance cars because I see parallels between them and anabolic steroids: muscle drugs, muscle cars were crude attempts to increase performance, relying on primitive technology from the fifties and sixties. Remember, steroids were invented about the same time as muscle cars, using equally primitive (medical) technology. All the sophisticated steroids were on the world market by 1965. Dianabol was the 426 Hemi of its day. And today, in 1991, steroids have become just as socially unacceptable, legally unobtainable. Ask any athlete who uses steroids about his performance without them and he'll say that it will be diminished, will be convinced that the good old days are gone forever.

DON'T BELIEVE IT. We're in an interim period. We now can't rely on stagnant, decades old technology. I think that the out-

lawing and banning of steroids will be looked on eventually as a positive and constructive step that was instrumental in advancing the state of the art of modern performance enhancement. We will now be legally and ethically forced to look for truly effective steroid alternatives: non-steroidal anabolics along with anti-catabolic agents. Granted, for the next few years we'll not achieve the results like those from steroid use. But be patient. Today's performance cars make the old muscle cars look crude and toylike. And I believe in ten years time we'll see athletes with analogous development: bigger, faster, stronger, and (at last) socially acceptable.

They call me the Steroid Guru. I wrote the book. But today, 95% of my time and energy is directed to non-steroid performance enhancers. No, I haven't cowed to the government, or to the sports officials, but I do have to address reality. Steroids are illegal. They're expensive. They're hard to find. Most of them are fakes, no steroids in them at all. The public will not change its mind about steroids. The laws won't be repealed. It's my job to help athletes, make them better. And I can't keep relying on old technology. It's my moral responsibility to advance the state of the art. I don't look back on the 'good old days'. I have a vision and it faces forward. And if we all embrace its concept, we'll realize this vision all the sooner.

## performance drug legality

Many of the new non-steroidal performance enhancement drugs will not have FDA approval, or if they do, American doctors may be hesitant to prescribe them. So that you can have peace of mind about such drug use, let's go over what you can and cannot do with these drugs.

Did you know that you can legally import many prescription drugs, even non-FDA approved ones, from out of the country, as long as they're for personal use? To properly understand this chapter, I urge you to buy the Avon paperback: *HOW TO BUY ALMOST ANY DRUG LEGALLY WITHOUT A PRESCRIPTION*. It costs \$4.95 and can be found in most bookstores, sometimes discounted.

This book details the FDA rule change in 1988, that allows importation of many prescription drugs. The rule change came as a result of complaints that the FDA was too slow in approving new drugs made to combat the various diseases associated with AIDS. You now may import any prescription drug, approved or not UNLESS it is a Scheduled drug, or if it is on the FDA 'Alert' list. Remember, all steroids are scheduled drugs now. Even if they weren't, they have already been put on the FDA alert list. Let's now discuss how this new ruling works with performance enhancement type drugs.

I'll tell you flat out: the FDA has taken a moral stand against performance enhancement drugs of any kind.

*performance drug legality*

They may not be steroids, they may not even be dangerous, but because they are being used by athletes, the FDA doesn't want them getting into the country, period. Do you think I am imagining this? Well, then, do take a look at these FDA Alert bulletins. If you've read the aforementioned book, you'll know that any drug listed on an Alert bulletin will not be allowed in the country. Don't panic, the FDA won't come to your home and arrest you, but it will send the drug back to the country that it came from.

So all one would have to do is get copies of all the Alert bulletins to know which drugs not to order, right? Problem is, these are FDA *internal use bulletins*, not for the general public. The Avon book has done a good job of getting copies of most of them, but the Alert list is always being added to. For example, Gamma Hydroxybuterate (GHB) and Clenbuterol have both been added to the Alert list. There are quite a few people working in the FDA who have authority to put a drug on 'Alert'. And a drug can make the list for the strangest reason, or for no (rational) reason at all, just that someone in the FDA with the authority doesn't want to see the drug used. But let me show you the state of mind the FDA has. I'm going to list the drugs that the FDA has banned for importation in the ALERT NO. 60-02 REVISED, JUNE 21, 1988, ANABOLIC STEROIDS:

Anabolicum, Anadrol, Anatrofin

Asselacrin NOTE: *this is not a steroid, but a growth hormone*

Bolasterone, Bolfortan, Primotestin, Lipiodex (sic), Curablon

*performance drug legality*

Cyclofenil NOTE: *This is not a steroid; this is a fertility drug similar to Clomid*

Deca-Durabolin, Dianabol, Dihydroalone, Durateston, Dimethazine, Esiclene, Equipoise

Exoboline NOTE: *This isn't even a drug, this is co-enzyme B12!*

Finaject, Laurabolin

Crescormin NOTE: *Another growth hormone*

Proviron, Metanabol, Methandrostenolone, Nilevar

Nolvadex NOTE: *This is an anti-estrogen drug, which is available much cheaper and in generic form out of the country.*

Nondrabolin, Nor-Diethylin, Omnifin, Oxandrolone, Oxitosona, Parabolan, Primobolan, Quinalone, Stromba, Sustanon, Testoviron, Depot (sic)

Thiomucase NOTE: *A harmless diffusing agent, legal and over-the-counter as a rub-on cream*

Triacana NOTE: *A very superior form of T3 thyroid*

Trophobolene, Uni-Test Suspension, Understor

The standouts in this list are Cyclofenil, Exoboline, Nolvadex, Thiomucase, and Triacana. These are not steroids. But they're used along with steroids, so someone at the FDA wanted to keep them out of the

country. The trouble is, there are some non-athlete people who would have some legitimate medical uses for some of these drugs. The way all these 'drugs' are listed in the bulletin gives me the suspicion that some FDA worker just transposed some black market steroid dealer's product list. For example, some of the steroids, such as Bolasterone, were designer counterfeiters originating out of Santa Clara, California.

Okay, so we have these Alert bulletins which seem to exclude a lot of the non-steroidal performance enhancing drugs. Whenever a drug becomes popular with athletes and the FDA finds out about it, then you can be sure it will make it to the list. Witness GHB and Clenbuterol. But the reality of the situation is this: lots of these Alert drugs make it into the country. Mostly they are mailed in, in small parcels (small means under two kilograms), sometimes in padded envelopes. Customs cannot open every small package being mailed into the States, so small, personal use amounts of these drugs get through. Clenbuterol has even slipped through even after being (hastily) examined by some Customs people. This was because Customs is looking for 'Clenbuterol', but sees various brand names of the drug in big letters (Spiropent, Novegam) and the generic name in tiny print on the side of the box. Obviously Customs isn't familiar with Clenbuterol's brand names.

I'll tell you a story. The FDA searched my house in May. On the search warrant, the officers were instructed to look for Clenbuterol. They took some suspicious looking glass bottles filled with red liquid. The bottles were unlabeled. They left Spiropent and Novegam, boxes of which were sitting in plain sight on the kitchen table. 'Nah, leave that, we're looking for Clenbuterol.' I swear

this was said during the search.

Technically you are breaking the law if you try to import any of the Alert or Scheduled drugs. If Customs opens your package and decides not to admit the drug, then you'll get a form letter stating that they're sending it back because 'it appears to be an unapproved drug'. If the sender has included the correct return address, the drug(s) will make it back to their shipper. This is usually the case. Now, if Customs pops open a package and finds steroids or Growth Hormone, or Scheduled drugs, you just may get a visit by some government agents. It happens a lot here in Venice.

So I can't advocate that you go out and break any laws. Do get a copy of that Avon paperback so that you have an idea of how the laws work. I do know of a few athletes who have gotten Clenbuterol in through the mail, repeatedly, with no problems. In England, Nolvadex is available as a generic (much lower in price) and labelled Tamoxifen Citrate. Remember, 'Nolvadex' is on the Alert list, not tamoxifen citrate. Most Customs agents aren't familiar with generic names. And although Cyclofenil is banned from importation, the same-acting Clomid is not. So the reality is that many performance enhancement drugs do get into the country, even though they're not supposed to. Usually not much of a fuss is made, unless those dreaded steroids are discovered. I have a strong suspicion that the FDA and Customs will become more diligent and in the future stop most of these Alert drugs from coming in. My job in the meantime is to discover new steroid alternatives that the FDA hasn't been made aware of. Because until they act on these new drugs, it will be legal for you to import them for personal use.

# Identifying counterfeits

In this chapter I'm going to talk about counterfeit steroids on the American black market. I'd estimate that because of the law changes concerning steroids, especially the scheduling of them, about 90% of all black market steroids are counterfeit. You should know about the various types of fakes.

Up until about 1982, there weren't any counterfeits to be found on the steroid black market. But in that year an article appeared in the now defunct Muscle Digest magazine by one J.A. Feliciano, an article about a new Russian steroid on the American black market, Bolasterone. This is the generic name for a steroid that was on the commercial American market in the early sixties, brand name Myagen by Upjohn Pharmaceuticals. It was voluntarily recalled by Upjohn because of supposed liver toxicity problems. These problems were never fixed and it was never sold again. No one I've encountered remembers whether the original Bolasterone was a powerful steroid or not, but because of its continued unavailability, this steroid developed a cult type following of athletes lusting after it and lamenting its unavailability. So much was the underground demand potential for this steroid that it was only a matter of time for some opportunist to offer it for sale on the black market. That it was written up in a magazine extolling its anabolic activity, alluding it to be some deep dark Russian secret, all added to Bolasterone lust. This black

market product was in injectable form, bottled in 30cc multi-use vials, with word-of-mouth instructions of a one cc daily injection dosage schedule. This new Bolasterone had undissolved precipitates in it, which were supposedly part of the steroid, and the only way to get both the liquid and the solids injected was with the use of a 20 gauge needle. Daily. Ouch. The bottle had a paper label with official and ominous looking writing in German (it supposedly came from East Germany). Retail black market price was about \$300 per bottle.

A lot of this Bolasterone was sold. The distributor estimated that he grossed over a million dollars just in its first year of sale. It was sold for five years. Now we get to the interesting part. First: although the bottle was labelled Bolasterone, it never contained that specific steroid. What we had in the bottle was a simple mixture of common injectable and oral steroids. I'd estimate that it didn't cost more than \$5-\$10 for the ingredients. Get ready for the second shocker: The manufacturer and seller of this bogus product was the author of the glowing article: J.A. Feliciano! As scams go, this was brilliant. Bolasterone became the hot steroid, not only here, but in Europe, too. All the drug taking bodybuilders and powerlifters just had to have it, no matter how painful it was to use.

So, this was, to my knowledge, the first counterfeit steroid: a drug not made by the labelled manufacturer and also not containing what its label stated. To establish a perspective in this counterfeit issue I'll point out that the product did contain some kind of steroid, was well assembled (clean, with no lint and dust), and amazingly enough, developed a group of users 'loyal' to it, even

### *Identifying counterfeits*

after they figured out that it really wasn't Bolasterone. What we had essentially was, to this day, unique: a counterfeit designer steroid.

The next step in the evolution of counterfeit steroids came late in 1985, when the FDA took the generic Dianabols (methandrostenolone) off the market. Remember, Dianabol was the most popular steroid, the favorite among all athletes; some even wrote songs about it. I don't know if the people at the FDA thought that this Prohibition type tactic would eliminate what they perceived to be the problem, but it was this single act that got the whole steroid world in a heap of trouble. If black marketeers couldn't buy pharmaceutical quality Dianabol anymore (every steroid dealer's biggest seller), then there were a few things to do about that: either have it made for them or import it from out of the country. Or both. And so counterfeit Dianabol was born. It was a multiple birth. First it was imported from England. Then it was manufactured in South Carolina. Later it was manufactured in absolutely staggering amounts by a real pharmaceutical lab in Tijuana, Mexico. On the black market it was raining Dianabol. And after Dianabol, all the other popular steroids started being made surreptitiously. With all this volume came greed, and with greed, shoddy quality. Milligram amounts weren't right. Cheaper steroids were substituted for the ones on the label. The black market, now flooded with product, spilled into areas it never should have gone, specifically to the teenage non-athletic male.

If counterfeits never developed, the government would not have concerned itself with steroids until god-knows-when. But there just was too much illegal activity going

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on: too much drug, too much money, too much smuggling. Something had to be done. That something began in 1987. Starting in that year lots of steroid dealers were arrested (and jailed). Underground labs were shut down. Washington had created a 'Steroid Task Force', combining efforts of various usually unrelated agencies into a synergistic anti-steroid juggernaut. In 1988 it became a felony for doctors to prescribe steroids for 'non-medical uses'. Performance enhancement comes under that heading. In the beginning of 1991, federal legislation put steroids into a Schedule III category, which made virtually all American made (real) steroids just about impossible to scoot out the back door of the warehouse, or off the back of a truck. Too much paperwork filed with the DEA was involved to allow massive disappearances.

As the difficulty in obtaining real 'product' increased, so did the amount of counterfeits on the black market. At first, the counterfeits were 'real', having something at least close in action to what was printed on the label. But as the raw steroid ingredients became scarcer (before 1991, most anyone could buy raw testosterone in bulk form legally), the incidence of out and out fakes, those with no steroid in them whatsoever totally dominated the black market. And as the raw ingredient became harder to get, the packaging process became more sophisticated: the printing on labels and boxes, including proper looking lot numbers and expiration dates became indistinguishable from the real items.

To chart each individual counterfeit is a frustrating endeavor because this market changes so rapidly. I could, for example, buy a counterfeit Testosterone on the black market and have it tested. There very well might



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be testosterone in the bottle. But a week or so later, the next batch of the same looking product might have no drug in it whatsoever. So rather than chronicle specific counterfeits, I'll go to teach you the ten step program I use to visually identify counterfeit steroids.

**STEP ONE:** Assume that anything American made is counterfeit, both injectable and oral. In fact you should assume that any injectable in a multi-use vial and any tablet in a bottle is a fake. The rest of the world relegates multi-use vials and bottles of pills to veterinary use. All non-American steroid injectables are packaged in single use break off ampules or preloaded syringes. Tablets are either in foil or foil and plastic strips. Usually, American counterfeiters cannot reproduce these types of packaging easily.

**NOTE:** There are counterfeit oral steroids from Europe, too. These are in foil strips, but usually don't have boxes with them, nor do they have usually anything more than the generic name of the steroid printed multiply on the foil. Some will have an INTERNATIONAL PHARMACEUTICALS brand, which is an underground lab. As of the end of 1991, which is when I'm writing this, these European counterfeit orals have real steroid in them in the proper milligram amounts. This probably will change.

**NOTE ALSO:** Just very recently the black market has been flooded with counterfeit injectable steroids in ampules. These are easy to spot because some are not sealed properly at the top break-off part. They can have pinholes and also they leak. We haven't determined what, if any steroid at all might be contained in them.

**STEP TWO:** Assume all unsolicited steroid mail order

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lists to be out and out scams. There is no mail order retail steroid business anymore. They'll take your money and send you nothing in return, not even a counterfeit.

**STEP THREE:** Be wary if a steroid dealer has too much product. Phrases like 'anything you want', 'as much as you want', 'no problem, have it tomorrow' usually signify that the products are fake. Real steroids are in very short supply. Fake ones are (relatively) abundant.

**STEP FOUR:** Be suspect of low or even reasonable prices. Counterfeits usually sell for about one third of what a real black market item would cost. For example, a spot check of the black market in November, 1991 showed real Testosterone Cypionate wholesaling in quantity for \$30 per bottle, retailing for \$75 and up. Counterfeit Cypionates wholesale for about \$10.

**STEP FIVE:** Examine the labels closely. Labels, for me, are the biggest indicators of fakery. The FDA has very strict standards concerning the kind of glue a label has to have so that it won't somehow fall off. The entire back surface of the label on both injectable and oral steroids has to have glue on it. The glue itself is gummy, not dry and brittle. There are no trapped air bubbles and the label is so saturated with glue as to be almost translucent. To scrape the entire label off with a razor blade is a messy, time consuming job. The paper label comes off in very thin crinkled strips and even when the label is all off, there is a sticky glue residue that stays behind. **ALSO:** Most labels on American steroids have rounded corners: they are perfect little curves at each corner. Counterfeit steroid labels have sloppy punch

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presses and will show irregularities, albeit slight ones, in the corners. This is how slight: my eye can spot a bad label corner, but I can then point it out to someone else who still can't tell the difference on his own.

**STEP SIX:** On multi-use vials, examine the aluminum top cap. Real American injectables have the caps crimped on with a sophisticated machine. Fakes usually are sealed with a portable prototype hand crimper, which can make little indentations on the sides of the aluminum cap.

**STEP SEVEN:** With injectables, hold up to the light and check for floating lint and/or dust. Real steroids are clean steroids. Counterfeits are never assembled in proper clean rooms which have filtered air.

**STEP EIGHT:** With orals: again, be suspect of American orals in bottles. Check the tablets to see if they are well made and stay together. There shouldn't be any pill dust in the bottom of the bottle and the tablets should never crumble easily with mere finger pressure. Conversely, if whole tablets show up undigested in your bowel movements, you've got a fake.

**STEP NINE:** Assume any foreign multi-use vial is counterfeit, especially ones with stars and/or numbers stamped into the bottom of the glass. Over this last year I've seen two fake 30cc vials of Finajet, which has not been made since 1987, and even a French 'Bolasterone'. The labels were European, but the markings on the bottom identified the bottle to be American made.

**STEP TEN:** Assume that any American steroid stocked on Mexican pharmacy shelves is fake. Counterfeiters, Mexican and American, have been selling to the pharmacies direct.

## **what's real**

In discussing what's real on the American steroid black market, I won't get into specific steroids; remember, the counterfeit problem is ever changing. Something real this week is faked next month. Rather, I'll go over some general 'rules' I've assembled in my head, guidelines to follow in determining whether the product is real. As the counterfeits become more sophisticated (and sellers more greedy) I can at times be proven wrong. Well, we'll do the best we can.

**AMERICAN STEROIDS, BOTH ORAL AND INJECTABLE:**  
Because it is mostly the American products that are faked, one must be suspicious of anything American on the black market. If you are absolutely certain that the products came from a doctor, hospital, pharmacy, wholesale warehouse, or veterinarian, then these products are usually real. Remember though that Tijuana pharmacies have been known to sell counterfeits. You also should not take the dealer's word, either that it is real or their vouching where the drug came from. Dealers lie and are lied to. Some steroid dealers have honestly believed a product to be real, only to find it faked upon laboratory analysis. I'll tell you a story. Last year someone bought some supposed American generic Stanozolol tablets (in bottles) from Mexico. Everything about them looked bogus. They tested out to be real. Then the same person bought some methandrostenolone tablets from the same counterfeit source and from the same Mexican pharmacy. They were assumed real (well, fake, but a real fake) because the Stanozolol was.

Athletes using them didn't complain about their (lack of) potency. Lab analysis showed the tablets to have no steroid in them.

**TABLETS IN GENERAL:** Orals can usually be trusted if they are in foil strips, or in foil and plastic ones. All tablets in Mexico packed like this are real. Europe has counterfeit Dianabol, Anadrol, and Winstrol (all generically named). All are in foil and plastic. The plastic however differs from legit stock because the pill bubbles are unusually thin and irregularly formed. At this point in time these products are 'real' fakes. Again, never trust pills in bottles, or loose in little baggies even if the seller swears that they used to be in strips.

**INJECTABLES IN GENERAL:** It has been usually safe to trust break-off ampules and preloaded syringes. Things have changed. The preloads are still legit, but counterfeiters are duplicating the ampules. Look for poor quality at the tops of the ampules: irregular tips, pinholes. So far this is what I've seen faked in ampules: Belgian Sustanon, Dutch Primobolan Depot, French Parabolan (yellow band, it should be green). Also in Mexico you'll find European ampules for sale. Nada. Conversely, all the Mexican made ampules are real. You'll see mostly on the black market things like Primobolan Depot 50mg, Stens, and Primoteston Depots.

**METHANDROSTENOLONE (DIANABOL):** Lots of fake stuff floating around. Current popular fake is shrink wrapped, expired Rugby bottle, with an 'R' imprint on the tablet. Bogus. Here's what's real: Pronabol (in strips) from India, Neurobol from Hungary, Trinerbic capsules (in bottles) and injectable ampules from India and Restauvit

(2.5mg) from Mexico. These are the only known generic D's from real pharmaceutical companies. In Europe, the black market International Pharmaceutical product is still 'real'.

**NANDROLONES (GENERIC DECA-DURABOLIN):** All Lypho-Med brands with plastic (green or orange) flip off caps are counterfeit. Current real Lypho-Meds have a full metalized aluminum cap, no plastic.

**STANZOLOL INJECTION:** Easy to spot a counterfeit here: shake the contents, and hold up to a bright light. The suspended particles should have a pearlescent, iridescent sheen to them. Fakes just look cloudy. Also: most Strombajet in Europe will have production stopped this year. And last: there is Winstrol Depot from South America, but in break off ampules, definitely not in 2ml multits.

**FINAJE(C)T:** All are counterfeit. Real trenbolone acetate has not been made for over six years.

**ANADROL:** The Hemogenin brand from Brazil is real (strips).

**RUSSIAN 'DIANABOL':** Real, sort of, packaged in foil and plastic, unmarked, but scored white tablets. What looks to be 'Methandrostenolone' written in the Cyrillic alphabet on the foil really translates to: methyltestosterone. This is 17 Alpha Methyltest, just a carbon atom away from real 'D'. Just as potent, perhaps more, than methandrostenolone. More androgenic, though, and seems harsher to the system.

## beating a drug test

I've helped a lot of athletes pass drug tests. As a matter of fact, no one that I've assisted has ever been caught positive for any drug on a test. A few years ago I had no interest in drug tested competitions, nor knew much about them. Today, though, the reality of the matter is that more and more athletic events are being drug tested. Off season random testing is increasingly being implemented by a variety of sports organizations. So, through trial and error (and thankfully not much error), I've become an expert on 'looking clean'. There are different methods of passing a drug test, and the method decided upon is usually dictated by the morality of the athlete. Let's start with the drug tested athletic event, as opposed to the random test, which is the less common of the two.

Sometime just before or after the athletic event, depending on the rules of the sport's governing organization, a urine sample is gotten from the athlete. I've known a few athletes to employ hidden squeeze bulbs (filled with 'clean' urine) but this only works when you know that you aren't being scrutinized while giving the sample. This urine sample is sent along with others and tested at an IOC approved laboratory. There are two in North America: one in California; the other in Montreal. Computerized equipment scans the sample for metabolites of drugs or substances which are banned from that particular sport. As a comparison, a drug test for a bodybuilding contest just looks for anabolic steroids and prescription diuretics. However, an Olympic-type event drug test looks for literally thousands of various banned

## beating a drug test

substances.

The easiest way to beat a drug test is to simply play by the rules and not use any performance enhancing drugs. But, then, you're not 'beating' anything, simply complying with the rules. Most athletes at drug tested events deal with the drug test exactly in this way. However, we always will have a number of competitors who are willing to do a little extra to get around the rules. The first step, which in a moral sense is rule bending (as opposed to outright breaking), would be to use performance enhancing drugs that are not on the banned list. Their absence from the list is either because the authorities don't think the drug actually does any enhancing, or that the authorities haven't been made aware of a drug because it is too new. Examples of drugs generally thought not to be effective (but really are) would be Nolvadex and Dihydrotestosterone. Clenbuterol's use is so new that most sports organizations have yet to ban it, although as I write this the IOC is acting on it. Drugs like Cytadren and other anti-catabolics may not make the banned lists for years. There are a few drugs which are known to enhance, are banned, but cannot be tested for; things like growth hormone, and insulin-like growth factor. Testosterone production stimulators, specifically Factrel and Pergonal are also in this Catch 22 category.

Okay, so we have the athlete on non-banned, or can't-be-tested for drugs that do some good. What would be the next step? It would be actually using some banned substances before the event, but stopping their use sometime before competition so that on the day of the test, no metabolites will show up. Many athletes, more

than you would think, even those who profess to be drug free, do this. That is the whole point of non-event random testing, to stop exactly this practice. Each sport has its set of useful drugs, and, of course, each drug has its own unique timetable of clearing out of the system. Most of the ergogenic aids and painkillers clear the system in a matter of just a few days. Anabolic steroids are trickier because some of them have metabolites that stay around for months (and months) while others will clear in four days. The general rules about steroids are: oral steroids will always clear when stopped three weeks from the event. No fancy, expensive self tests needed for a three week cutoff. Those athletes who do have access to private testing labs (I have an account with one) have been able to time their discontinuance of oral steroids to within four days! Injectable steroids generate more problems because of their slow and varied dissipation from the injection site. Factors such as injecting into scar tissue or fatty areas are wild cards to predictable dissipation times. The general rule here is that most injectables will clear when stopped twelve weeks out from the test. I'm quite sure that many, if not most injectables need even less time than this, perhaps as little as fourteen days, but the reality is that not many athletes using injectable steroids have bothered to do the expensive self testing needed to see how close the cutoff can be. There are two injectable steroids that have metabolites showing up for as long as a year after stopping the drugs' use. The notorious Deca Durabolin (nandrolone decanoate) has such long lived metabolites. Also, the supposedly fast acting (and dissipating) Stanozolol injection, which is water based, has shown metabolites for as long as twenty five weeks after it was last used. Although water based steroids are thought to

be 'fast acting', these aqueous solutions have tiny solid steroid particles in suspension. I suspect that these particles may take a very long time to fully dissolve away from the injection site once embedded in the muscle tissue, so that they are leaking out minute amounts of steroid for months after the injection.

And then we have testosterone, which is a whole different kind of test than the rest of the steroids. Testosterone, you see, is naturally produced by both men and women and the metabolites of the endogenous hormone are identical to those of all the injectable varieties. So rather than look strictly at the metabolites, the testosterone scan looks for an acceptable ratio of testosterone to one of the hormone's precursors, epitestosterone. The testosterone/epitestosterone ratio originally was written in most rule books as not to exceed 6:1. For every six parts of testosterone metabolite, there should be one part epitestosterone metabolite. That ratio has been adjusted after many protests, petitions, and court battles, to a more realistic 9:1 ratio for men. A clever athlete can fudge around with these ratios. For example, most male athletes can use up to 300 milligrams per week of one of the longer acting testosterone (Cypionate or Enanthate) and still keep ratios within 6:1. Remember, the new ratio is 9:1 and we have not yet found out how much extra testosterone can be used and still stay at 9:1. It is in the testosterone part of the drug test that the most cheating is going on, especially in sports like professional football, where testosterone is the drug of choice. As we have greater numbers of athletes doing private self testing, we'll soon establish maximum testosterone milligram amounts per week that

### *beating a drug test*

will not allow a greater ratio than 9:1. Hey, three hundred milligrams a week is a pretty good kick in the butt, performance-wise, and that preserves 6:1. And I don't see any way that this testosterone loophole can be closed up, because of the very nature of the test. You'd have to establish a whole new test that measures something other than testosterone metabolites, but somehow directly related to them. I should note that women are under the 6:1 rule (they never petitioned for 9:1). I haven't any idea what amount of testosterone a woman could use and still show a 6:1. I haven't heard of many (I can think of only one) women athletes failing the testosterone part of the test.

The last step in cheating and beating a drug test is for the athlete with no moral scruples whatsoever. It involves using an unknown and undetectable (to the tester) blocking agent that doesn't allow any banned drug's metabolites to get into the urine. Blocking agents are not new, as most sports organizations ban Probenecid, the best known of them, and Probenecid has been around since World War II. The game (other than the main game) is to constantly be one up on the testers, always using a blocker that they don't know about yet and consequently don't look for like they do Probenecid. I have been successfully using an exotic carbohydrate-based blocker for the last year. It jams the tubules of the kidneys for a few hours so that metabolites of many (actually most) banned substances just don't get into the urine. This blocker works on many steroids (but not on the dreaded Deca), all amphetamines, narcotics, uppers, downers, you name it: this stuff blocks it. As long as you can drink it down two hours before a test, it always works. So far it has not been banned, as it has not been detected.

### *beating a drug test*

In fact most sports officials are so arrogant as to not even believe that it works, so they don't even bother to look into it. I wouldn't be surprised, though, if it couldn't be detected, being carbohydrate based. Oh well, we'll see. If they ban it, I'll just find something else. Hey, I like drug testing: it's a challenge; it makes me search, research, and think. Drug testing advances the state of the art of performance enhancement. And you though that it was supposed to stop it!

Now onto random, non-event testing. Since you never know when you'll be tested, you can't plan a date to stop using the drugs. Blocking agents are the trick of choice in the random situation. Of course, the undetectable and/or uncared about enhancers can be used, along with a little testosterone reinforcement. Most of the random tests are done at non IOC labs. If you know which lab the sample is going to, sometimes you can find out what the lab doesn't test for. To give you an example, the lab I used would never test for the steroid trenbolone, and once I realized this slip, my athletes being tested at this lab made sure they used trenbolone. I've run into one problem with some of the college athletic testing in the Pacific Northwest: once the athlete is tapped for a test, he has no chance to get to a blocking agent because there is someone always monitoring him. Of course, this is the proper way to do a random test, as there is very little you can do to beat it. But still, there's always that testosterone loophole.

## anti-catabolics

Most of what I have to say in this chapter about CYTADREN is speculation. Not many athletes have used this drug for performance enhancement, but I believe that it holds great promise as a future steroid substitute. I have taken on this speculative position before: highlighting in print drugs which I think could be used to great benefit. In 1981 with the first Underground Steroid Handbook, I introduced Nolvadex, an anti-estrogen, to athletes. It's now ten years later and Nolvadex has become 'standard issue' in a dieting bodybuilder's drug array. I also advanced the idea that Nolvadex was an ideal drug to combat mild cases of male gynecomastia resultant from steroid aromatization. I am flattered to find that many, many sports medicine doctors throughout the world have embraced this concept.

In rewriting the Handbook in 1988, I had become very excited about the potential athletic benefits of the asthma medication Clenbuterol, so in spite of little direct and practical experience with the drug, I included it in the USH II, hoping that some of my readers would take it upon themselves to be human lab rats and experiment with it. Clenbuterol today is also 'standard issue' as a performance enhancer for a variety of athletes, not just bodybuilders. And now in 1991, I have the same gut feeling toward Cytadren as I had in the past with Nolvadex and Clenbuterol.

To understand Cytadren's action and how it will affect athletic performance, you're going to need a little instruction on Cortisol and its catabolic effect on the body, specifically skeletal muscle tissue. Cortisol is a naturally secreted hormone in both men and women. It is, specifically, a steroid hormone, secreted in the adrenal glands which lie just above the kidneys. It is in a totally different class of steroids than

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the androgens or estrogens as it is not gender specific. Cortisol is secreted in response to stress and physical trauma. Its main action is to change the permeability of various tissues to allow fluids to pass across them. We generally think of the cortical steroids as anti-inflammatories, and doctors prescribe (mostly synthetic) Cortisols as treatment for joint and connective tissue damage. You will also see Cortisol in over-the-counter topical creams to combat mild skin allergies and the resultant rashes and itching. Although much of Cortisol's actions are beneficial, even necessary to sustain life, it has others which we, especially as athletes, wish didn't have to be. Cortisol is a catabolic hormone. 'Catabolic' is the opposite of anabolic. This adrenal hormone causes protein synthesis in skeletal muscle to be arrested, and actually forces amino acids to exit the cells. You could say that Cortisol is the nemesis to Testosterone (one of our anabolic hormones and also a steroid). Although I've said that Cortisol is secreted in response to stress, for example, an injury, this is not to imply that it is secreted only in such an extreme condition. Cortisol is secreted almost continuously and will always be found in the blood; think of it as being in constant 'combat' with testosterone. Athletes in general, because of the daily physical stresses presented to the body, seem to exhibit higher Cortisol levels (than non-athletes). And logically, the better and harder training the athlete, the higher the Cortisol level.

Although we do need some level of Cortisol in the body, an athlete could benefit if it were lower than it usually is. If you could lower Cortisol levels, the net effect would be as if you increased the amount of anabolic hormones in the body! Let me tell you how important Cortisol/Testosterone ratios are. When an athlete reaches a plateau in his performance, one of the first things a sports doctor will (or should) look at is the Cortisol level. Also, scientists have determined that natural athletes, non-drug enhanced ones, do not grow and become stronger as a result of the body's metabolism becoming more anabolic; the improvements result from the lowered catabolic effect of

diminished Cortisol secretion.

I'm predicting that much of the improvement in drug related performance enhancement technology over the next few years will be in the specific area of anti-catabolic agents. But even now there are some athletes, bodybuilders mostly, who are using anti-catabolic agents, although they're not aware of just exactly why the drugs improve their performance. The most widely used anti-catabolics up to this point have been a class of drugs known as synthetic analgesics. If you bother to look, you'll find in the scientific literature a number of studies showing the Cortisol lowering effects of Morphine. Morphine, though, is a scheduled narcotic, hard to get, with some dangerous side effects. But athletes have stumbled on to the non-addictive, non-scheduled morphine analogues which are easier to get on the black market. Popular ones, and they're all injectable analgesics, are the human-use Nubain, Stadol, Talwin, and Buprenex, along with the veterinary Torbugesic. Perhaps 'popular' is the wrong word here: the use of these synthetic analgesics among athletes is a closely guarded secret. I would say that it is THE most guarded secret. The secrecy doesn't have to do with safeguarding some tremendous athletic edge. This analgesic use is similar in pattern and paraphernalia to morphine use; the synthetics do have the same effects (but not the dangerous side effects) as morphine. No athlete wants to be branded as a 'narcotic addict'. So this area of drug use is very well protected.

But the whole point of this chapter is to introduce you to Cytadren, the brand name that Ciba Pharmaceuticals gives to aminoglutethimide. This drug shuts down the production of Cortisol better than anything else (even morphine). It is a treatment for Cushing's Syndrome, a disease where the body has runaway production of Cortisol. And I believe that it is a promising anti-catabolic agent for athletes. By the way, it is not yet on any sports organization's banned substances list.

Cytadren works by inhibiting the conversion of cholesterol into the precursor to Cortisol. It also stops the aromatization of androgens into estrogens. That's the good news. Now the bad: the drug can also inhibit the production of androgen and estrogens. As far as the athlete is concerned, the estrogen inhibition is okay, but the androgen stoppage is not, although we probably are talking about adrenal androgens, not gonadal ones. I would guess that the non-steroid taking athlete would have a bit of trouble with Cytadren. To balance out the diminished androgen production, the athlete would have to add some exogenous androgen (probably testosterone). Here's another problem: eventually the body senses the diminished Cortisol levels and compensates. Cytadren inhibits the adrenal glands' Cortisol output, which causes the pituitary to increase ACTH production in response, and in effect forces the adrenals to resume pumping out elevated Cortisol levels. In Cushing Syndrome patients, doctors will prescribe an oral daily dose of Hydrocortisone, enough to stop ACTH production, but in the grand metabolic scheme of things, a much lower serum level than the afflicted person's previously elevated Cortisol level.

But we are concerned with the hard training athlete who does not have Cushing Syndrome. Here's the Catch 22: although the athlete's Cortisol levels are elevated, they're not nearly as high as seen in Cushing Syndrome. And the amount of Hydrocortisone needed to inhibit ACTH production would be, in serum concentration, about the same or more than the athlete's uninhibited level. Understand the problem? Hard training athletes have (too) high Cortisol levels. If they take Cytadren alone to reduce the Cortisol production in the adrenals, the pituitary will sense this change and increase ACTH production. The increased ACTH will counteract the Cytadren and bring Cortisol production back to (high) normal. If we use exogenous Hydrocortisone to shut down ACTH production, the amount needed will have the same catabolic action of the previously high level of Cortisol. What, then, is the way out of this predicament? Or is there any way out?



### *anti-catabolics*

I think there is. If you study the various functions of the body you'll start to see a similar cause and effect pattern among disparate processes. We know this: any metabolic action that happens in response to another change in a process or function DOES NOT HAPPEN INSTANTANEOUSLY. If you inject testosterone into your body in large enough and regular dosages, the body will shut down its own natural secretion of it. If you start eating large amounts of salt, you will have initial water retention, but eventually (actually about three days time is needed) the body will decrease aldosterone production to rebalance the body's fluid content. If you take Clenbuterol every day for long enough (about 18 days), the beta agonist receptors will stop working, as will the Clenbuterol. These are examples of cause and effect. In each case, whatever the metabolic response was, it was not instantaneous. For testosterone, bodily adjustment takes weeks, for Clenbuterol, receptors change after eighteen days, and aldosterone adjusts in just three days.

I'm convinced that the introduction of Cytadren into the body does not immediately cause elevated ACTH production. There must be a lag time. We just have to find out what it is. But for now, I'll have to make an educated guess. Given that aldosterone will change within three days in response to elevated sodium intake; and also noted that the ideal Clenbuterol dosage alternation is a two day on, two day off rotation to avoid receptor shutdown, my conservative guess is that once Cytadren is introduced into the bloodstream, it would take ACTH at least two days to increase. Perhaps it is longer, but two days is both logical and conservative. I would think then, that by using Cytadren for two days consecutive, and then stopping its use for two days, this pattern will never allow ACTH to rise in response. Remember this is all conjecture. We don't even know the ideal dosage. For Cushing Syndrome, 250mg (the tablet size) is given every six hours, so we have a daily total of one gram. Athletes don't have as elevated levels

### *anti-catabolics*

as Cushings people, but the two day alternation may require similar dosages for effectiveness.

So what will be the benefit of Cytadren use? It should impart additional muscle size and strength, along with reduced water retention in the skin. Anything bad we should worry about? The aforementioned decrease in testosterone and estrogen levels can be dealt with. Joint irritation from the reduced anti-inflammatory effects of Cortisol is a possibility. But remember, we aren't trying to totally eliminate Cortisol secretion, just lower it to a manageable, less catabolic level. Right now I know of only a handful of athletes using Cytadren, and it's too early to see a pattern of benefit. Hopefully, as the years pass Cytadren will be added to the list of new, safe, high tech performance enhancing drugs. Nolvadex made it; so did Clenbuterol. With Cytadren, only time will tell.

with the rest of the blood. It is this red color showing through the usual yellowish-white innate color of fat which imparts the brown look. I for one still can't understand why the fat is called brown (I've never actually seen an example of brown fat). It would seem logical that you could call it red fat, or orange fat. Suffice to say, the scientists call it brown fat, so we'll have to take their word on its hue. So, let's take a step back and look at the picture we've created. We humans have brown fat, not a lot of it, residing between the shoulder blades on the upper back. Unlike regular fat, it gets the benefit of circulation through it of whole blood.

One fat is brown, the other is not, so what? Well, now we get to the exciting part. Brown fat acts quite differently than its paler brethren. In fact, it doesn't act like fat at all, but acts as if it is a distinct organ in the body, with a specific function. And that function is to generate heat, by burning up blood-carried fatty acids as a fuel source to generate this heat. Brown fat will heat up the blood passing through it so that eventually the whole body's temperature will rise. And rise to a significant degree (pardon the pun), usually one and a half to two degrees above normal body temperature. You can actually feel brown fat working by putting your hand across someone's upper back and comparing the heat coming off the area to a spot just a few inches below it.

That's the good news: that brown fat burns fatty acids to heat the blood. That its action has nothing to do with your thyroid. That the waste products of the burning are harmless carbon dioxide and water. The bad news is that most of the time this brown fat furnace is not switched on, so the burning doesn't happen. What clicks the switch

is that hormone adrenaline, a hormone which is not secreted unless the body is under a lot of stress. So, do we try to stress ourselves out all the time to get skinny? Not the case, because here's some more good news: beta agonist drugs work just like adrenaline, in fact Clenbuterol has been proven best of all the beta agonists in stimulating brown fat to burn up fatty acids.

Other beta agonists have this fat burning ability. Obviously our own adrenaline will do the job. Also, the over-the-counter Ephedrines have a lot of scientific study illustrating its fat burning abilities. So what makes Clenbuterol so sexy? Its *anabolic properties*. Yes! This is the other exceptional side effect that this drug has: Clenbuterol has a powerful anabolic and anti-catabolic action on skeletal muscle. And just how it works anabolically is still, to this day, unknown. We know that it doesn't work like an anabolic steroid, and doesn't use steroid receptors. The anabolic activity is mostly in fast twitch muscle fibers. It is a non-compensatory anabolic, meaning that the muscle will grow whether you exercise it or not. Clenbuterol exhibits no steroid-like side effects: no water retention, hair loss, acne. This is not a weak growth effect. It appears that Clenbuterol's action is as strong as the milder steroids such as Anavar, Winstrol, or Primobolan. Oh, and it starts showing these anabolic effects very quickly, usually within two weeks.

So, here's the big picture: we have a new, non-FDA approved drug that has extraordinary fat burning properties and mysterious, unique anabolic properties as well. It doesn't interfere with thyroid function, even though body temperature is raised, and doesn't show any

negative steroid-like side effects. So far, it looks like we have a perfect performance enhancement drug. But, you might wonder, if it's so terrific, why doesn't it have FDA approval?

There's a lot of misinformation floating around about this. You might hear that it's a veterinary drug just for horses. While it may have started out as this, remember just north and south of us (Canada and Mexico) it is available for human use. Some people at the FDA would have you believe that Clenbuterol is dangerous. You should be aware that the FDA in general has a moral grudge against any drug, any food supplement for that matter, that is used by athletes for performance enhancement. They call Clenbuterol part of the 'steroid milieu', not steroids, but used just like them, ergo, just as bad. Look, if Clenbuterol was so dangerous, you certainly wouldn't see it for sale over the counter in Mexico. It is used successfully all over the world. Germany and Mexico even have elixir versions so that children and old people can swallow it easily. Yes, this drug has a few undesirable side effects, most of them just like those that our over-the-counter Ephedrine has, and we can buy Primatene tablets or Bronchaid tablets anywhere in the country without a prescription.

I see its non approval simply as a matter of economics. America has some very effective asthma medications, bronchiodilators, some prescription, and some not. Although Clenbuterol has been around since 1978 throughout the rest of the world, the FDA views it as a new drug needing testing and approval, a costly, very costly process. Would another asthma medication, which it would be approved as, similar to many others; would it

ultimately be worth the millions of dollars needed to get Clenbuterol onto an already crowded asthma medication market? That this drug has fat burning properties and anabolic action is exciting to us athletes, but these effects cannot be factored into FDA approval: the agency doesn't approve drugs for performance enhancement purposes.

I did just read in the newspaper a few days back, that the FDA is (finally) going to speed up and streamline its drug approval process, making the endeavor much less costly. Perhaps we will see Clenbuterol as a legal prescription drug here in the States in just a few years. I've also seen research studies on a new beta agonist drug with the fat burning effect pretty well isolated from all the other effects it could have. This new drug may make it to the market in the future specifically as weight reduction drug, with reduced side effects. But for now we have Clenbuterol and will have to put up with the side effects.

You should know about those side effects. They are mostly the same side effects that you would encounter with excess adrenaline in your system, like when you've had a sudden fright. Your heart rate increases slightly, your blood pressure is elevated. You may experience tremors in your extremities. You may experience a general feeling of anxiety or mild panic. These are the textbook side effects of adrenaline and other beta agonists. But Clenbuterol is unique among the beta agonists and has unique side effects as well.

Let's discuss the tremors and anxiety. For some reason, women more than men experience these two things to a greater degree and I don't know why this is. Perhaps a female metabolism is not used to as much adrenaline secretion as a male's. Perhaps not. Anyway, the tremors, mostly in the hands, and anxiety do subside after a few days of being on the drug.

Both men and women report cramping, especially during exercise. The cramping is mostly in the legs (hamstrings) and feet, though I know of one person who got neck cramps while she was yawning. We don't know why this cramping happens. It probably is related to an imbalance of calcium in the muscle. I suspect that it also is tied into another side effect, muscle glycogen depletion. Although none of the scientific literature notes this effect, it does happen to a discernible degree. Clenbuterol use can make skeletal muscle appear smaller, 'flatter' (less full), especially on a low calorie diet where carbohydrates are restricted. I think that this glycogen depletion and the resultant fluid loss in the muscle, compounded with that calcium imbalance, has a lot to do with the cramping. To validate this, it seems that cramping is more of a complaint from a dieting athlete than one who is eating extra calories. Since the research doesn't mention this depletion, there is no published explanation for it. I would guess (and I'm a good guesser) that Clenbuterol has properties similar to Ephedrine, which causes non-shivering thermogenesis (a method of heat production) in skeletal muscle. This thermogenesis uses mostly fat as fuel, but probably is not exclusively a fat burning process. Some amounts of glycogen must also be used up in the thermogenic activity.

Other than eating extra carbohydrate and taking in adequate fluids and minerals, the only remedy to the cramping problem is an over-the-counter medication available in England called CRAMPEX. We don't have anything like it in America, but I'll list its ingredients so you could make a home brew version of it. Each CRAMPEX tablet contains: 20mg of Nicotinic Acid (a type of niacin), 200 mg of Calcium Gluconate and .02mg of Cholecalciferol. Two tablets usually eliminates the Clenbuterol induced cramps.

Now that you know the basics on Clenbuterol, it's time to move onto the practical aspects: how to use it for fat burning effect, and for anabolic effect; how to get it here in America, and just what the legality of the drug is.

right? Not necessarily. I've found, watching the athletes that I coach, that the higher the daily dosage, the faster receptor shutdown occurs. Anyway there is an optimal individual dosage for each person, and its a snap to figure out. Again, we use body temperature as a guide. An athlete could start out with one tablet in the morning and take a temperature reading an hour after swallowing the tablet. The next day, two tablets at once could be taken and the temperature checked. It will probably be higher than the previous day's reading. Over the next few days the dosage is increased one tablet at a time. Somewhere between the 3 and 6 tablet range, a temperature peak will be hit where say for example 3 tablets bring a rise to 99.2 degrees, and four tablets doesn't budge it beyond that. At this point the athlete knows the optimal daily dosage. Clenbuterol has a duration of action well past 12 hours, so it shouldn't be necessary to take more tablets later in the day. To be sure, you'd need to take body temperature readings regularly throughout the day to see when temperature starts dropping back to normal. There will be some athletes who will not be able to take more than one tablet at a time because of sensitivity to Clenbuterol's side effects.

Here's the status on the availability of the drug on the black market: right now it's catch as catch can, especially since the FDA and Customs is on the lookout for it. The Nutrapharm/Interpharm brands are no longer being made. The commercial over-the-counter brands by Europa and Strength Systems are not really Clenbuterol, but just dessicated cow brains spiked with niacin. Some of the sublingual drops are well made. The two brands of tablets in Mexico are SPIROPENT and NOVEGAM, both tablets packaged twenty to a box. Novegam also comes in

bottles of elixir, with twenty five milliliters equal to one twenty mcg tablet. Both the Clenasthma and Monores brands from Italy are of good quality, but are priced higher than the Mexican products. By the way, I have gotten price lists from out of the country (Nogales, Mexico) offering to sell Clenbuterol. The price was \$70 per hundred, which is the average retail black market price of the drug per hundred.

I have to say that I have never been more pleased or excited about a drug than I have been about Clenbuterol. I have seen it work miracles on bodies. It is relatively safe, mild, and inexpensive. In fact, I would guess that most non-competitive athletes would, if they had to choose, pick Clenbuterol over anabolic steroids if they were in an either/or situation. This drug is just as amazing as Dianabol was in its day. And the really great thing is that no one seems to be getting bent out of shape over its use.

## the drugs revisited

This last section is here to update the chapter from the USH II: The Drugs in Particular. As I've mentioned before, there are really no new steroids, but because of all the new laws pertaining to them, the use of them has changed mainly due to availability. I will, though, point out anything new that I didn't mention previously.

**ANAVAR:** All Searle products, both American and Brazilian are gone. The only generic left is the SPA brand from Italy.

**DIANABOL:** Mostly counterfeits are on the black market now. I haven't seen real Dianabol for years. The 'Russian' version floating around is really a long acting methyltestosterone.

**ESICLENE:** This also is not made anymore. Whatever is left for sale is old stock.

**HALOTESTIN:** The Mexican Stenox (2mg) has become popular.

**IGF:** Short for insulin-type growth factor, this is the compound that really does the work of Growth Hormone. Originally developed in Australia, but soon Genentech will commercially introduce it. Highly anabolic, more so than GH.

## the drugs revisited

**NOLVADEX:** England offers two different generic versions of Tamoxifen Citrate, both at a substantially lower cost than the ICI product.

**PARABOLAN:** This trenbolone is becoming extremely hard to get, even in Europe, where the average black market cost (per ampule) is \$12. In America it's as high as \$24.

**PRIMOBOLAN:** Schering is planning to stop production of all forms of Primobolan other than the 5mg tablets. This includes the injectable versions.

**PRIMOTESTON DEPOT:** This Testosterone Enanthate from Mexico has become popular in America because of so much fake Enanthate going around.

**RESTAUVIT:** This 2.5mg vitamin fortified methandrostenolone from Mexico was thought not to even exist as it was never seen on pharmacy shelves. It does exist, as I've seen it just recently.

**STEN:** This testosterone blend from Mexico has been used lately for contest prep. This is because the preferred Masteron and Permastril from Europe is so hard to get. The DHT content of the Sten makes it attractive to bodybuilders who want an androgen to harden up on.

**STROMBAJET:** This injectable Winstrol will not be available in Germany starting in 1992. It's status in other countries is unknown.

*the drugs revisited*

**SUSTANON 250:** This has become the first large scale counterfeited ampule. The counterfeits have paper labels with a Belgian origin. Poorly made, some have pinholes in the tops. The Mexican preloads are still real.

**TESTOSTERONE CYCLOHEPTOPROPIONATE** (Theramax, Monaco): This is the hot steroid that top pro bodybuilders are using off season. Although its been around a while, it has not usually been considered because of its accompanying Progesterone (100mg per ampule). However, reports of tremendous (to the point of painful) pumps and unusual growth have come from everyone who uses it. Perhaps it works well because of the Progesterone content. Definitely needs some looking into. AKA just CHP.

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