

UNDERGROUND STEROID HANDBOOK

FOR MEN AND WOMEN



BEFORE YOU READ THIS BOOK

We know that this book will make us a lot of enemies just because we address the topic of steroid usage in a realistic manner. Although we will antagonize many of you, we thought that someone should tell the truth about steroids. Hypocrisy about steroid usage is harmless, but how competitive athletes really use these drugs to their best advantage. Many naive athletes take steroids incorrectly because no one will sit them down and tell them the truth. They buy the wrong drugs, pay too much for them, get poor results, then they lose what progress they made as soon as they go off the drugs.

It would be nice if we all were so naive that we never even heard the word "steroids"; being naive, though, is different from being stupid; we are neither. Not now, anyway. Right off, let's state our position on a few things. We like steroids. We use them. We have also abused them (using large amounts is not necessarily abusing them). Really, one of us is lucky to be alive now. We were stupid. But we thought we were real smart guys. We had read every magazine article anybody could find, who talked with the top guys in our sport. Doctors, even. And we listened, reply to reply. Let us tell you why.

Most of the steroid research done on athletes has resulted in conclusions stating that steroids are not effective in stimulating muscle growth. We feel that these conclusions are invalid. Most of the experiments in stimulating muscle growth, we feel, did not use large enough dosages, or the athletes had already been on the drugs before the experiments started and had a temporary immunity to them or nobody ate enough food. You'll be surprised at what is enough while on the drugs. Wild speculation abounds. Some good (you'll know better) will read one case study of a seriously ill, frail, non-athletic person being given massive dosages of steroids for over a year and dying of cancer.

Suddenly we hear that steroids may cause cancer.

Sometimes we'll come across a magazine article where the writer can't even spell the name of the drug correctly because the person he heard it from couldn't pronounce it right. Enough of all this mish-mash.

We want you to have an open mind when you read this book. Sure, we are biased toward the use of steroids, and that's because we don't put any moral judgement on their use; nor social ones. There is nothing physiologically wrong with women taking certain steroids. Steroids help you perform better, help you win in athletic endeavors. In bodybuilding, track and field, tennis, even mountain climbing, (if) winning has no sexual preference. Women do have it tougher than men, but they do produce socially and sexually correctly (and most people don't use steroids correctly), steroids can give you permanent weight gains.

There comes a time in competitive athletics where winning is more important than those initial goals of health, recreation, and relaxation. If you don't like the use of drugs in competitive athletics, you should have bought this book and you shouldn't be reading it now; we're trying to help you, not antagonize you. There are always people who are genetically near perfect for a particular sport and would probably win without steroids. Steroids generally help ourselves (included) with poor to just good genetic predispositions. The real truth is, that if used correctly (and most people don't use steroids correctly), steroids can give you permanent weight gains.

We're sticklers about the truth in anything, and we happen to know a lot about steroids (some say that we know too much). This book is telling you what we believe to be practical, real world information incorporating the very latest developments in steroid use. You may not care for our sense of humor, or our attitudes, but we honestly think that there is very little argument in the factual information presented. We happen to be bodybuilders so we do slant the information toward that endeavor. What's important is that most of the drugs we talk about, we've used ourselves a number of times. You should know how a drug really works, not how the label says it's supposed to.

WE ARE NOT DOCTORS AND WE AREN'T WRITING PRESCRIPTIONS FOR YOU! We believe that we are smarter than most doctors about steroids (we know what you're thinking; someone will be chiseling that statement on our gravestone in a month). Don't think that we are giving you directions or how tos. We don't know you. We haven't any idea how your body can handle you food, let alone prescription drugs. For all we know, you may be crazy, too. So, there's no advice we can give you, only information.

To say that steroids are dangerous is like saying skydiving is dangerous, or skateboarding, or your bathtub. The potential for danger is always there. Even if you never read this book, or out, seriously, steroids require more smarts than it takes to stuff it down your throat and CHOKE you. Watch out. Generally, women and children have more trouble with the drugs than full grown men. We don't think children (teenagers included) should take steroids because the drugs can stop bone growth (heightwise). Short people are usually unhappy about their height, and who wants a world for large doses of almost any semi-toxic drug. Usually, if your body has not had trouble processing large amounts of alcohol, you may not have many side effects with steroids.

If you've never taken steroids before (and even if you have), you might want to see a doctor and have some tests done before using the drugs. Steroids can raise your blood pressure, enlarge your prostate, lower your sperm count, and make your liver do more work than it is used to handling. These are temporary side effects and will go away with stoppage of the drug usage if YOU ARE A HEALTHY PERSON and don't have anything abnormal in these areas.

You will need a blood test & prostate check (ladies, don't have anyone go looking for your prostate; you don't have one) and a sperm count. Frankly, we've never had a sperm count taken ourselves because it's just so, well, embarrassing. Guys, if you don't know what or where your prostate is, we're just going to tell you after the test, you will NEVER forget.

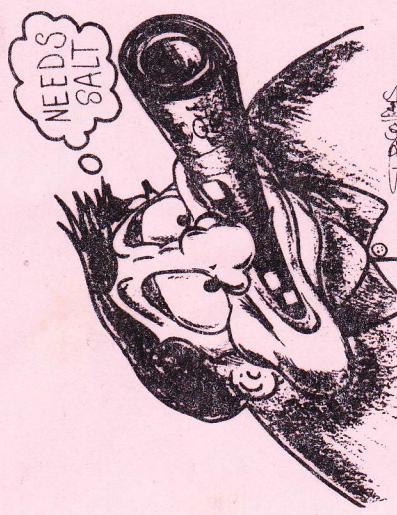
Now, these tests cost money and most of the time they cost more than they should. Blood tests should cost over \$5.00, with \$10.00 being the lowest price we've found on the West Coast. Doctor's office visits are about \$3.00, with a low of \$1.50. Shop around on the phone. Don't be afraid to ask for prices before you make the appointment. Medical schools and clinics

shouldn't be overlooked, as prices may be lower. And don't think that the doctor who literally prescribes your drugs has to administer the tests. Your blood test results come from a laboratory as printed statistics and that paper is yours because you paid for the tests.

While you are on steroids, some doctors make a lot of money by recommending what we feel to be too frequent blood tests. Either you were unhealthy to begin with, or the doctor is not familiar with steroid therapy, or he's taking advantage of you (money-wise, as he may share the test fees with the laboratory). You'll have to decide. Most harmful side effects from the drugs are externalized rather quickly, so you will feel or see that a problem is developing before a blood test tells you that you have one.

We'd like to point out that if you use the drugs optimally, you should gain a tremendous amount of weight. Fifty pounds has not been unheard of. Now, all that weight puts more stress on your cardiovascular system. It is foolish to jump into steroid use after a long layoff, or inactivity. Get into some semblance of shape first before you decide to gain a lot of weight. Sometimes you can gain weight at a faster rate than the heart and lungs can handle. If you decide to do aerobic exercise, we recommend high intensity bicycling, because it will not chew up muscle as fast as jogging, or other low intensity aerobic exercises. Just remember, joggers are skinny, Sprinters, however, have big muscles. Don't negate that hard work in the gym by depriving yourself with a lot of low intensity exercise, at least not while you are bulking up.

We have a feeling that you've made a choice to use anabolic steroids before you even bought this book. Before you do anything, read the information we've presented completely. Not only will it save you a lot of money but it should prevent you from making irrational decisions like we did when we were young and impressionable. Steroids were not created by magic. Magic things do not happen when you take these drugs! After you finish this book, you'll know that the rabbit was always in the hat, the doves in the cage, the card up the sleeve, the magic, sad to say, will be gone.



THEORY AND PRACTICE IN AFRICA

NOLVADEX and ALDACTONE/ ALDACTAZIDE listing for methods that some bodybuilders use to combat this.

We have misrepresented and omitted some information about steroids, and we'd like to point out these areas. Actually, oral steroids are not completely hydrated in 24 hours. There are things like residual amounts and steroid half-lives to consider, but for practical purposes, assume that orals are gone in a day. Clinically we are wrong, but in the real world we are right. We don't live in a clinic.

Some information is not available to us yet. The body has a substance called Steroid Bearing Globules (SBG). It acts as a 'holding tank' for the testosterone produced in the body. But, how it affects artificial steroids and how it acts with massive amounts of anabolics in the body is not yet known. One of the researchers for this book is doing graduate thesis work on SBG, but we haven't anything revelatory to tell you as yet.

You may notice that we put an 'S' on testosterone sometimes. The body produces two types, testosterone and dihydrotestosterone. Each one does different things. Dihydro is thought to be more anabolic by one study; another will dispute this. Not much research has been done on what the body does with injected testosterone as there is evidence that some could be converted to Dihydro. You see, some areas of steroid knowledge may one day have the potential of altering views on dosages and types, but we have decided to eliminate those facts that cannot be used practically.

You may notice that we put an 's' on testosterone sometimes. The body produces two types, testosterone and dihydrotestosterone. Each one does different things. Dihydro is thought to be more anabolic by one study; another will dispute this. Not much research has been done on what the body does with injected testosterone as there is evidence that some could be converted to Dihydro. You see, some areas of steroid knowledge, may one day have the potential of altering views on dosages and types, but we have decided to eliminate those facts that cannot be used because we really don't know any. We personally have not encountered athletes dying or becoming gravely ill from steroid usage. Sick people, we have, but not healthy athletes. And we don't live on an island away from civilization. We live in a part of the USA that has the highest usage of steroids by a athlete. We won't come out and say the steroids are not dangerous; we just feel that the dangers have been misrepresented.

The following list and description may be the most valuable information you'll find in this book. If you buy from the Black Market and you're uninformed, you could be buying anything at any price. We'll try to list the manufacturer, code number, printed on the tablet, what the drug looks like and where they are going for at the various sources. Also, the opinion of what works and what doesn't. As given from factual use by ourselves and our friends (our friends happen to be the top bodybuilders and steroid doctors). Don't be shocked when we mention what women use or what natural bodybuilders are using to win their contests. This is not someone's fantasy.

These drugs are used the way we report them to be used. If we state that an unusually high dosage has been used, it really has. No rumors here.

ALDACTONE Searle 25mg Spironolactone/25mg Hydrochlorothiazide #1011 on one side, Searle ALDACTONE #1011 on one side, Searle on other. Aldactone is an Aldosterone inhibitor (hindering its effects, not its presence). Aldosterone, along with Estrogen rise to higher than wanted levels. Steroids are in the body causing sodium and thereby water retention. Many contestants (bodybuilders) have what we call "water on the brain", largely, as a determining factor of the competitor's winning ability. We will discuss this more thoroughly in the upcoming **NON ETHICAL DIETING WORKBOOK**.

ANAVAR Searle 2.5mg tablet, football shaped, white Searle on one side, #1401 on other, \$17-\$21 legal and other per 100. Anavar doesn't make you all that big, it makes you very strong. It's not aromatic so you shouldn't worry about estrogens, it is the number one oral used by women athletes. It somehow gives a feeling of fullness in the stomach. Also, because of its high CP synthesis ability, it could make your muscles smaller. This is because CP synthesis also uses Arginine and Glycine, also used in protein synthesis. If you are deficient in the amino acids, no only will you not synthesize muscle tissue for accesss to amino acids. These amino acids are available as supplements (in tablet form) in health food stores with 1 mg each per day. Good insurance to counter this loss of size. This size is very apparent when bodybuilders are on a low calorie diet with no red meats. Anavar 11.

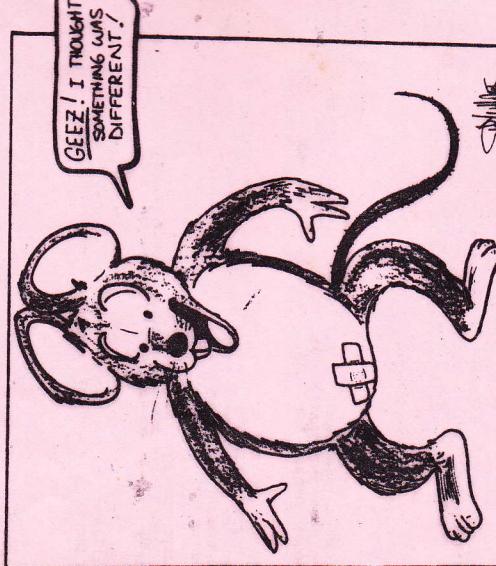
very popular with athletes who need strength and not size.

BOLASTERONE No information on looks or pride. This is the best oral steroid in terms of size and strength gains. It was developed early in the 1960's in the USA, but never became commercially available because of its high liver toxicity. It is, however, available to select Communist bloc athletes because it is still used quite a bit there. We're sure, though, that with the publication of this book, Bolasterone will suddenly appear on the market. Don't be a sucker.

CLOMID Merrell-National, 50mg tablet, yellow, carton of 30, \$3.00-\$3.50. \$2/tablet. Clomid is not a steroid as it acts directly on the pituitary and causes it to produce more testosterone. This is usually an HCG alternative. It is an elegant and less painful alternative to HCG. It can cause the body to produce as much gonadotrophins as the amount that you could inject with HCG. Clomid is used mostly in the sports field while coming off steroids to get them back to normal. Our experience with dosages has been 100-200 mg. daily for two weeks. This manufacturer allows us to use their product.

DECADURABOLIN Brand name for compound called nandrolone decanoate, injectable, comes in small brownish glass bottles in rubber stoppers. Packaged in 100 mg. shot. If you buy yourself, other prices from doctors are \$10 per 100mg shot. He does it, \$6-\$12 if you buy yourself, other usually comes in 2cc vials with acc sometimes a vialane. Decadurabolin is the best of the injectables considering what it does compared to what (for short). Seems to be the best of the injectables from the site and lasts about 17 days. It takes three days after injection to dissipate from the site and the generic label says it is much cheaper to buy the generic and we import it. Decadurabolin, Deca (as I am import it) D.M. Lens is manufactured by D.M. Lens Co., Inc., Rockville, Maryland. They make an excellent product at a very low price (lowest \$1.75/c.). Doses of 200mg per week have been used by women quite successfully. We've seen unusual doses of 1000mg per day range. The average duration of use is about 4 months. There are very few side effects. Blood clotting time is increased so that some half-tablets.

DIANABOL Ciba, 5 mg tablet, round, blue, Ciba, on one side, #20 on other. Price: legal \$25 per 100. Other: \$35 per. Dianabol is still the most effective strength & size building steroid. It has become rather costly to use in effective dosages so many are switching to Anadrol, which, however, has more androgens and is more toxic to the liver. It causes considerable water retention and aromatizes quite a bit so you'll see quite a bit of dosage jumps while using it. Available over the counter in Mexico with no prescription needed. People get good results with Dianabol, Dianabol is now available under its generic name of Methandrostenolone, produced domestically by Ruggay Laboratories.



and \$25 illegal being average. Originally, Dianabol came in 50mg tablets. It was developed in the mid-forties and experimentally used on returning prisoners of war who had been on very low food intakes. Actual dosages of the generally available 5mg amount (it also comes in 25mgs) vary widely, as most doctors prescribe 4 a day, while others prescribe 8 a day. For the self-made expert and other "geniuses" (though I might add, lots of people through training when on low calorie diets, lots of side effects, etc.) there is a short-term increase in strength, short-term decrease in appetite, with dumb shifts and distortion of reality (PVR/RVNO). Seems to be a general neck, chest, shoulder, and elbow pain. Can be used in natural bodybuilding contests as it is undetectable. Fun stuff.

EXOBOLINE This is an Italian, water based injectable not approved for sale in the USA. It is available in small amounts, mostly in Southern California. It comes in small glass vials. It has not been used by many people, we can't say much about it. The USA supplier thinks that it is extracted from the testicles of sheep, which may make it similar to Testosterone. It is being water based, gets into the system very fast, and is quite short-lived once there. It is used if you can't get hard and thin the skin in bodybuilding contests (we can't tell you how or why or even if it does work) we've seen around 1 to 2 vials a day, one to two weeks being used before a contest. Cost has been between \$8-\$16 per vial as it is very natural, bodybuilding circles. Undetectable. It's quite a cult drug in top pro-bodybuilding circles. If has been a choice for no extreme side effects in men. It is slightly androgenic, so we've not found a lot of women using it. Some people report sleeplessness with high dosages.

GROWTH HORMONE (aka GH and STH) Injectable. 10 unit vials, 4 to box. Wow, is this great stuff! It is the best drug for permanent muscle gains. It is the basic pituitary hormone that makes your whole body grow. People who use it can expect to gain 30 to 40 lbs. of muscle in ten weeks if they can eat about 10,000 calories per day. It is about \$60-\$80 per 4 vials, and we think this to be another best buy. It has been very hard to get in the past as it was made from the pituitary glands of rhesus monkeys and is illegal for general sale in the USA. It is now being made from "smart" E. Coli bacteria at Baylor Medical School in Texas. Usual dosage has been 2 units every three days. This is the only drug that can renew bad genetics as it will make anybody grow. A few side effects can occur, however. It may enlarge your chin, feet and hands, but this is arrested with cessation of the drug. Diabetes in teenagers is possible with it. It can also thicken your ribcage and wrists. Massive increases in weight over such a short time can, of course, give you heart problems. We have heard of a powerlifter who gained 100 lbs. while on GH. GH use is the biggest gamble that an athlete can take, as the side effects are irreversible. Even with all that, we LOVE the stuff.

HCG (Human Chorionic Gonadotrophin) Injectable, comes in two bottles per box, the freeze dried HCG and the water. Also marketed as PREGNYL, 1cc per box. Price: legal, \$10-\$15 per box. Others \$20-\$50 (near day over \$20). HCG is obtained from the urine of pregnant women (the placenta makes it). Like Clomid, it is usually used as a fertility stimulator for women, but it stimulates the testicles to produce testosterone. HCG is used in bodybuilding, for many reasons, most of which are false. It does not help you lose weight. It does not eliminate excess water under the skin. It does help start your body's normal testicular functions which may have been shut down with steroids. This stuff is biologically active so it must constantly be refrigerated after mixing. It must never be left out at room temperature for more than one hour, or it will be worthless. It should never be bought off it has been premixed by someone. We've seen the usual dosage of 1cc per day for about two weeks. We think Clomid is a better product, but HCG is cheaper and seems to be more available. We aren't afraid of mixing this water base with any oil of the oil based shots. It looks bubbly in the syringe, but that's not harmful. We don't use HCG for more than those two to three weeks as longer usage will shut down the pituitary's output of Gonadotrophin. It is used a lot in bodybuilding because there is a thought prevalent that raising your body's natural androgen levels combat fat and water retention. However, any excess male hormone starts being converted to estrogen so that HCG is only useful here if one can somehow not raise the estrogen levels.

HALOSTESTIN Upjohn, 2, 5 and 10mg tablets, 10mg tab deep green, #36 on it, 5mg tab yellow with #18 on it. This is a steroid, it is mostly androgenic. It is very expensive, and does not merit any athlete's consideration. It does pop up for sale, and was sort of expensive in a magazine a few years ago. This can make you one grouchy son of a bitch.

MABIXOLAN Organon, 2mg tablet, triangular yellow, #885 on one side. Price: \$20 per 100 legal and other. Maxibolan is rather unique as an oral steroid as it is not 17 Alpha Alkylated. It acts like Dianabol, but being an oral, is destroyed in the liver. If you can't stand shots, this would be a choice, but remember you'd have to take about 50 tabs daily for the same effect as one 100mg shot of Dianabol. That would be both expensive and toxic to the liver. Maxibolan is used a lot by women bodybuilders as it is not very androgenic and, of course, doesn't leave needle marks that the girls in the locker room can gossip about. The usual dose has been about 10 to 20 a day (with like zilch results) to 100 a day. Don't ask us why. Maxibolan seems to raise the blood pressure so it has been a choice for increasing vascularity for bodybuilding contests.

METHANDRIOL Rugby Labs, 10 and 30 cc bottles. Injectable. Water based. See Methandriol Dim propionate.

METHANDRIOL DIPROPIONATE Rugby Laboratories, 10 and 30cc bottles. Injectable. 50 mg/10cc. Price: \$10 per 10cc. This oil based oil is most common legal. This oil based oil was new to us, so we went out and tried it for a month. Chemically, it is a cross between an oral and an injectable. Its chemical compound and price gave us great expectations as a safe, effective and thrifty andabolic. With us, however, it just didn't follow through. It lasts only about three days in the body, so we tried 150mgs twice a week. We didn't get ap-preciable gains on stronger as compared to when we had used minimal dosages of Dianabol or Anadrol. The Methandriol was taken with no other drug. Regular Methandriol is a water based oil, that lasts only about a day, and we haven't found anyone with constructive things to say about it. Maybe someday, someone will come up with a valid use for Methandriols, but we haven't.

METHYLTESTOSTERONE Cordonine and other looks vary. 25mg tablet. Price: \$20 per 100 legal and other. This high, energetic oral testosterone gets into the system in about an hour. It causes (AGGRESSIVENESS, tangy) and helps lots of people through training when on low calorie diets. Lots of side effects, etc. It helps with short lempedness, with penile neck, geeks, impatience, with dumb shifts and distortion of reality (PVR/RVNO). Seems to be a penile neck, dumb shift. Can be used in natural bodybuilding contests as it is undetectable. Fun stuff.

MUSCLE GROWTH FACTOR This is a research drug not commercially available yet. It was discovered and isolated by the Japanese (they fed it to you see). This drug actually causes the muscle cells to multiply as is opposed to just enlarging, which is what they mostly do. Quite exciting we think that this is the bodybuilding, track and football drug of the future. Alas, we haven't seen it available here in the USA.

NOVADEX Stuart, white disc-like tab, long. Stuart is printed around the edges with #60 on the other side. Comes in 100 and 250 tab bottles. Price: \$5-\$10 legal. This is an anti-inflammatory. It is an estrogen antagonist. It is an estrogen estro-sterone. In the summer of '81, this was an estro-sterone. Eliminates water retention in women. Novadex is used by both men and women to get "hard" looking. It is especially helpful for women who will have water problems at contest time. This drug negates the effects of aromatization of the noses have been between 4 to 6 tabs daily, but no one yet knows what the most effective amount is. Side effects in women mimic menopause (nausea, hot flashes). No known side effects have appeared in men. This drug has a lot of potential but hasn't been used enough yet to find it.

PERIACTIN Merck, Sharp & Dohme (MSD) 4mg white tablet. #62 on one side. Periactin is an antihistamine used in athletics as an appetite stimulant. It does increase your appetite, but also makes you irritable and somewhat drowsy.

PRIMOROL ACETATE Injection and tablet. injection price: \$8 per vial. Comes 3 to a box. Primorol acetate is available commercially only in Europe and has a cult reputation here in the states. It seems to be the only steroid that is muscle sparing while on a low calorie diet, i.e. muscle mass. It does have a cortical steroid in it. It may be necessary to use this when stubborn joint pains interfere with athletic performance. It usually is taken in decreasing dosages over a two week period. See the section on side effects, joint pains for more on this.

PRIMOTRILON ANANTHATE aka DEPOT Various manufacturers. This is not an anabolic steroid so it doesn't make muscle mass. It does have a cortical steroid in it, which is an anti-inflammatory. It is usually injected into the bodybuilding community in the summer of '81. This is an estro-sterone. It is muscle sparing, it may be necessary to use this when stubborn joint pains interfere with athletic performance. It usually is taken in decreasing dosages over a two week period. See the section on side effects, joint pains for more on this.

PRIMOTRILON DIAZONIUM QUATRONIC Various manufacturers. This is similar to the Primate, however, it lasts longer in the system, about two weeks because it is a available over the counter in Mexico and is cheaper than a acetate. Many athletes don't feel it can be as good, it's not as good, it's better! Same painful injection, however. But, since you don't want to shoot yourself everyday, we would think that it would be a lot in the Southern California area as a lot of European athletes train there during the year and bring it with them. We see the tablets as a good choice for contest preparation but would recommend the Primobolan Primate over the acetate as a better and more cost effective shot.

PRIMOTRILON DIAZONIUM QUATRONIC Various manufacturers. This is similar to the Primate, however, it lasts longer in the system, about two weeks because it is a available over the counter in Mexico and is cheaper than a acetate. Many athletes don't feel it can be as good, it's not as good, it's better! Same painful injection, however. But, since you don't want to shoot yourself everyday, we would think that it would be a lot in the Southern California area as a lot of European athletes train there during the year and bring it with them. We see the tablets as a good choice for contest preparation but would recommend the Primobolan Primate over the acetate as a better and more cost effective shot.

TESTOSTERONE CYCLOPENTENONE Goldline and others. Injectable. 10cc bottles. Price: \$12-\$20 legal. Other: \$20-\$25. This is the best of the testosterones. It is inexpensive and long acting. When on steroids a long time, your own testosterone levels go down because the body "thinks" it has enough. So, a lot of times, your aggressiveness goes away. This concerns a lot of powerlifters, wrestlers and such. A lot of people also believe that the hardness of the muscle now, that's an issue. It is related to androgen levels we have no hard facts yet to support this. So people are also used, as an inexpensive alternative to neca (neca is much more effective and causes less side effects). Most testosterone cyclopentenone is 200mg per cc. We've seen average doses of 1cc every two weeks, with 1cc twice a week not unheard of in our area. It only lasts about 14 days.

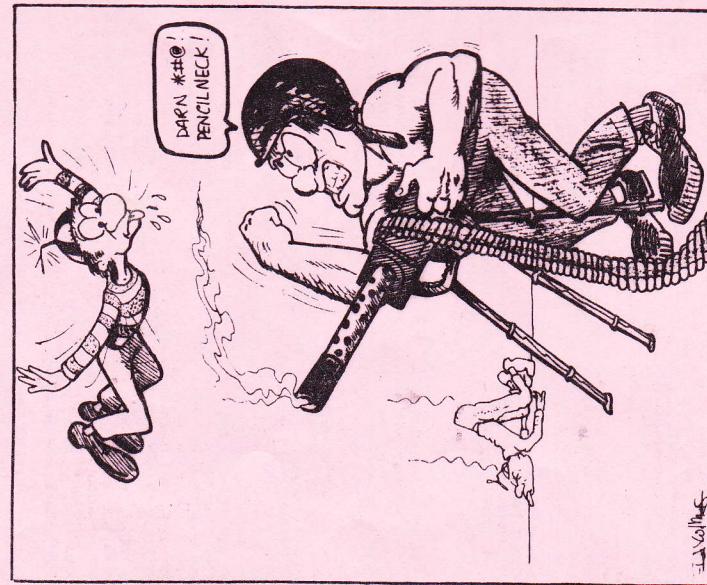
TESTOSTERONE ENANTHATE This is the "last year's model" of testosterone, as Cyclopentone is so readily available and no one seems to sell the anymore. There shouldn't be much difference between the two, but many bodybuilders seem to report a diffivite look to their physique. We've never tried the stuff, so we can't tell you.

TESTOSTERONE PROPIONATE Looks and costs like all the other oil based testosterones. A very fast acting testosterone. Propionate stays in the body only 3 days. We like Cyclopentone better, but the propionate seems always to be available from those other sources. It's not that the stuff is bad, you just have to inject yourself more, and that doesn't make it a bargain.

NON: There are many other testosterones around with lots of different names. We are not going to discuss all of them because we think you have been testosteroned to death. Testosterones are just not all that important as an anabolic steroid; if it were, no one would have bothered to develop anything else. The ones that we have used, work consistently and are fairly priced.

WINSTROBOL Winthrop. Round and pink. 2mg tab. #W53 on one side. Price: \$20 per 100 legal

and other. There are a lot of technical articles stating that Winstrol has the potential as being the best oral steroid. Low in androgens, not very toxic at all to the liver, doesn't aromatize, the problem is that it doesn't do much of anything else either. It doesn't make you that big, nor that strong either. It isn't even effective for women although it's pushed on a lot of women, especially on the East Coast. Girls, don't use it. It's always available, the price is pretty stable, and that's because no one out here on the West Coast wants it. We just can't find anyone with anything good to say about Winstrol, not even the top steroid doctors out here. Well, it does have a nice color too.



HOW AND WHERE TO GET THEM

Well, it would be nice to get them from a doctor. A knowledgeable, kind, honest, humanitarian-type doctor who would give you a fair price on injectables, let you take them home, refillable prescriptions for your orals. He would be concerned with their own self, and would write you while on the drugs. We happen to go to such a doctor. Unfortunately, this is the exception. Most doctors have formed an opinion on steroids, which means that they don't like them. Lucky for us, there is a large number of what we call the 'businessman doctor'. These guys are out to hustle a buck.

We'd recommend that you first look for the young ones just out of medical school. Young doctors have a different morality than the older ones. Many do the standard recreational drugs and are open minded about steroids. Also, doctors just starting up a practice usually need instant money. Steroid users are regular, cash paying customers who take up little of a doctor's time. This is financially attractive to him as it frees him to make more money with other patients. Some of the most successful doctors on the West Coast who specialize in steroids have between 1000 to 1500 steroid patients. As you can imagine, this is a very lucrative sideline. You should ask the doctor if he has an interest in building up a steroid clientele if you should be able to pitch him a lot of business. Don't be indiscriminate though; don't send him a deluge of crazies, animals and loudmouths. We've seen that happen before, and what results is suddenly the doctor will not see anyone for steroids. So be careful, ton't spoil it for yourself.

Your second choice is the quack doctor. Ask around your area about doctors who routinely and indiscriminately prescribe diet pills, quailudes, yailums, etc. Call him and ask him if he is an excellent candidate for a steroid clientele. If he is interested in helping you as a bodybuilder through steroid therapy. Of course, when you are going to be nervous, when you are talking to a doctor (or his receptionist) on the telephone, you are going to be nervous. We were, when we were young and inexperienced. Do what you can, have that pitch there in front of you. For example: "Hello, I'd like to be a new patient. Should I talk to you or the doctor? I'm a pretty serious bodybuilder (for example) and think that the doctor would be receptive to this kind of therapy." Usually, the nurse or receptionist will be fairly honest with you as she knows what the doctor likes to do and what he doesn't. She may have to have a lot of satisfaction action, try someone else. A doctor will have you come in and talk with him about it all. You'll have to use your own judgment here. A lot of doctors will sucker you in and tell you, "You pay an office visit and test fees only to say, 'Oh, two tablets of Diamond should suffice.' Don't waste your time, you already wasted your money." If you walk on this one, remember to bring along those blood test results with you as another doctor can use them. Until you get a yes, when you get one, discuss prices.

Reading this book will give you an idea of what you want. Tell him what you want, especially the amounts. Many doctors will, for example, agree to give you any good (unless you are a Deca every week, which is too low a dosage) to do you any good (unless you are a special case; most people, even women are not), or a doctor will write you a non-refillable prescription so you have to pay for an office visit to get another one. This is a very common practice. So, barter, try to get five refills on that prescription. If you don't get satisfaction, try someone else. A lot of times a doctor will have you come in and talk with him about it all. You'll have to use your own judgment here. A lot of doctors will sucker you in and tell you, "You pay an office visit and test fees only to say, 'Oh, two tablets of Diamond should suffice.' Don't waste your time, you already wasted your money." If you walk on this one, remember to bring along those blood test results with you as another doctor can use them. Just don't be intimidated by doctors. You are reading this book.

Another thing about quack doctors. Don't really trust them with your health. Massive amounts of steroids are sub-normal, especially unhealthy, (especially for performance, but could make you slightly unhealthy). Most all doctors will have you sign a release form before you start taking steroids. This form protects the doctors from lawsuits. Don't be afraid to sign this form. If you don't, you'll be given piddly small amounts of steroids that won't harm you nor help you either.

There are very few doctors that know correct dosages to prescribe. They'll stick their noses into the Physician's Desk Reference and see what the manufacturer of the drug recommends. Massive amounts of steroids are recommended dosages for healthy athletes. You could give your doctor this book. A lot of information here is obtained from the top steroid doctors in the country.

If you are lucky enough to have a doctor in your area specializing in sports medicine, he's usually willing to prescribe steroids to you. His recommended dosages will depend on how up-to-date and practical he is on his research. A lot of doctors just don't read enough or keep track of the results of the dosage to strength/weight ratios. The amounts also can depend on whether the doctor likes you or not. Doctors can play favorites for a lot of reasons. If he doesn't like you, well all he can do is that we have bought from these sources in the past, and will continue to do so, if there are good buys available on the market. It's happened to us a few times. Doctors are businessmen but don't automatically treat them like athletes.

Sports doctors who are well known and readily accessible for steroid therapy sometimes will have high prices. That is why we listed them last in preference. We don't term them as a best buy. However, if your tests show you to be sub-normal in steroid stress areas, he may be the best man for the job.

So, what if you can't find a doctor or the doctor you find has high prices or won't give you the dosages you want? We can't tell you to buy from an illegal source, but that is just what many athletes do. This is what we have done in the past. Sometimes these sources have the best prices.

You could call him a 'gym pusher', a shady name, but these people are usually honest from them. What they do is technically illegal and so is buying the drugs higher than drugstore/doctor prices. This is because the seller assumes that you are saving office visits and blood test costs and his higher prices balance this out. He's right. What can we say? Legally, so, we won't be sued, if we can't sue, that we have bought from these sources in the past, and will continue to do so, if there are good buys available on the market. The drug is not legally available in America. We have found these sources by asking around in the Gym. (we aren't the

HOW THEY ARE TAKEN

bushy type, how else would we have found out?). When we were younger and nervous, we would call him up on the phone because we were more relaxed that way, than ace to face. We always kept a list of what he said he had and the prices of the tablets! We had our own Physician's Desk Reference which has color photos of the tablets! so we knew what we were getting! If it was some weird product packaged poorly, we usually didn't buy it. We learned not to waste the seller's time by asking lots of questions about what works and how much to take. Sometimes we don't want to tell you this as everybody asks the same questions year after year. (Same place we come across someone selling some new mystery product from Mars or France, the same place that may just be cold cream with Ben Gay in it). We never dismiss him completely as some day he just may have the best prices or something reputable. A lot of times these guys will sell you something by saying if it works on the best just because the stuff really isn't and is not moving feelings, who else is going to buy the stuff except dumb people like us, and we deserved it. Really, we have a doctor prescribe us Halotestin because he knew the Pharmacy didn't have Dianabol. So the pharmacist was able to unload that dog on us. You don't have to be a criminal to be unscrupulous who usages he knew the Pharmacy didn't have

We've known a lot of people who got steroids from veterinarians specializing in horse and dog racing. They just walked up to them the track and made a business proposal. We'll admit at that takes a lot of nerve. Some vets have suitcases full of injectables with them all the time at the track.

A lot of European bodybuilders have financed their vacations to Southern California by bringing in non-USA approved drugs and selling them abroad. Also, we have bought drugs in Mexico (Primobolin Depot, Winstrol and Dianabol) and smuggled them in over the border. That makes us very bad boys in the eyes of US Customs as this is illegal thing to do (but a real easy one too). Mexico used to have lower prices on the stuff, but this is not true now. South America, however, has dirt cheap prices on Primobolin, usually about \$.50 a vial.

We've known a few people who used a lot of steroids for free during clinical research projects at medical schools. We've put our names in at a few schools in our area volunteering to be the test subjects as the blood and gland monitoring during the research can point out how much steroid an individual takes with what results.

To finish out this section, we'll admit that we've not been too direct in some areas of how to find the drugs. Legally, we cannot advocate you to engage in criminal acts. Buying from anyone but a pharmacist or doctor is illegal, and there is a danger here. Many bodybuilders have taken just massive doses of steroids bought through illegal means. Most are still alive and healthy today (and bigger for it), but some have run into trouble because they did not know the smart monitor body dysfunctions. These are the people you hear about and have given steroids their bad reputations. Just don't be stupid. Find out what your body can handle.

You will find this to be the most frustrating part of the whole book. We wish that we could skip it entirely because we cannot present enough hard facts to you. Most everything we are about to say is so indefinite and that bothers us. We wish that we could write out a prescription for you, telling you exactly what steroids to take, when to take them, in what quantities and for how long. We can't. We can't because we are not doctors. Even doctors have a problem here. Steroids are supposed to be used to increase strength and weight in sick people. Every anabolic steroid has a little printed disclaimer along with it stating that anabolic steroids do not enhance athletic performance! Your pharmacist may not include this with your prescription, but every manufacturer has printed it. As you realize, we don't believe this to be true. In fact, we think that we are better guessers. In fact, we think that we are better guessers than they are.

It is true though that no steroid manufacturer has ever recommended dosages for athletic steroid use that ever came up with optimum dosages. So, when a doctor is prescribing these drugs to you, he is guessing like everybody else, as to what amount best works for you. If he has worked with athletes for awhile and is concerned with the progress that they are making, these can be pretty accurate guesses. Doctors who prescribe what the PDR recommends as "usual dosage" are in our opinion, poor guessers. In fact, we think that we are better guessers than they are.

In our experience with doctors who prescribe steroids, we have never been satisfied with the dosages that ANY of them have recommended to us. It is not that we are chronic abusers of steroids, but after so many years of experimenting with them, we think we know what best works for us. We're not pooh-poohing what some doctors have to say, as many times they are more concerned with our health than we are. There are times when we have decided that the goals we want to attain offset the risks involved. We think that one of the most important things that this book will tell you is how to maximize the results while minimizing the risks as you should be able to avoid stupid mistakes which we, incidentally, have already made.

As we stated before, we can't tell you what to take nor the amounts. We can say what works well and what doesn't, and what we have determined to be the state of the art reactions from observations of steroid use over the past 10 years, but peoples physical reactions to anabolic steroids vary wildly. In general, we have found that people with small ribcages and hips don't tolerate the amounts that bigger people can. Small bone structures usually mean smaller organ size, smaller stress tolerances and longer recuperative times. There are always exceptions. That's why we have included a few times mostly with Winstrol and Testosterone Propionate. No hard and fast rules here.

One of the most important things is that he knows liver problems since birth and has trouble with more than five tablets a day. He gets liver pains and his triglyceride levels shoot way up. The important thing is that he knows liver problems since birth, on the other hand, have in the past taken up to three Anadrol, eight Dianabol, ten Winstrol, DeAndro, Testosterone Propionate and HCG DAILY with no side effects. I don't recommend this shotgun therapy to anyone, not because it is an unhealthy thing to do, but really because the shotgun approach doesn't necessarily work as well as something else.

We are going to make some generalizations about taking the drugs based on what we have done and what our friends do. To remind you, our friends are BIG guys (and big girls too). We live in Southern California, and we find that we are quite blase and nonchalant about taking drugs. We live in Southern California, and most athletes here are quite tired of money off him and he also gets lied to a lot. We find that there is overwhelming social pressure against the steroid-using athlete. These athletes are made to feel ashamed, immoral, secretive and inadequate, not to mention criminal.

The trouble is that when the athlete is on the defensive about his steroid usage, we find that someone will try to make a lot of money off him and he also gets lied to a lot. We're sick and tired of secrets and lies in our sport of bodybuilding and hypocrisy. People should not enter into steroid usage. Are we proud of eating Big Macs or taking vitamin C? Are we ashamed of taking Big Z injections father than taking B12 tablets? Steroids are a tool (to win) in our opinion, a necessary tool (to win) in some sports. To us, the creation of anabolic steroids is a rather creative, inelegant and elegant endeavor. Enough philosophy.

This is a size gaining book. Reducing, podiatr and retaining muscle mass will be our main topic in our upcoming NON-ETHICAL DIETING WORKBOOK.

To preface, everything we believe very strongly that you will not gain much (if any) muscle mass if you don't radically change your diet. The heavier weights don't get hoisted. Most people immediately conclude that it is now the time to up the dosage of the drug that they are using or add something else. Although there are times when we do this, we find that the first plateau is reached because most people have become disinterested in eating. We find it very hard to constantly consume double and triple the usual amounts of food that we eat. When we analyze the amount of calories that we are consuming, we find many times that although we thought we were getting our 600+ calories per day, we were only managing about 4000. Truly, eating 6000+ calories is time consuming, boring, inconvenient, uncomfortable and just plain expensive. This is the prime area that most people fail in. Sometimes it's easier to lose weight than it is to gain weight.

What we will say next cannot be backed up with any scientific fact. Somehow, if you can keep your increased bodyweight for at least six months, you will retain most of your newly acquired muscle mass even after dieting. Too many times, we have seen weightlifters balloon up in bodyweight, get upset that they have gotten a little fat, crash diet in panic, drop down in weight, and then bulk up and cutting down in a matter of two or three months. We think that there is a better



These points out of the way, we're now going to give you the most effective examples of what some of our friends and ourselves have done to get high. We have listed them in terms of risk from what was considered the least dangerous and one up to the brave and the bold. We have left the crazies, these are the people that take injectables, in massive dosages everyday along with whole bottles of oral and then some. We do not judge these people. From here on out, we will continue to give you the facts as we see them. Unfortunately, all that we have made great gains in personally know any of the crazies or if we could work well and strong, it could work well and strong. So the slogan I know. Because the cost of this method is so

Many weightlifters, including ourselves, get fancy and do stack-stagger combinations. As we said before, no one can say for certain that one stack-stagger combo works better than another. In fact, as many are "created" with some kind of logic, if the body responds to logic, then theoretical combinations which are preferred over others. For example, if we said that Testosterone aqueous was foul stuff (which it is), and that Winstrol doesn't work, it's logical to assume that they will not work better together.

About that Dece-Dianabol stack. In our experience, we've seen too many people plateau rather quickly when they start out immediately on that stack. Remember, we feel that gaining size and strength over a long time is more permanent. If you are going nowhere with the drugs, you can go nowhere without them.

There are a few things to say about Mr. and Ms. C. First, why they plateaued. The amount of steroid receptor sites floating around the nucleus of the cell decreased in number. If steroid cannot get its message to the nucleus of the cell, it is no longer effective. As yet, one has invented a drug that arrests steroid receptor sites shutdown, but someone out there trying to know who. Also, Mr. C. got a little puffy looking while he was on Diandrol, Mo users seem to have an aversion to water retention. Admittedly, it's not desirable

contest time, but realize that the extra water is there because your body is holding extra vitamins and minerals and carbohydrates, which in our mind, are desirable things to have while training for size and strength.

Anyways, on to Mr. Devil-May-Care, which happens to be one of us. Me...right here doing all the talking. After taking steroids over the course of seven years, I've learned a few things. I happen to be able to take medium to large amounts of steroids with few bad side effects (this makes me a potential but not certified crazy). Also, my cholesterol, triglycerides and blood pressure remains pretty low while on the drugs. I tend to lose size and hardness rapidly after I go off them. I have evolved a program that individually tailored to what I want to accomplish. You are eating enough, you will usually grow on almost any steroid program, but it may take you a few years to optimize your results to your particular structure.

I start out with Dianabol or Anadrol, whichever I can afford. Lateiy, I have been leaning toward Anadrol as the cost is lower, and it has no bad side effects for me. I start with three of these although my doctor says to take only two. He also alternately recommends about four testosterone but don't anyone because I just think it's a stupid thing to do right off. So, here you stand to increase the dosage of Anadrol to a pig and taking three Anadrol a day until I plateau. Most people could not stand to increase the dosage of Anadrol to five or six a day, I probably could but don't. I add Anavar because it is the magic combo as touted in the magazines a few years ago, but I happen to get very strong on Anavar but not that big. I have combined Anavar with the past when I was using Dianabol. Now I'm on the Anadrol/Anavar stack and doing the big squat eludes me, and the tape measure isn't making progress. I use the cheapest form of Anavar, I can buy Anavar tablets for 40cents every two weeks. This may seem extreme to some of you, but it's not. I've known people using 200mgs a day. Three days after the first shot, just like M.M. & C., I start tapering off the oral's over a period of three weeks. As Anadrol tablets are 50mg amounts, this involves slicing them into halves.

To tell you the truth, I don't worry too much if the tape or the scales doesn't go up on the Deca. To me, the Deca sort of solidifies the size that I have acquired with the oral. On the other hand, I also seem to have the gains with Deca come slowly. Things start happening for me only after a month. I think that the fluid float from the Dianabol or the Anadrol is replaced with more solid muscle on the Deca. I can't back that up with any scientific fact, but I think it works for me.

This is my basic plan, but I'll jiggle things around to experiment. I'll start with Dianabol, plateau, increase (double) the amount of plateau, then switch over to Anadrol. For me, four Decca plateaus seems to have the same effect as two Anadrol. Then I'll stack the Anadrol with the Dianabol, then add Anavar. This seems to work well but gets expensive, and I only use this method when I'm committed to a contest. I consider this to be my maximum risk drug program. I will say that I have had higher risk drug programs in the past but with no great effects.

So, how do I get off the drug? I have stopped cold turkey before, but then the only part of me that had any size was my wallet. Normal. The next time, though, I did things differently and I sawed Mr. Super Buff. On the program where I was just on the Deca, I was simply a 200mg shot, two weeks later a 100mg one, then two weeks of tapers, jogs and 50 gains after those two weeks, and voila, safe landing. When I was on the Deca, I could do what I wanted. Now, though, I'm fortunate enough to have access to most anabolics. I think the more involved I get with them, the more I want. The more I want, the more I taper off for the beginning 'descend'. Next, I taper off both of both the Anavar and the Deca, but about three weeks; the Deca as previously mentioned takes about six.

During the week that I drop the Deca down to 100mg (which is the second of the six), I start taking 50cc's of Testosterone Cypionate. Testosterones is tely have gotten a lot of bad press. Most people use testosterones as a cheaper substitute for Deca. I have and never will again. The testosterones just don't work. What I find testosterones to be excellent for is to build up your androgen levels while tapering off most of your androgen output of its own. My goal is to build up my testosterone levels as I am tapering off the steroids. So, I keep taking this cypionate to 50mg amounts each week (not every two weeks) for a total of four weeks.

At this point, I am at a level of 50mg's of Deca and 50mg's of testosterone cypionate, which means that the body is now accustomed to having androgens again but is not really producing much of its own. Which is why I start taking 1cc (1000 units) a day of HCG (also known as Pregnyl). As we said before, HCG makes the body start producing its own testosterone again. I take this for about two to three weeks. So, after the last Deca/Testosterone shots, I take this for about two to three weeks. So, I hopefully gotten the testicles to produce testosterone again, but the pituitary gland is not producing its own gonadotrophins. I now take two Clomid tablets a day for an additional week or so to get the pituitary to kick in.

Why I didn't just take Clomid in the first and skip the testosterone and the HCG? First, I wanted a larger amount of androgens in my system than my testicles would initially produce so he's the reason for the cyprostone. Second, I could take massive amounts of Clomid and so get the job done quickly. Third, I needed a bigger boost to the balls that I needed not only all gonadotrophins produced naturally to get the big 'boost' to the balls that I needed but also all the other stuff that I needed to do properly. I get an effect called testosterone bounce where the body will usually produce more testosterone than it usually would because it is used to having more.

SIDE EFFECTS

inhibit your workouts. Most doctors agree that you have got to take some time off the drugs to 'normalize' the body, about two to three months is usual. Most steroid users (including ourselves) do the program again unless they enter a lot of bodybuilding contests. After the normalizing of the body is when we recommend 'losing weight.'

You may have noticed that we omitted the durations between the plateaus. They vary so widely individual to individual and there are no set durations. If there is such a thing as instinctual training, this is where it counts.

Let us say right off that most of the stories you've heard about steroid side effects are untrue. There are side effects. They are mostly all temporary, and if you've read the book up to this point, you could almost predict what they are. The various drug manufacturers will list every possible side effect that could happen to both men and women while on anabolic steroids. In the real world of healthy athletes we have never seen such drastic reactions as pattern baldness, liver cancer, extreme sex changes, etc., so we will only discuss what happens to most everyone most of the time.

Obviously, you are supplementing your testosterone output from an outside source. You must shut the testosterone down. As your body likes to try to remain normal, it will atrophy (shrink) from non-use. When you need your testosterone again, they'll grow back. An odd thing happens. It's called steroid bounce. Because the body becomes used to large amounts of steroids in it while you are on them, it will make the testicles produce more testosterone when you are off them. Surprise? Sorry ladies, the same doesn't apply.

If you don't need your own testosterone, you don't need the gonadotrophins to stimulate the testes to make it, and if you don't need the gonadotrophins, the pituitary doesn't need to make as much. It will stop so it stops that function. Since cortisone is a steroid, your body stops making its own anti-inflammatory stuff from the outside source. Cortisone is in itself a steroid that acts as an anti-inflammatory for joints and tendons. When you go off steroids, your body has to play catch-up with all these functions.

It is this interim time that you have to watch out for. If you SUDDENLY stop steroid usage, there is a lag time where the male body is without testosterone or cortisone and has a lot of estrogen.

This can mean loss of aggressiveness, strength, suddenly putting on fat (from the estrogen), ligament and joint pain (no cortisone), and acne (the one is a mystery). We knew one fellow that had such a high estrogen content from going cold turkey that he started to develop breasts (no joke). He was advised to take some testosterone again, start steroid usage again and immediately stop slowly. He did and within four days entry from the Venice Beach Wet T-Shirt Contest (see). He's back to normal now, but we must admit that he doesn't look as good in heels (another).

Girls, we haven't forgotten you. Women have to be very careful about the androgen contents of the drugs. Androgens, if you recall, tend to make you aggressive (which we happen to like) about husky voices (we like that too, so we kinky). This is not from over-training or a cold, it is from the drugs and is permanent. Androgens thicken the vocal cords, you see.

Also, many women on steroids seem to stop having their periods, but frankly, many, many women athletes stop having periods because of the natural rise in their own testosterone and because of reduced bodyfat contents (see the NON ETHICAL DIETING WORKBOOK for more on this).

People, men and women both, become very sexually aroused when starting out on the drugs but then others are just the opposite and do not. What can we say, sometimes you feel like a nut and sometimes you don't.

Women should not be afraid of growing facial and body hair on most steroids unless they are taking straight testosterone for a long time. We've never encountered this (that we wouldn't like). So, girls, if you see someone in the locker room blow drying her back, you'll know what she's on.

As we mentioned earlier, if you are still growing, bonewise, that is, steroids will tend to stop just remember though that the tall man/woman usually wins.

Growth hormone (STH) is quite different, of course. Being a primary pituitary hormone, it makes everything grow well, guys, maybe not everything, you are still able to grow heightwise, GH probably can make you taller. Certain bones can keep going even though the rest of these won't. That's why we mentioned the hands, feet and jawbone under the GH heading, as these could elongate. This doesn't happen often, however. Just as GH is not the scary stuff that the magazines (once again) would have you believe, just remember that the side effects are arrestable but not reversible, which means that your chin won't go back to normal so you'll have to grow a beard (sorry ladies). It is all rather academic, because the chances of you getting surprised at how many top bodybuilders have used this drug, though. GH is a very closed mouthed topic. You must realize that if something drug-wise is absolutely stupendous, competitors become very private with it. We feel that the more you know about something, the less you will screw up with it.

Orals to varying degrees are toxic to the liver. Anadrol is the biggest offender here, with Primobolan and Maxibolin just the opposite. Yellowing of the skin indicates that something is wrong, don't ignore this, do something about it. Stop the drug and change over to something milder.

Let us say again, most effects are temporary. Blood clotting time, blood pressure, and skin color will revert back to normal with cessation of the drug usage. Generally, if you were a robust, large, healthy child and can tolerate large amounts of alcohol, there should be no problem with steroid usage. If you were frail and sickly, though, your dosages may have to be very small.



AND FINALLY, HOW TO EAT

Many times the steroid user will be faced with the task of having to give him/herself an injection. Whether your doctor is considerate enough to make you travel into his office frequently, or whether you have bought some injectables from an illegal source, some particulars are in order.

Only one company in America makes needles and syringes BD on the East Coast. Never buy or use needles that are unwrapped. You can use the syringe part more than once but only use a needle once. Don't ever stick a needle into a bottle of any drug after you have injected yourself with it.

Most people use either a .21 or .22 gauge needle for oil based drugs. A .22 gauge is smaller and less painful. You cannot use anything smaller than a .22 gauge with the oils. Anything water based can go as small as a .25 gauge, but it has to be at least 1-1/2 inches long to reach the muscle. Those little insulin needles, although easy to obtain, are too short as they are usually one inch or less in length.

Syringes, the tubes that hold the drug, usually come in 1, 3 and 10cc sizes. We find the ice size to be too small. Generally, you can only inject about 3cc's of anything into one injection site. Any more than this leaves a lump that takes a few days to go away. Injections should only be done on the backside. There is a nerve (called the sciatic) that bisects vertically each cheek. Stay away from this area because if you hit it with a needle, you'll find this to be very painful. You will only make this mistake once. High and to the side was the only advice I first got, and it is the correct location.

The skin should be stretched tight, usually with the thumb and middle finger. Loose skin is hard to puncture and makes a more painful shot when it is. Stretch, don't pinch to get it tight. Pinching the skin around the injection area doesn't allow the needle to go deeply enough into the muscle, and the injection goes into the fat.

Injections should never be given in the leg. There are more blood vessels near the surface of the skin in the legs, and a punctured blood vessel is the usual cause of the slight bleeding at an injection site.

Get all the big air bubbles out of the syringe. Tiny air bubbles trapped in the oil based drugs cannot be gotten out completely and are not to be worried about.

Rubbing the skin area with alcohol is worthless as a method of disinfection. You would have to continuously scrub the area for 20 minutes for it to do any good. Good practice is to inject this move on an orange as the orange peel has the same consistency as human skin.

If the needle bounces off the skin, either you didn't stretch the skin tight enough, were too scared to really put some force behind it or you had a bad needle. Needles should enter the skin easily and painlessly. Bad needles are not uncommon. If you have spares, unscrew the bad one from the syringe and screw a new one on. Make sure you get the air out of the new needle. A bad needle will still go into the skin but will sting and usually leave a bruise. Bruises are actually caused by bad needles. There is no way of telling whether a needle is bad just by looking at it. It has to be experienced.

Don't use anything bigger than a .21 gauge for oil injections with an 18 gauge in the syringe. Sometimes we draw the oil drugs out of the bottle with an 18 gauge than to push it into a #22 for the shot as the oil is harder to draw into a syringe than to push it.

Before you draw oils from the vial into the syringe, inject air into the bottle, as the increased air pressure in the bottle will make the oil exit easier.

If you insist on using a needle larger than a #21 for an injection, run your arm up inside the bore to make sure no mice are living in it!

After you are done with your injection, be sure to remove the needle. Throw your needles away discreetly. You don't want little kids playing with them, and you don't want anyone gossiping about what you are shooting yourself with.

Don't be crass and inject your needles and syringes around there. Drugs give gyms a bad name.

Getting YOURSELF THAT SHOT

Steroids will not make you gain size unless you eat large quantities of food. You can expect to gain strength on the oils (especially Anavar) on a regular or even a calorie restricted diet, but let us debunk a few 'myths' that have been established in those magazines recently.

#1: You can only digest 30 grams of protein per meal. Frankly, we don't know where this one came from. Maybe someone's sick little grandmother on her deathbed can only digest those 30 grams but, certainly top weight lifting athletes, even you, digest more than this. If 30 grams is the limit, there would be no big people around, if we could digest only this itsy-bitsy amount, we'd all look like the Chinese or worse. Have we made our point?

#2: You only need a few (someone said 21) extra grams of protein a day to gain about 10 lbs. of muscle a day. The guys (we know who they are) who said this absurd thing are quite smart with their pocket calculators, but not with the basic law of human physiology. If you figured out how many pounds of muscle you gain on, and then figure how much protein is in that muscle, and then divide that by 36, well...aren't we small math whizzes. Unfortunately, using that reasoning, we would be small math whizzes. True, the amount of protein in a pound of muscle is a small amount. But...do you think that those selective parts of the body that need to grow can search through the entire body to find those few extra grams of protein that you consume? You have to bombard the cells with an abundance of protein, high concentrations of the stuff if you want to grow.

Imagine trying to fill a glass up with rainwater during a shower. A lot of water has to fall to fill that glass up. Why? Because the glass cannot move around to where each raindrop is falling, how to fill the glass up fast? Put it out in a DOWPOOK!

It would be nice if your stressed and tired muscles could reach out and grab what they needed. It doesn't work that way. They get what floats by. The more that floats by, the more that floats by, now, wasn't that simple?

The bottom line is: you must eat about everything in sight. Men should be eating a minimum of 6000 calories a day, and 3000 is really what to shoot for. If you are eating less, you are compromising yourself. Women, you've got to shoot for 4000 calories.

You hear of top weightlifters eating a dozen eggs for breakfast and again before they go to bed? Do it. That's 2000 calories out of the way with 6000 to go. Can't eat that many? Start with four or five then keep adding an egg everyday or so. You'll get up there.

What about junk food? Don't feel guilty that you ate a Big Mac for lunch. What is wrong here is that you didn't eat three of them!

Now don't cheat and eat a lot of fats. Fatty foods are high in calories, but they do put strain on everything in trying to digest them. Fats go from the stomach to the intestine to the lymphatic system to the liver AND THEN in the bloodstream. Your liver will be working on a lot of steroids. Do you want to work it even more on a lot of fatty foods?

No appetite? Take Bi2 shots; these will increase it. Make sure you are hitting at least in the 2000 calorie range for breakfast and get 1000 calories before you go to bed. Be aware that your body is slanted towards muscle tissue repair and metabolism of fats while you sleep, so apple pie and ice cream at 11 at night is not the right thing to eat.

What, you just can't eat all that food? So take up bowling. Or golf. We didn't say it would be easy.

Try those gain weight powders that you mix with milk. Most of them are awful, though. Too much sugars that make you sleep and give you diarrhea. The cheap soy protein gives you gas. The fat is hard to digest.

There is one good one, but it may not be on the market by the time you read this. High quality partially predigested protein, a carbohydrate that is slow acting and concentrated with a fat that goes directly from the small intestine to the bloodstream. This powder is more concentrated calorie-wise than table sugar. We cannot tell you as yet who will be making it, but we are using it now and find the product FABULOUS, state of the art (never mind how we get it, we're not telling).

Take your vitamins and minerals as your growing body will need them. SO, YOU ARE busting out of your pants, and you think you are turning into a blimp. DO NOT COMPROMISE! If you are getting fat and not muscular something is wrong with your training. We could tell you what, but that's another book we haven't even thought about writing yet.

Let's talk about beef, which you should be eating a lot of, preferably a pound a day. Not all

beef is high in fats and cholesterol. Try to get it as lean as possible. Ground beef can be

bought with as low as 15% fat, which is more

high in creating phosphates, which as we said before make you very strong. Normal, just like

type people, may not need to eat red meat, but if you have a high interest in what we are saying in this book, you are not normal. Let's say this again: red meat makes you stronger.

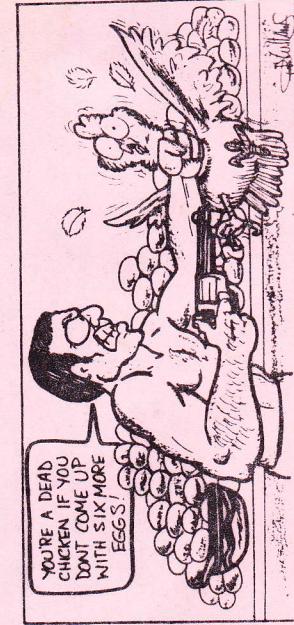
High calorie diets are hard to eat when you try to limit your fat intake. Right now, we are

eating 6000 calories a day with only 20% of those calories derived from fats. That figure of 20%

and no more is ideal. Of course, this goes against eating those two dozen eggs a day, but we do

manage eight eggs and a pound of red meat a day. If we do have access to that new weight gain powder that has no refined sugar and so on, we can add about a pound of that each day. As a matter of fact

our diet includes no refined sugar (which makes us sleepy). To show you how it's accomplished



#1 Meal	3oz. oatmeal 4oz. pitted dates 8oz. guava nectar	330 cal. 311 cal. 120 cal. total 761 calories
#2 Meal	8 eggs 16oz. guava nectar 2 english muffins low sugar jam	640cal. 240cal. 320cal. 60cal. total 1260 calories
#3 Meal	1qt. kefir	800cal total 800 calories
#4 Meal	8oz. wt. gain 16oz. nonfat milk	1000cal. 180cal. total 1180 calories
#5 Meal	1lb. lean beef 16oz. nonfat milk 4oz. macaroni	1000cal. 180cal. 400cal. total 1580 calories
#6 Meal	8oz. wt. gain 16oz. nonfat milk	1000cal. 180cal. total 1180 calories

TOTAL FOR THE DAY 6761 calories

This diet is low in fat, has no refined sugar, doesn't give you diarrhea or constipation nor gas, and is mostly easy to digest. I didn't add vegetables or salads in it although I do eat them, calorie-wise, they are not significant.