

**UNDERGROUND
STEROID
HANDBOOK**
FOR MEN AND WOMEN



THE DRUGS IN PARTICULAR

The following list and discussion may be the most valuable information you'll find in this book. If you buy on the Black Market and you're uninformed, you could be buying anything at any price. We'll try if we can to list the manufacturer, code number printed on the bottle, the opinion of why they like and the price they are going for at the various sources. Also, the opinion of why it works and what doesn't is given from actual use by our friends. Our friends who want to be the top bodybuilders and steroid doctors don't get 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.

ALDACTAZIDE Searle 25mg Spironolactone/25mg Hydrochlorothiazide #1011 on one side, Searle on other. This is Aldactone with a diuretic added.

ALDACTONE Searle 25mg Spironolactone. #1001 on one side, Searle on other. Aldactone is an aldosterone inhibitor (inhibiting its effects, not its release) causing sodium and thereby water retention. Many of the bodybuilders have what we call "water on the brain" lately, as ability. We will discuss this more thoroughly in the upcoming **NON ETHICAL DIETING WORKBOOK**.

ANADROL Syntex 50mg tablet, round, disc-like, white Syntex on one side, #2902 on other. \$45-\$50 legal per 100, \$55-\$70 other. We think Anadrol is the best buy of the steroid. It makes you big and strong like Dianabol. Usual dosages were 5mg every 3-5 days for 30 days a day. It is quite a nasty drug towards the liver, eyes also, the corneas of the eyeballs. (yellowing of the skin around the ringed cornea), you can probably tolerate Anadrol. Our personal favor is to tolerate large amounts of alcohol, you can probably tolerate Anadrol. Our personal favorite is to tolerate quite high giving them a husky voice and possibly (we've never seen this happen) body and facial hair growth. It allows the body to hold a lot of water and could make you look puffy. Somehow we've found occurrences of headaches and sleeplessness with Anadrol, along with a general feeling of non-well being (as opposed to Dianabol, where you always seem to feel 'good').

ANAVAR Searle 2.5mg tablet, football shaped, white Searle on one side, #1401 on other, \$17-\$20 legal and other per 100. Anavar doesn't make you as big, it makes you very strong. It stimulates CP synthesis, to an extent, but it doesn't aromatize so you shouldn't worry about estrogen and related very low in androgens. It is the number one oral used by high CP synthesis ability, it could make your muscles smaller. This is because CP synthesis requires large amounts of three amino acids, Methionine, Arginine and Glycine, also used in protein synthesis. If you are deficient in the amino acids, not only will you not synthesize protein while on Anavar, but your body will actually tear down existing muscle tissue for access to these amino acids. These amino acids are available as supplements (in tablet form) in food stores with 1 gram each per day good insurance to counter this usage. This size loss is very apparent when bodybuilders are on a low calorie diet with no red meats. Anavar is very popular with athletes who need strength and not size.

BOLASTERONE No information on looks or price. 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 and is still used quite a bit there. We know of no source in the USA for the drug. We're sure, though, that with the publication of this book, Bolasterone will suddenly appear on the market. Don't be a sucker.

CIOMID Merrell-National, 50mg tablet, yellow, carton of 30, 3-cello strips of 10 tablets, \$2/tablet. Clomid is not a steroid as it acts directly on the pituitary and causes it to produce more gonadotropins which cause the testes to produce more testosterone. This is usually used as a fertility stimulant for women. It is an elegant and less painful alternative to HCG. It causes very few side effects, but it does cause the body to produce as much gonadotropins as the amount that you could inject with HCG. Clomid is used mostly in the sports field while coming off steroids to get the testicles working again. Our experience with dosages has been two tablets daily for two weeks gradually decreasing the dosage. The tablet is scored, which means the manufacturer allows using half-tablets.

DECADURABOLIN Brand name for compound called nandrolone decanoate, injectable, comes in 50, 100 and 200mg per cc strengths. packaged in small brown glass bottles with rubber top. Prices from doctors are \$20.00 per 100mg, blue \$22.00 per 100mg, if you do it yourself, other: \$7-\$12 per 100mg. Searle blue \$12.00 per 100mg. Usually comes in 2cc vials with 4cc sometimes available. Deca is the best of the injectables considering what it does compared to what it costs. It takes three to four days after injection to dissipate from the site and lasts about 17 days. It makes you gain size through protein synthesis. It is much cheaper to buy the generic label of nandrolone decanoate rather than the specific brand Decadurabolin. Deca is imported and well known and, consequently, more expensive. The generic type is manufactured by DM Labs in Rockville, Illinois. They make an excellent product at a very low price (we've seen usual doses of not very androgenic and has been used by women quite successfully). The duration of use is about 2 to 4 months. There are very few side effects. Blood clotting time is increased so that some people may experience bloody noses when they're dehydrated.

DIANABOL Ciba 5mg 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 and size building oral steroid. Lately, 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 bloat. The good news is that it's available over the counter in Mexico with no prescription. The name of Methandrostenolone and is being Dianabol. Dianabol is now available in the USA. The price is lower with \$14-\$17 per hundred legal produced domestically by Rugby Laboratories. The price is lower with \$14-\$17 per hundred legal

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 hydrolyzed 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. However, we 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.

We have also not told you horror stories of steroid abuse. This is because we really don't know any. We personally have not encountered athletes dying or becoming ill from steroid usage. Sick people, we have, but not healthy athletes. And we don't live on a farm, we live in a city. We live in a part of the USA that has the highest usage of steroids by athletes. We won't come out and say the steroids are not dangerous; we just feel that the dangers have been misrepresented.



HOW THEY ARE TAKEN

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 fill most everything we are about to say is so indefinite and that bothers us. We wish that we could write quantities and 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 ambulance athletic performance. Your pharmacist may not include that "anabolic steroids do not enhance performance". Your pharmacist with it stating this with your prescription, but every manufacturer has printed it. As you realize, we don't believe this to be true.

It is true though that no steroid manufacturer has ever recommended dosages for athletic performance by healthy people. We also don't have any research studies done on athletic steroid use that ever came up with optimum dosages. So when you are prescribing these drugs to you, he is guessing, like everybody else, as to what amount is best for you. 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, but 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 now know what best works for us. We're not pool-pooling with doctors. There are times when we do decide that the more concerned with our health than we are. There are times when we do decide 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 best and what doesn't, and what we have determined to be state of the art programs from other steroid users over the past 10 years, but people's physical reactions to anabolic steroids vary. Generally, we have found that people with small ribcages and hips don't tolerate the amounts that big longer recruits do. There are always smaller organ size, smaller stress tolerances, and smaller blood test tolerances. There are always liver problems since birth and has trouble with more than five Dianabol tablets a day. He gets his liver problems since triglyceride levels shoot way up. The important thing is that he knows this and can work around it, on the other hand, have in the past taken up to three Anadrol, eight Dianabol, ten Winstrol, Deca-durabolin, Testosterone Propionate and HCG DAILY with no side effects. I don't recommend this shotgun approach 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 that there are B G guys (and big girls too). We realize that our approach to steroid usage is rather jaded and nonchalant about taking drugs. In fact, most athletes here are quite blasé and nonchalant about taking drugs. In the steroid-using athletic country, 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 enter into steroids and lies in our sport of bodybuilding and hypocrisy. Pride or shame should not be ashamed of taking "PDR". Actions of the man taking B12 tablets? Steroids are a tool, in our opinion, a necessary tool (to win) in sports. To us, the creation of anabolic steroids is a rather creative, intelligent and elegant endeavor. Enough philosophy.

This is a size gaining book. Reducing bodyfat 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 up your food intake, not just protein, but everything. It seems to us that one of the benefits of steroids is that you can eat massive amounts of food and not get as fat as if you were not on the drugs. Keeping your calories low so that you won't get fat while you are trying to gain muscle size is a compromise. To gain size, you cannot compromise!

We have found with ourselves and others that the longer that one can stay on the drugs, the more permanent the weight gains are. We should elaborate here. We've noticed that if a person stays on the drugs past the point of making strength and size gains, it isn't beneficial to stay on them.

Have we talked about plateauing? To plateau on a drug means that you are going nowhere. The gain doesn't budge nor the tape measure. The heavier weights don't get hoisted. Most people don't realize that it is now the time to up the dosage of the drug that they are using or add something else. A thought here for people who are plateaued. We find that the first plateau is reached because most people have the usual amount of protein, eat when we analyze to constantly consume double and triple the usual amount of protein. We find that when we analyze the amount of calories that we are consuming, we find many times that although we are getting our 6000+ 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 fall in. Sometimes it's easier to lose weight than it is to gain it.

What we will say next cannot be backed up with any scientific fact. Somehow, if you can keep your increased bodyweight on at least six months, you will retain most of your newly acquired muscle mass even after dieting for many times. We have seen weightlifters balloon up in bodyweight, get upset that they have gained weight, and then they diet and lose all that nice size. This is especially true around bodybuilding competitions when competitors bulking up and cutting down in a matter of two or three months. We think that there is a better way.

bushful 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 face to face. We always kept a list of what color photos of the tablets so we knew what we were getting. If it was reference (Winstrol and Deca-durabolin) we usually didn't buy it. We learned not to waste the same time by asking lots of questions about what works and how much to take. Most sellers don't want to tell you this as everybody asks the same questions year after year. Sometimes we come across someone selling some new mystery product from Mars (or France, at the same time) that may just be cold cream with Ben Gay in it. We never dismiss him completely, but we know that he just may have the best prices on something reputable. A cuff really isn't and is not moving, something by saying it works the best just because the cuff really isn't and is not moving. We've been suckered a few times, mostly the stuff except dumb people like us, and we deserved it. Really, who else is going to buy Halotestin because he knew the pharmacy didn't have it. We had a doctor-recommended us Halotestin because he knew the pharmacy didn't have it. So this pharmacist was able to unload that dog on us. You don't have to be a criminal to be unscrupulous.

We've known a lot of people who got steroids from veterinarians specializing in horses and dog racing. They just walked up to them at the track and made a business proposal. We'll admit 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. Also, we have bought drugs in Mexico (Primobolan Depot, Winstrol and Deca-durabolin) and smuggled them in over the border. That makes us very bad boys in the eyes of US Customs as this is an illegal thing to do (but a real easy one too). However, we used to have lower prices on the stuff, but this is not true now. South America, however, has dirt cheap prices on Primobolan, 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 high volunteering to be the steroid 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 massive dosage 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 have the smart to monitor body disfunctions. 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.



These points out of the way, we're now going to give you the most effective examples of what some of our friends and our best athletes have done. We have listed them in terms of risk from what was considered least dangerous at the top to the brave and the bold. We have left out the people that take injectables in massive dosages everyday along with a couple bottles of orals and then some. We are not judging these people. From hereafter, it seems that these guys have made great gains, won contests and are still alive and healthy. Unfortunately, all that we have is hearsay, we don't personally know any of the 'crates' or if we do, they aren't talking. So the supermegadose steroid therapy may work, it could work well and to some people may not be unhealthy. We don't know. Because the cost of this method is so high (\$50 a day not unusual), we have not tried it ourselves.

We should explain a few terms that we will be using specifically, stacking and staggering. Stacking is what we do, when we take two or more drugs the same time to go past a plateau or to accelerate growth. There are many specific reasons why people do this, many of which are based on belief for magic or alchemy. Generally, there are no magic combinations. There is an optimal or ultimate combo because NO ONE KNOWS. Our research has shown that most steroid users with access to both orals and injectables stack them immediately, that is, at the beginning of their drug therapy. Many doctors routinely prescribe the Deca-Dianabol stack, which we have found to average four Dianabol tablets a day with a 100mg shot of Decadurabolin per week. This, however, is not the way that we do things. More on that later. Staggering is done with a different drug, plateau on it then stop its usage slowly while proceeding to the other drug with a different effect. Usually this means that we have started with a 10 Alpha Alkylated drug, plateaued on it then proceeded to our injectables.

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, but as many are 'created' with some kind of logic, if the body responds to logic, then theoretical-ly there should be 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 any better together.

About that Deca-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.

We will not be talking about durations of drug usage until that plateau is reached. Some people take months before they level out, and others will stop gaining in two weeks or less. No one (not even a doctor) can predict how long it will be for a certain individual. Generally, we've found that people used to large dosages and frequent usage tend to plateau quicker than the first time steroid user.

Let's bring out our first friend, Miss Caution. Yes folks, she is a lady bodybuilder. Women, as we have said, have to be a bit more cautious because many anabolic steroids are also highly androgenic. In the bodybuilding judges have routinely lowered a competitor's standing if we see a woman taking drugs. She may be in the best shape, but a rumor can quash any hopes of winning.

Miss C. started out with Anavar on advice of a doctor as it is considered relatively low in androgens and doesn't aromatize. She started with two tabs daily and got no results. She then went to five but wasn't happy with that amount either. She started gaining again after a second time then made the decision to taper off. Fifteen minutes after her last injection, she and Miss C. (we call her Miss, now) had reached her limit. Miss C. also has a bottle of plateaus, she started tapering Anavar. We only matter of time until he would say 'enough'. When she started tapering Anavar, Miss C. immediately started with 10 tablets of Maxibolan as backside as she tended to bruise easily. She had tapered the Anavar off over a period of three weeks, reducing the dosage by 1-1/2 tablets per day. She did, as we said during this time, stay on the Maxibolan until she plateaued, upped that dosage to 15 also, then tapered that off after she had plateaued again. When we asked her if she'd recommend this program to other women, her reply was, 'not necessarily' as she believes other women might get results with low androgens or better results with a more androgenic oral like Dianabol. They started with 10 androgens. Miss C. also said that she would probably try Decadurabolin instead of Maxibolan as she wasn't happy with the cost of Maxibolan compared to the results she got.

Now her boyfriend, Mr. Caution, did things a little differently. He chose to start out with Methandriol Dipropionate as it worked somewhat like the orals but was potentially less expensive and less toxic to the liver. He, on the advice of a doctor, took 100mg twice a week, spread three days apart. Only he didn't care for the stuff. He got tired of trekking into the doctor's office twice a week, and the doctor wouldn't let him take the drugs home to inject himself (which, across the country is the usual doctor's policy, not to). So, Mr. C. started dosage of the four tablets daily (the 5mg tab). He had never used steroids before, so 6000 and 8000 calories a Dianabol actually worked quite well for him. He was given the idea that his triglyceride and cholesterol levels remained climbed, but Mr. C. thought it just made good sense to limit his fats steroid when he remains climbed. He plateaued after a while and doubled the amount. He started growing again. Plateauing again, Mr. C. started tapering off the Dianabol three days after his first shot of 200mg of Decadurabolin. He continued the Deca with an injection every 1-1/2 weeks. He was, after three weeks of tapering, completely off the Dianabol, continuing his injections until he plateaued again. As his doctor did not like the idea of upping his Deca dosage, Mr. Caution off the injections. Also going from 200mg to 100mg and 50 again after tapering. We found that Mr. C.'s program is a pretty popular one nationwide being an immediate stacking with the oral with the injectable. Most doctors find this to be a safe and sane combination stacking with minimum risk.

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 cells decreased in number. If a steroid cannot get its message to the nucleus of the cell, it is no longer effective. As yet, no one has invented a drug that arrests steroid receptor site shutdown, but someone out there is trying. We know who. Also, Mr. C. got a little puff looking while he was on Dianabol, most steroid users seem to have an aversion to water retention. Admittedly, it's not desirable at

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.

You may notice how we emphasize eating. People satisfied with small gains (and we consider 10 lbs. to be small) are usually small people, upstairs and downstairs. If you are afraid that you will get fat while eating these enormous amounts of food, try losing the weight before you bulk up. Never let anyone tell you that bulking up is bad and passe. If you are overloading your body with high intensity exercise, you have to overload your body with food so you can't help getting a bit fat.

Anyway, after to Mr. Devil-May-Care, which happens to be one of us. Me...right here doing all the talking! On 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 sugar remains pretty low while on the drugs. I tend to lose size and hardness rapidly after I stop them. I have evolved a program that individually tailored to what I want to accomplish. If 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. Lately, I have been leaning toward Anadrol as the cost is lower, and it has had side effects for me. I start with three of these although my doctor says to take only two. I use the immediately recommends about four Dianabol, while I start with six or eight. Anyway, I used to stack with Dianabol and Testosterone but don't anymore because I just think it's a stupid thing to do. Right in the middle. So here you have me eating like a pig and taking three Anadrol a day until I plateau. Most people don't stand to increase the dosage of Anadrol to five or six a day. I probably could but don't do it because, not because it is the magic combo as touted in the magazines a few years ago, but because, it doesn't appear to get very strong on Anavar but not that big. I have combined Anavar with Dianabol in that manner. Now I'm on the Anadrol/Anavar stack and doing bigger circles. I then run into to hit the big squat muscles me, and the tape measure isn't making any sense. Time for me to hit the cost colossus. I use the cheapest form of Deca I can buy (of the two writing this, I'm the cost colossus) and use 400mg every two weeks. Three days seem extreme to some of you, but it's not. I've known people who use 400mg a day! Three days after the first shot, just like Mr. and Ms. C. I start tapering the Deca over a period of three weeks. As Anadrol tablets are 50mg amounts, this involves slicing them into halves and quarters with an exacto knife for a true gradual taper.

To tell you the truth, I don't worry too much if the tape or the scales doesn't go up while on the Deca. The Deca sort of solidifies the size that I have acquired with the orals. It also seems that the Deca comes slowly. Things start happening for me only after a month. I think that the Deca comes from the Dianabol or the Anadrol. It 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 juggle things around to experiment. I'll start with Dianabol, Dianabol, increase (double) the amount, plateau, then switch over to Anadrol. For me, four Deca, plateau, then add Anavar. This seems to work well but gets expensive, and I don't want to do that when I'm committed to a contest. I consider this to be my maximum risk drug program. This will say that I have had higher risk drug programs in the past but with no great effects.

So, how do I size off the drugs? I have stopped cold turkey before, but then the only part of me that had any size was my chest. I became Mr. Normal. The next time, though, I did things much differently, and I stayed Mr. Super. On the program where I was just on the Deca, it was simply a matter of decreasing to a 200mg shot two weeks later a 100mg one, then two weeks after, 50mg and 50 again after those two weeks, and the best landing. When I was on the East Coast and had no access to estrosteria drugs, this was the best landing. I had a lot of joint pains starting again as Mr. Natural, but at the time there was not much else I could do. Now, though, I'm fortunate enough to have access to most any drug I want. I now more involved triple stack of Deca-Anadrol-Anavar seems to need a trickier method of tapering off for me on the Deca-Anavar. I've tried tapering off both orals at once but get depressed at my loss of strength. Now, taper off both the Anavar and the Deca but do them at different rates. The Anavar takes 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 500c of Testosterone Cypionate. Testosterone is what I've gotten a lot of bad press. Most people use Testosterone as a cheaper substitute for Deca. I don't know if it will raise your androgen levels while tapering off the artificial steroids as the body has started its 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 in 50mg amounts each week (not every two) for a total of four weeks.

At this point, I am at a level of 50mg of Deca and 50mg of testosterone cypionate, which means that the body is now accustomed to having 1000mg of HCG (also known as Pregnyl). As we said before, HCG makes the body start producing its own testosterone again. I take this one week after the last Deca/Testosterone shot, and take this testosterone again. I 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 there's the reason for the cypionate. Second, could take massive amounts of Clomid and not get enough gonadotrophins produced naturally. I get an effect called testosterone bounce where the body will naturally produce more testosterone than it usually would because it is used to having more.

Now, the reason I advocate gradually decreasing amounts of steroids is because I believe that one can avoid most of the bad side effects associated with them. The most consistent complaint I've been getting off the drugs has been joint pain. By gradually decreasing the dosages, I avoid most of this. We think that joint pain is the most serious thing to look out for because it will

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

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

#2: You only need a few (someone said 2!) extra grams of protein a day to gain about 10 lbs. of muscle a year. The guys (we know who they are) who said this absurd thing are quite smart with their pocket calculators, but not with the basic laws of human physiology. If you figured out how much muscle a year you put on, and then figure how much protein is in that muscle and then divide that by the number of days in a year, you'll see the absurdity of that reasoning. We would be small math whizzes. These are the math whizzes, unfortunately, using that a small amount. But...do you think that those selective parts of the body that are growing are searching 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 the glass. Why? Because the glass cannot move around to where each raindrop is falling. The drop falls into the glass. The glass doesn't run around catching raindrops. You want to know how to fill the glass up fast? Put it out in a DOWNPOUR!

It wouldn't 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 they get.

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 and 8000 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. Fat goes into the stomach to the intestine to a lymphatic system to the liver AND THEN in the bloodstream. The liver will be working on a lot of steroids. Do you want to work it even more to a lot of fatty foods?

No appetite? Take B12 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 purified protein, a carbohydrate that is slow acting and concentrated with a fat that goes directly from the bloodstream to the muscle. The powder is more concentrated calorie-wise than table sugar. We can't tell you what it 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 bimbo. 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. Commercial beef is bought with as low as 10% fat with 15% being readily available at most supermarkets. Beef is high in creatine phosphates, which, as we said before, make you very strong. Normal, athletic type people may not need to eat red meat, but if you have half an 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 the way we've been eating. We do manage eight eggs and a pound of red meat. We do have access to that new neighbor in our diet that has no refined sugar and sock away 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 without cheating, here is a sample of one day's eating schedule:

GIVING YOURSELF THAT SHOT

Many times the steroid user will be faced with the task of having to give him/herself an intramuscular injection. Whether your doctor is considerate enough not to make you travel into his office frequently or 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 we use based on 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 1cc 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, the nerve (called the sciatic) that bisects vertically each cheek. You always make this because if you hit it with a needle, you'll find this to be very painful. You may 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 glute 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 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 yourself after you've dried yourself off from a shower.

Hold the syringe as if you were holding a dart. The force and movement applied to the injection is similar to throwing a dart except you don't let go of it. Nurses in training practice 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 had a bad needle, 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.

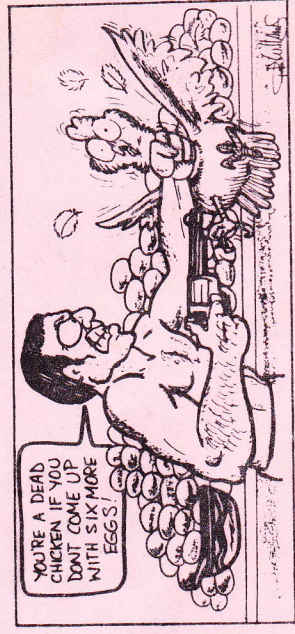
Don't use anything bigger than a 21 gauge for oil injections as all others hurt like the dickens. Sometimes draw the oil drugs out of the bottle with an 18 gauge then once it's in the syringe, change over to a #22 for the shot as the oil is harder to draw into a syringe than to push it out.

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 yourself at your gym, and don't leave your needles and syringes around there. Drugs give gyms a bad name.



#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.	<u>total 1180 calories</u>
			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.