

## **Anabolic Steroids – A Practical Guide For Men and Women**

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This is a simple guide to the use of anabolic steroids that should keep most people out of trouble if they follow it and use some common sense. The reason you need to use some common sense is that I am not monitoring you and I do not know if anyone else is.

Some of the anabolic steroids mentioned are illegal.

What are illegal anabolic steroids?

In this guide, they are anabolic steroids which either:

were 100% legal, FDA-approved and obtainable by prescription until the Feds, notably Joe Biden, stepped in and IMHO screwed things up for the public in an attempt to punish athletes for using them

or

are still legal except that they are not being used for some of the purposes discussed in this guide.

In other words, to the best of my knowledge, at one time or another every medication mentioned herein was (or still is) absolutely legal to prescribe to people.

Times change; not always for the better.

This guide is bare bones and limited in scope.

For example, it does not discuss cycling, which, incidentally, is not a necessity but a choice.

It does not discuss all the available products and how to choose among them.

It only offers approaches to the use of anabolic steroids that reportedly were demonstrated to work for two groups of people:

1. athletes, including bodybuilders and Olympians, and
2. individuals interested in preventing/reversing the loss of muscle and bone mass from sarcopenia and osteoporosis

It will not explain to you how anabolic steroids may benefit you if you have certain conditions such as heart disease, pulmonary disease or autoimmune disorders, to mention a few.

Nor will it explain to you how these substances can help you with rehab if you, for example, suffer from heart disease, are a victim of stroke, or experience wasting from cancer or AIDS.

These topics and more are [found in another text](#).

It is not an account of how anabolic steroids function.

It does not discuss absolute and relative contraindications.

This guide does not recommend where and how to obtain these medications at a cost saving. Some drugs available legally and as generics, e.g., oxandrolone, are hugely more expensive via legitimate pharmacies than they are on-line from other (possibly less reputable) sources. This is a shame and an embarrassment, IMHO. If you choose to take these drugs, you are on your own finding a supplier.

Also, there is no best anabolic steroid, nor is there a best steroid regimen. If there were everybody who uses would use it.

The best regimen is the one tailored to you as an individual and your individual needs. This guide cannot provide that. It can only provide general approaches that have reportedly succeeded for a number of individuals.

Any discussion of how smart/wise it is to take anabolic steroids is avoided.

Explanations of the recommendations or comments are not provided.

Also, get this and get this now: **this guide is NOT medical advice**.

If you want medical advice ask your doctor. I am not your doctor.

If you want my personal advice, here it is: Don't do illegal anabolic steroids. If you do the legal ones, buy the real meds from a real pharmacy because you have a real indication for which you were given a real prescription from a real doctor.

The smartest way to do any form of anabolic steroid, legal or illegal, is under the supervision of a physician who has some idea of what these meds are about and what they are doing to you.

In the absence of this, you are pretty much on your own.

Regarding anything in this guide, do your own research and then you make the call. You are responsible for your choices.

If unsupervised steroid-taking is what you have chosen to do, it is my opinion that you should not be forced to suffer a bad outcome for that choice. After all, these things were legal and available and indicated for use a while ago. Hopefully, this simple guide will help you avoid some problems.

In that spirit, here goes...

There are only a few anabolic steroids with which you need to be familiar in order to accomplish most, if not all, of your goals.

And by goals, for purposes of this guide, I limit them to the following:

1. adding muscle to your body
2. preventing/reversing loss of muscle from your body (sarcopenia)
3. adding bone mass to your body
4. preventing/reversing loss of bone mass from your body (osteoporosis)
5. losing fat mass from your body
6. preventing/reversing gain of fat on your body

Other goals are not addressed here. They are [addressed here](#).

At first glance, 1, 3 and 5 may seem the same as 2, 4, and 6, but they are not, though there can be overlap.

1, 3 and 5 are more “optional” reasons for using anabolic steroids. Generally speaking, these are the reasons younger persons and athletes use anabolic steroids. To gain muscle you have to consume more Calories than you burn. Calorie intake recommendations and macronutrient amounts/ratios are not offered in this guide.

2, 4 and 6 are more “medical” reasons for using anabolic steroids. Generally speaking, these are the reasons older persons (age 40 and above) use, or should use IMHO, anabolic steroids. Sarcopenia and osteoporosis are two conditions that are associated with all sorts of issues and are wonderful ills to prevent/reverse. Added fat to the body is associated with problems, too, e.g., Type 2 diabetes, and it appears as if anabolic steroids can help prevent or reverse that, too. The caloric requirements for 2, 4 and 6 are less than for 1, 3 and 5, i.e., you may not have to overconsume Calories to succeed.

There is a relationship between the first and second sets of goals. For example, regarding osteoporosis, the data indicate that the greater your bone mass when you are younger, the greater your likelihood of not developing this illness. The same may hold true for muscle mass and clinically symptomatic sarcopenia. Arguably, then, increasing muscle and bone mass when younger is an investment in the future.

All the drug regimens below appear to yield better results when combined with an effective training program.

Training is different from exercise and the distinction is very important.

Exercise can, and almost always does, result in less fitness. Training can, and almost always does, result in greater fitness. If you do not understand why this is true, you should find out more – go [here](#).

The dosages recommended are modest in terms of today's world where more is thought to be better. Real-life, practical and documented experiences seem to suggest that a person can do as well or better on lower doses of medications when their training routine is good. At least that is my understanding of the literature. Recall that the regimens and meds in this guide reportedly worked for Olympians and other successful athletes.

The increased cost of drugs in an attempt to substitute for proper training is more than financial – it is a health risk. Medications should not be taken in doses higher than the lowest that is effective. The general rule is: the greater the dose, the greater the chance for a complication.

The following steroid protocols are divided into two: one for men and one for women. They are further subdivided into protocols for goals 1, 3, and 5 and goals 2, 4 and 6.

First the ladies:

If you are of reproductive age, not on birth control and intending to take anabolic steroids, you run the risk of exposing your embryo/fetus to male hormones if you get pregnant. This is a bad thing. Avoid it.

There is some controversy about the effects of anabolic steroids on fat in women. Certain data suggest they add fat and can worsen conditions such as Type 2 diabetes. The experiences of female body builders with the medications mentioned below suggest otherwise. I repeat: Regarding anything in this guide, do your own research and then you make the call. You are responsible for your choices. (This holds true for the men, too.)

**Indications 1, 3 and 5** – The good news: all the meds for you to use are currently legal and available from legitimate pharmacies. All you need is an indication for their use and a bona fide prescription. The bad news: indications 1, 3 and 5 are not legit indications for these meds.

The first drug to use is oxandrolone. This medication is known by several names including, Anavar, Oxandrin and, simply, Oxandrolone.

Start with one 2.5 mg tablet twice a day (total 5 mg per day) after meals.

If you “peak out” (stop making gains) add a third 2.5 mg tab per day and if you “peak out” on this dose, add a fourth 2.5 mg tab per day.

If you “peak out” on 4 tabs, move on to the next medication.

This medication is called nandrolone decanoate. It is marketed under the name Deca-Durabolin. It is an injectable drug, i.e., it is a shot.

Start with 50 mg, once per week. If you “peak out,” increasing the dose to 100 mg once per week should take you further.

For women and indications 1, 3 and 5, this is it.

**Indications 2, 4 and 6** – The good news: some of the meds for you to use are currently legal and available from legitimate pharmacies. All you need is an indication for their use and a bona fide prescription. The bad news: these meds are not routinely recognized as indicated for goals 2, 4 and 6; however, the legally available ones can be prescribed “off-label” for indications 2 and 4 – use for goal 6 is iffy.

Choose one from among the following (listed alphabetically):

Nandrolone decanoate – 50-100 mg every two weeks (a better choice for the overweight)

Oxandrolone – 2.5-10 mg per day (a better choice for the overweight)

Stanozolol – 2-8 mg per day

Stanozolol is an oral medication not available in the USA for humans. It used to be. The names under which it is marketed include: Winstrol, Stanol and simply Stanozolol. There is also an injectable form.

If you are post-menopausal, there is reason to add an estrogen to your regimen. If you still have your uterus, progesterone is a consideration. Estrogen and progesterone can be obtained legitimately by prescription from your physician. Ask your doc if either is or both are right for you.

Now the men:

If you are of reproductive age realize that you may become temporarily sterile from taking these medications. Although it is believed that the suppression in sperm production is reversible, there are no guarantees.

**Indications 1, 3 and 5** – The good news: some of the meds for you to use are currently legal and available from legitimate pharmacies. All you need is an indication for their use and a bona fide prescription. The bad news: indications 1, 3 and 5 are not legit indications for these meds.

The first drug to use is the old standard, Dianabol or D-bol. Chemically, it is known as methandrostenolone. Dianabol is a “bulking” drug. (among its side effects is possibly causing fluid retention, which can be bad for persons with borderline or high blood pressure and/or borderline or compromised cardiac function)

Start with two 5 mg tablets or one 10 mg tablet twice a day (total 20 mg per day) after meals.

If you “peak out” on 20 mg/day move on to the next medication:

- a. If you are interested in size, then use an injectable such as:  
methandriol, 100 mg per week (will add size and strength)

or

a long-acting testosterone (cypionate or enanthate), 200 mg as an intramuscular injection per week (among its side effects is possibly causing fluid retention, which can be bad for persons with borderline or high blood pressure and/or borderline or compromised cardiac function)

b. If you are interested in strength:

add oxandrolone at 2-2.5 mg tablets (total 5 mg) per day in divided doses

or

methandriol, 100 mg per week (will add size and strength)

or

nandrolone decanoate, 50-100 mg per week

There are other regimens that can be followed, but this is the simple guide to the use of anabolic steroids and the many other approaches are not offered.

**Indications 2, 4 and 6** – The good news: some of the meds for you to use are currently legal and available from legitimate pharmacies. All you need is an indication for their use and a bona fide prescription. The bad news: these meds are not routinely recognized as indicated for goals 2, 4 and 6; however, the legally available ones can be prescribed “off-label” for indications 2 and 4 – use for goal 6 is iffy.

Choose one from among the following (listed alphabetically):

Nandrolone decanoate – 200-300 mg every two weeks (a better choice for the overweight)

Oxandrolone – 7.5-20 mg per day (a better choice for the overweight)

Stanozolol – 6-20 mg per day

Testosterone Esters (cypionate or enanthate) – 200-300 mg as an intramuscular injection every other week (among its side effects is possibly causing fluid retention, which can be bad for persons with borderline or high blood pressure and/or borderline or compromised cardiac function)

### **Lab Testing**

Keeping out of trouble means monitoring so if a problem arises, you know about it early in the game. Generally speaking, every three months, perform the following:

Blood glucose

Total blood count with differential

Kidney function studies, including BUN, creatinine and uric acid

Liver function studies, including total protein, albumin, globulin, total and direct bilirubin, alkaline phosphatase, SGPT, SGOT, LDH, GGTP

Blood lipids, including total cholesterol, triglycerides, HDL, LDL

Electrolytes, including sodium, potassium, chloride, magnesium, calcium, phosphorous and iron

Urinalysis

Sperm count (males only)

### **Clinical Testing**

Blood pressure – take your blood pressure every week or two. The risk of high blood pressure has been overblown according to some authorities. Still, it cannot hurt much to err on the side of caution, if you know what you are doing. The major culprit in elevating blood pressure is likely to be Dianabol.

### **Observable Changes**

Women, look for masculinization/virilization or menstrual changes.

Everybody be on the lookout for bad acne.

**END OF THIS SIMPLE GUIDE:**

**Anabolic Steroids – A Practical Guide For Men and Women**

**FOR MORE INFORMATION, CONSULT WITH A PHYSICIAN**