

LEAN BODY

MANUAL



ELITEFITNESS

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The **Lean Bod Manual** is intended for informational and educational purposes only. It does not constitute medical advice, diagnosis, or treatment. Always consult with a licensed medical professional before beginning any new exercise program or nutritional strategy or using any performance-enhancing drugs (PEDs), including anabolic steroids, SARMs, peptides, or fat burners.

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1. UNDERSTANDING CUTTING CYCLES

Cutting cycles are an important concept in the world of Bodybuilding and physique enhancement. Whether you're preparing for a competition, beach season, or simply striving to reveal the hard-earned muscle beneath body fat, a cutting cycle is your strategic approach to fat loss while preserving lean mass.

This chapter lays the groundwork to help you understand what a cutting cycle is, how it works, and why it requires precision and planning for best results.

What Is a Cutting Cycle?

A cutting cycle is a structured period—usually 6 to 12 weeks—focused on reducing body fat while maintaining as much muscle mass as possible. Unlike bulking, where the primary goal is to gain size and strength (often accompanied by some fat gain), cutting is about sculpting your physique to look lean, defined, and athletic.

It involves a caloric deficit, optimized macronutrient intake, high-protein dieting, and smart use of training, cardio, and performance-enhancing drugs (PEDs) such as anabolic steroids, SARMs, peptides, and fat burners.

Why Do Cutting Cycles Matter?

Muscle doesn't automatically disappear when you diet, but it becomes highly vulnerable during prolonged caloric deficits. The goal of a cutting cycle is not just fat loss—it's to preserve lean tissue, maintain strength and energy, and reveal muscle definition without feeling weak, looking flat, or overtraining.

A successful cutting cycle enhances:

- Vascularity and muscle separation
- Overall definition and symmetry

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- Confidence and presentation
- Readiness for photo shoots, events, or competitions

How Long Should a Cutting Cycle Last?

The length of a cutting cycle varies based on individual goals, current body fat percentage, and the compounds being used.

Typical durations are:

- **Mild/Recomp Cuts:** 4–6 weeks
- **Standard Cuts:** 8–12 weeks
- **Advanced or Contest Prep Cuts:** 12–16+ weeks

Shorter cycles are ideal for mini-cuts or maintaining conditioning, while longer cycles are suited for major transformations or competitive athletes.

What Makes a Cutting Cycle Effective?

A cutting cycle requires a synergistic approach, balancing the following:

- **Nutrition:** A controlled calorie deficit with high protein intake to prevent catabolism.
- **Training:** Resistance training to signal muscle retention, plus cardio to boost fat loss.
- **Compound Selection:** Steroids like Winstrol, Anavar, or Masteron help retain fullness; SARMs like Ostarine and Cardarine support fat loss with minimal muscle loss. More compounds discussed later in this eBook.
- **Recovery:** Sleep, stress management, and proper post-cycle therapy (PCT) to keep hormones in check.
- **Consistency:** No drug or diet works if you're not consistently executing the plan.

Natural vs. Enhanced Cutting

Natural lifters must be especially careful to avoid excessive calorie deficits, which can result in muscle loss and hormonal imbalances. Enhanced users, on the other hand, can push harder and lean out more aggressively thanks to anabolic

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support that helps maintain muscle and energy levels even under stress.

That said, both approaches still require:

- Smart training and diet choices
- Proper planning
- Avoiding overtraining or under-recovery

Is Cutting Just for Bodybuilders?

Not at all.

While bodybuilders popularized the concept of cutting cycles, anyone seeking to look and feel leaner can benefit from a structured fat-loss phase. Whether you're a powerlifter trimming weight before a meet, a model prepping for a shoot, or someone chasing beach aesthetics, a cutting cycle helps you fine-tune your body composition.

A cutting cycle is more than just dieting—it's a strategic, disciplined process aimed at revealing the best version of your physique. When done right, it balances science, structure, and sometimes supplementation to unlock a leaner, harder, and more muscular you. Before you begin, understand your goals, select your tools wisely, and commit to the process. The more intentional your approach, the more impressive your results.



2. THE SCIENCE BEHIND FAT LOSS & MUSCLE RETENTION

To master a cutting cycle, you must first understand the science driving fat loss and muscle retention. These two goals are often at odds: losing body fat requires a caloric deficit, while maintaining or building muscle thrives in a caloric surplus. The challenge—and the art—is to walk the fine line between these two physiological states.

This chapter breaks down how your body burns fat, why it tries to lose muscle in a deficit, and how you can manipulate training, nutrition, and supplementation to keep your gains while shedding fat.

Understanding Body Fat: What Are We Really Losing?

Body fat is stored energy. When you eat fewer calories than your body needs to maintain its current weight (a caloric deficit), your body turns to stored fat for fuel.

However, your body doesn't just burn fat in a deficit—it may also break down muscle tissue for energy if you're not careful. That's why cutting must be approached strategically. There are two primary types of fat:

- Subcutaneous fat – stored under the skin (visible fat)
- Visceral fat – stored around the organs (linked to health risks)

Your goal in a cutting cycle is to reduce both—but especially subcutaneous fat—to improve definition and aesthetics.

How Fat Loss Happens: The Science

To lose fat, your body must experience a negative energy balance. Here's how that works:

- 1. Caloric Deficit** – You consume fewer calories than you expend.
- 2. Mobilization** – Stored fat (triglycerides) is broken down into free fatty acids.

2. THE SCIENCE BEHIND FAT LOSS & MUSCLE RETENTION

3. Transport – Fatty acids enter the bloodstream and travel to muscles to be used as fuel.

4. Oxidation – In the presence of oxygen (especially during cardio), fatty acids are burned for energy.

This process is regulated by hormones, including:

- Insulin – inhibits fat burning when elevated
- Leptin – controls hunger and metabolism
- Cortisol – stress hormone that can lead to muscle breakdown
- Catecholamines (like epinephrine) – stimulate fat breakdown

You can optimize fat loss by managing these hormones through smart dieting, stress control, and training strategies.

Muscle Loss in a Deficit: Why It Happens

When calories drop, your body looks for alternative fuel sources. If you're not on steroids, it may start breaking down muscle tissue for energy—especially during extended or aggressive cuts.

Factors that contribute to muscle loss include:

- Inadequate protein intake
- Excessive cardio
- Lack of resistance training
- Hormonal imbalance (low testosterone, high cortisol)
- Overly aggressive caloric deficits

Strategies to Preserve Muscle During a Cut

Here's how to shift the odds in your favor:

1. Keep Protein High

Aim for 1.0–1.5 grams of protein per pound of body weight to support muscle retention and satiety.

2. Strength Train Consistently

Muscle is “expensive” for your body to keep. Resistance training signals to your body: “This muscle is needed.”

Focus on heavy compounds and controlled volume. Avoid drastically reducing training intensity, even if you cut back on volume.

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3. Incorporate Smart Cardio

Use moderate-intensity steady-state (MISS) or high-intensity interval training (HIIT) to burn fat efficiently. Don't overdo it to the point of burning muscle or increasing cortisol.

4. Use Anabolic Support (If Enhanced)

Compounds like Anavar, Primobolan, or SARMs like Ostarine can preserve muscle even during intense calorie restriction. There is no way the very top bodybuilders can look so large and lean without taking steroids to lock down their muscle mass during a cut and just forcing their bodies to feed solely on stored fat for energy when they cut up for a show. This same principle applies to every fitness enthusiast out there who is just trying to look good with their shirt off. In order to preserve muscle mass, anabolic enhancement might be needed. If you are over the age of 35, then you surely will need it if you are to keep muscle on while losing fat.

5. Avoid Crash Diets

Keep your calorie deficit moderate—typically 15–25% below maintenance—to allow gradual, sustainable fat loss without significant muscle breakdown.

The Role of Hormones in Fat Loss & Muscle Retention

Hormones govern nearly every aspect of this process:

Testosterone – essential for maintaining muscle mass, strength, and mood

Growth Hormone (GH) – helps mobilize fat and preserve lean mass

Insulin Sensitivity – improves nutrient partitioning and supports lean tissue

Thyroid Hormones (T3/T4) – regulate metabolic rate

Keeping these hormones optimized—naturally or with pharmacological support—is key to cutting success. See the profiles on these hormones I've written extensively about them.

2. THE SCIENCE BEHIND FAT LOSS & MUSCLE RETENTION

Nutrient Partitioning: Feed the Muscle, Starve the Fat

A well-designed cutting cycle improves nutrient partitioning, meaning your body preferentially stores nutrients in muscle rather than fat. This can be influenced by:

- Training timing (especially around carbs)
- Insulin sensitivity
- Supplements like berberine, or L-carnitine
- PEDs like growth hormone or selective androgens

When done right, you'll maintain fullness, feel strong, and lose fat without sacrificing your hard-earned gains.

Conclusion: Mastering the Balance

Fat loss and muscle retention are not opposing goals—they just require the right strategy. By understanding the underlying physiology, you can structure your cut to maximize fat oxidation while holding onto lean mass.

Remember: a shredded physique isn't just about losing weight—it's about retaining muscle and revealing your shape. That's the science—and the secret—behind every successful cutting cycle.

3. DIET, TRAINING & CARDIO FOR AN EFFECTIVE CUT

To achieve a lean, shredded physique, it's not enough to simply eat less and move more. An effective cutting phase requires a precise blend of diet, training, and cardio, all working together to burn fat while protecting lean muscle mass.

This chapter breaks down exactly how to design a cutting regimen that delivers results—without leaving you flat, weak, or overtrained.

1. Diet: The Foundation of Every Cut

Your diet will account for 70–80% of your fat loss success. No amount of drugs or cardio can outwork a poor diet. That said, cutting is not just about slashing calories—it's about creating a plan that supports fat burning, muscle retention, and consistent energy levels.

Calorie Deficit

- Aim for a 15–25% deficit below your maintenance level.
- Example: If your maintenance is 2,800 calories, your cutting intake should be around 2,100–2,400 calories.
- More aggressive cuts may be used short-term but should be monitored carefully.

Macronutrient Breakdown

- Protein: 1.0–1.5g per pound of bodyweight (crucial for muscle retention)
- Fats: 20–30% of total calories (support hormone function)
- Carbs: Fill the remaining calories (adjust based on training demands)

A sample macronutrient ratio might look like:

40% protein / 30% carbs / 30% fat – then tweak from there.

Meal Timing

- Pre-Workout: Include carbs + protein to fuel performance
- Post-Workout: Fast-digesting carbs + protein to replenish glycogen and recover

3. DIET, TRAINING & CARDIO FOR AN EFFECTIVE CUT

-Keep protein intake consistent throughout the day to optimize muscle protein synthesis.

Hydration & Electrolytes

-Drink at least 1 gallon of water daily.

-Use electrolytes (sodium, potassium, magnesium) to support hydration, especially during high-cardio phases or when using diuretics or thermogenics.

2. Training: Lift Heavy, Train Smart

Cutting doesn't mean training lighter—it means training smarter.

Goal: Preserve (or even gain) strength and muscle while in a deficit.

Resistance Training Sample Guidelines:

Frequency: 4–6 sessions per week

Split Options:

-Push/Pull/Legs (3-6 days)

-Upper/Lower split

-Body-part focused split (Chest/Back/Arms/Legs/Shoulders)

Reps & Sets:

-8–12 reps for hypertrophy

-Include compound movements (bench press, deadlifts, squats, overhead press)

-Don't shy away from 6–8 reps for strength maintenance

Progressive Overload:

-Even in a deficit, try to maintain or slowly increase weights

-Use volume or density progression if strength stalls

Training Tips for a Cut:

-Avoid excessive volume—you're not in a surplus anymore

-Maintain intensity, but reduce sets if fatigue accumulates

-Track strength performance—declines may signal muscle loss or recovery issues.

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3. Cardio: Fat-Burning Accelerator, Not a Punishment

Cardio can enhance fat loss—but it's not the main driver. Think of it as a supplemental tool, not your primary weapon.

Types of Cardio:

1. LISS (Low-Intensity Steady State)

- Walking, cycling, incline treadmill.
- Easier to recover from, good for fasted morning sessions.
- 30–60 minutes per session, 3–6x per week.

2. MISS (Moderate Intensity)

- Jogging, steady rowing, elliptical.
- Can be used mid-day or post-lift for calorie burn.

3. HIIT (High-Intensity Interval Training)

- Short bursts (20–30 sec) followed by recovery (1–2 min).
- Efficient but more taxing on CNS and recovery.
- Use sparingly: 1–2 sessions per week max.

When to Add More Cardio

- If fat loss stalls for more than 7–10 days.
- After dietary adjustments have been made and plateau persists.
- To create an additional daily caloric deficit (e.g., burn 300–400 calories).

4. Supplements to Support Diet & Training

- **Fat Burners:** Clenbuterol, Yohimbine HCL, or ECA stack (use with caution).
- **L-Carnitine:** Enhances fat oxidation during cardio.
- **BCAAs / EAAs:** Optional, may support recovery while fasted.
- **Pre-Workout / Caffeine:** Improves energy and performance while on reduced calories.
- **Electrolytes:** Prevent cramping and fatigue.
- **N2Guard:** The perfect multivitamin and multimineral for any trained athlete.
- **HCGenerate:** To keep up your strength and libido during any cut.

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5. Tracking Progress: Scale is Not Everything

Don't obsess over bodyweight alone. Track your cut using multiple tools:

- Progress photos (weekly, same lighting)
- Tape measurements (waist, chest, arms)
- Strength logs on the Forums
- Body fat estimates (calipers, DEXA, or mirror test)
- How clothes fit

Expect **1–2 lbs of fat loss per week**. Faster loss likely includes water and muscle.

Conclusion: Structure Creates Results

An effective cutting phase doesn't happen by accident. It takes **strategic structure, consistent discipline, and smart adjustments**. Your diet is the foundation, training keeps your muscle, and cardio accelerates the burn—but only when applied properly.

When all three work in harmony, and you support your body with the right supplementation or enhancement tools, you'll not only lose fat—you'll reveal the best version of your physique.



4. COMMON MISTAKES

Common Mistakes During a Cutting Cycle

Even with the best intentions, many people sabotage their cutting results by making avoidable mistakes. Whether you're a natural lifter or enhanced, a successful cut requires precision, patience, and discipline.

This chapter covers the most common mistakes that derail progress—and how to avoid them so you can burn fat efficiently while keeping your hard-earned muscle.

1. Dropping Calories Too Fast

Cutting your calories drastically might seem like the fastest route to fat loss—but it often backfires.

What happens:

- Metabolism slows down rapidly
- Muscle mass is sacrificed for energy
- Hormones (testosterone, leptin, thyroid) become suppressed
- Cravings skyrocket, leading to binges

Fix:

Start with a moderate deficit (15–25% below maintenance) and adjust gradually. Allow your body to adapt, rather than shocking it into starvation mode.

2. Overdoing Cardio

While cardio is a helpful fat-loss tool, more is not always better. Excessive cardio can:

- Spike cortisol levels
- Eat into recovery from weight training
- Lead to muscle loss
- Cause joint fatigue or injury

Fix:

Use cardio strategically—add it gradually, not as punishment. Prioritize weight training and use cardio to enhance the deficit when needed. 3–5 sessions a week is often more than enough.

3. Neglecting Resistance Training Intensity

Many people assume they need to lift lighter weights or do high reps when cutting. That's a big mistake.

What happens:

- You send the signal that your body no longer needs the muscle
- Strength plummets
- Muscle loss accelerates

Fix:

Keep lifting heavy and intense. Your goal isn't to build new mass, but to maintain what you already have. Stick with your big lifts and progressive overload where possible.

4. Inconsistent Protein Intake

Protein is your muscle-preservation insurance policy during a cut. If your intake dips too low, your body turns to muscle tissue to meet energy demands.

Fix:

Aim for 1.0–2.0g of protein per pound of body weight. Space it out throughout the day, and especially around training. If appetite drops, consider using protein shakes to stay on target.

5. No Tracking or Progress Monitoring

Guessing your calories, eyeballing meals, or skipping weigh-ins can sabotage your cut without you even realizing it.

What happens:

- You eat more than you think.
- You misjudge progress and plateau.
- You lose motivation due to lack of visible results.

Fix:

Track your food (apps you can use on your phone are abundant), take weekly progress photos, weigh yourself 2–3x per week, and log workouts on the forums as well. Use data to make smart adjustments. `Make sure to start

6. Expecting Instant Results

Cutting is a process, not a crash course. Many people quit too early or make extreme changes because they don't see results fast enough.

Fix:

Give your plan at least 2–3 weeks before expecting visible changes. Fat loss is not linear, and fluctuations are normal. Stay consistent and adjust only when necessary. Once you are in motion, you will see changes week to week, and maybe some weeks not it is just part of the process.

7. Ignoring Recovery and Sleep

Lack of sleep and chronic stress raises cortisol, reduce testosterone, and make it harder to lose fat while holding onto muscle.

Fix:

- Get 7–9 hours of quality sleep per night.
- Reduce life stress where possible.
- Avoid overtraining—recovery is just as important as training.

8. Poor Supplement or PED Management

Using the wrong compounds—or abusing the right ones—can tank your cut. Some people:

- Use wet compounds (like Dianabol) during a cut, leading to water retention
- Take too many stimulants, causing adrenal fatigue.
- Forget to plan for PCT, losing gains post-cycle.
- Neglect their organ health by not taking **N2Guard**.
- Neglect their testicular axis by not taking **HCGenerate**.

Fix:

Choose dry, hardening compounds for cutting (Anavar, Winstrol, Masteron, etc.), and always plan your Post-Cycle Therapy in advance. Use support supplements like **N2Guard**, **HCGenerate**, and liver protectants as needed.

4. COMMON MISTAKES

9. Chasing Scale Weight Instead of Fat Loss

Dropping scale weight quickly often means muscle + water + fat, not just fat. That's not real progress.

Fix:

Focus on how you look, feel, and perform. Use the mirror, measurements, and gym performance as your primary tools. A slow, steady cut preserves aesthetics and strength.

10. Not Adjusting When Progress Stalls

What worked in Week 1 won't work forever. Your body adapts.

Fix:

Be ready to adjust calories, cardio, or training every 2–3 weeks. Look at the data objectively and don't fear small tweaks. That's how you continue to progress.

Final Thoughts: Cutting Is a Skill

Avoiding these common mistakes puts you in the top 10% of people who actually finish their cuts strong—with lean muscle preserved and real fat lost.

Cutting is a skill. It takes awareness, discipline, and smart decision-making. Nail these basics, and your results will speak for themselves.



5. SAFE FAT LOSS VS. EXTREME CUTTING

How to Get Lean Without Losing Your Health (or Your Muscle)
Cutting fat and getting shredded is a goal for many athletes and fitness enthusiasts—but there’s a fine line between effective fat loss and extreme, unsustainable cutting that can wreak havoc on your body and mind.

In this chapter, we’ll break down the difference between safe, strategic fat loss and dangerous crash dieting. Knowing the difference could be the key to long-term success—and long-term health.

What Is Safe Fat Loss?

Safe fat loss is a sustainable approach that prioritizes:

- Preserving muscle mass
- Supporting hormonal balance
- Avoiding metabolic slowdown
- Maintaining mental and physical well-being
- Providing room for adjustments as the cut progresses

A safe, strategic fat loss plan can’t include “overnight transformations,” but it delivers lasting results without leaving you wrecked, weak, or rebounding.

Guidelines for Safe Fat Loss

- **Rate of Fat Loss:** Aim for 0.5–2 pounds per week depending on your starting point. Leaner individuals should aim for the lower end to preserve muscle. If you are grossly overweight, then you may be able to lose way more; it all depends on how lean you start.
- **Calorie Deficit:** Keep it moderate—15–25% below maintenance. Too steep, and you risk losing lean tissue and crashing your metabolism.
- **Macronutrient Balance:** High protein, moderate fats, and carbs tailored to training needs.
- **Training Focus:** Heavy resistance training to preserve strength and size.

5. SAFE FAT LOSS VS. EXTREME CUTTING

- **Cardio:** Add gradually—don't rely on hours of cardio from the start.
- **Supplement/PED Use:** Choose compounds that enhance fat loss without compromising health, such as Anavar, Winstrol, Cardarine, or SARMs like Ostarine.
- **Support Supplements:** Include liver support, organ protection, electrolytes, and sleep aids if needed.
- **Mental Health:** Prioritize stress reduction, social balance, and emotional support. A healthy mindset is part of a successful cut.

What Is Extreme Cutting?

Extreme cutting involves aggressive measures to force rapid fat loss, often at the expense of:

- Muscle mass
- Hormonal health
- Recovery and sleep
- Immune function
- Mental stability

This approach might yield fast changes on the scale or in the mirror—but it almost always ends in burnout, rebound fat gain, or worse—injury, illness, or permanent damage to your metabolism or endocrine system.

Red Flags of Extreme Cutting

- Calorie drops below 1,200–1,600 calories/day (for most men)
- Multiple hours of cardio daily
- Heavy stimulant use (Clenbuterol, ECA, DNP) without proper cycling
- Neglecting resistance training
- Zero-carb or starvation diets
- Severe mood swings, fatigue, brain fog
- No planned refeed or diet breaks
- No exit plan or post-cut recovery protocol

5. SAFE FAT LOSS VS. EXTREME CUTTING

Risks of Going Too Extreme

Muscle Loss: Without enough calories, protein, or training stimulus, your body breaks down muscle for energy.

Hormonal Crash: Severe deficits lower testosterone, thyroid hormones (T3/T4), leptin, and more. Women may lose their menstrual cycle. Men may experience libido crashes and lethargy.

Mental Burnout: Depression, anxiety, irritability, and binge eating are common when the body is underfed and overstressed.

Metabolic Adaptation: Your body adapts to extreme restriction by slowing metabolism. This makes it harder to lose fat in the future—and easier to regain it.

Increased Injury Risk: Joints, tendons, and energy reserves are compromised. Heavy training under extreme fatigue leads to poor form and potential injury.

Strategic Tools to Accelerate Fat Loss Safely

You can still push results without pushing your body over the edge. Use these smart tools:

-Refeeds (1–2x per week): Temporary increase in calories and carbs to reset leptin and mental energy.

-Diet Breaks: 1 week at maintenance after 6–8 weeks of cutting.

-Fat Loss Agents: Use compounds like Yohimbine, Cardarine, or mild SARMs to accelerate fat loss without muscle sacrifice.

-L-Carnitine: Enhances fat utilization during cardio.

-Tracking Biofeedback: Monitor sleep, energy, mood, libido, and gym performance to know when to adjust.

-HCGenerate: Keep hormonal production at peak levels.

-N2Guard: Organ cleansing support for use while on a cycle.



6. ANABOLIC STEROIDS FOR CUTTING

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ANAVAR (OXANDROLONE)

Anavar, known chemically as Oxandrolone, is often regarded within the bodybuilding community as a relatively safe and mild anabolic steroid, particularly favored for its lower risk profile. It is especially popular among female bodybuilders and male athletes seeking subtle, quality muscle gains without severe side effects. Anavar's appeal lies in its ability to promote lean muscle mass and strength gains while being less likely to cause significant weight gain, water retention, or the androgenic side effects commonly associated with more potent steroids. Users appreciate its reputation for not dramatically increasing liver enzymes, a common concern with oral steroids. However, it's important to note that while Anavar is perceived as less harsh, it still carries risks, especially when used improperly. Its perceived mildness often leads to it being underestimated, but seasoned users and professionals in the bodybuilding world emphasize the importance of respecting its power and using it responsibly within a well-structured cycle.

History of Anavar

Anavar was first synthesized in 1962. Developed for medical purposes, it entered the pharmaceutical market in 1964. Created by Raphael Pappo while at Searle Laboratories (now Pfizer Inc.), Oxandrolone was notable for its therapeutic properties and mild side effects. Its primary medical uses included:

- Promoting weight gain in various conditions.
- Offsetting protein catabolism caused by long-term corticosteroid therapy.
- Aiding recovery from severe burns.
- Treating bone pain associated with osteoporosis.
- Aiding in the development of girls with Turner syndrome.

ANAVAR (OXANDROLONE)

Unlike many other anabolic steroids developed during that period, Anavar was recognized for its unique balance between anabolic and androgenic effects. This balance made it a preferred choice for treating not only males but also females and children, in whom androgenic effects (like masculinization) are less desirable. Anavar's comparatively mild nature (in terms of liver toxicity and other side effects) was a significant advancement in the field of anabolic steroids. Over the years, its applications in clinical settings have demonstrated effectiveness, particularly in promoting muscle growth and weight gain in various catabolic conditions. However, despite its medical benefits, the potential for abuse in sports and bodybuilding contexts became a point of concern, leading to a shift in its availability and legal status over the years.

Long-Term Studies: In a study involving severely burned children, Oxandrolone was administered at a dose of 0.1 mg/kg orally twice daily for up to 24 months.[\[1\]](#) This long-term administration was significant in improving bone mineral content (BMC), bone mineral density (BMD), and height velocity. Notably, this study indicates the use of Oxandrolone over a significantly extended period, far beyond the typical duration associated with bodybuilding cycles.

Other Clinical Trials: Another study with children having burns over more than 40% of total body surface area involved administering Oxandrolone in a dose of 0.1 mg/kg po bid (twice daily). The duration was not explicitly mentioned, but the study involved follow-ups at 6, 9, and 12 months after the burn, suggesting an extended period of treatment.

Usage in Bodybuilding: Anavar (Oxandrolone)

In the realm of bodybuilding, Anavar (Oxandrolone) is esteemed for its distinct properties that make it favorable for certain fitness goals. Its usage in bodybuilding is

characterized by specific patterns and combinations with other substances.

Anabolic Characteristics: Anavar is known for its anabolic effects, which are more pronounced than its androgenic effects. This makes it particularly popular among bodybuilders for muscle growth and strength enhancement with relatively fewer androgenic side effects. It is much more anabolic than androgenic, making it a choice steroid for those seeking less intense steroid regimens, especially female bodybuilders.

Non-medical Perception: Despite its non-medical use, Anavar is often perceived as one of the safer anabolic steroids, especially in terms of hepatotoxicity and other common steroid-related side effects.

Prescription and Bodybuilding Dosage Guidelines

Adult Dosage: For weight loss in adults, the typical dosage of Oxandrolone ranges from 2.5 mg to 20 mg orally in 2 to 4 divided doses. The duration of therapy is usually 2 to 4 weeks, which can be repeated intermittently as indicated.

Pediatric Dosage: For pediatric patients, the dosage is less than or equal to 0.1 mg per kg body weight. Similar to adults, this treatment may also be repeated intermittently as needed.

Bodybuilder and Athlete Dosage: Male athletes looking for some strength gains without adding much bulk will use between 15mg - 30mg of the drug per day.

-Newbie bodybuilders looking to run a safe cycle of lean gains will usually use about 40mg - 60mg per day.

-Competitive bodybuilders using Anavar for contest prep will use between 50mg - 100mg of Anavar, along with other steroids.

Female Dosage: Women will use between 2.5mg and 15mg of Anavar per day, depending on their goals, so female competitors will tend to use much more than the average cardio bunny.

Anavar Half-Life Explained

Anavar has a longer half-life compared to many oral anabolic steroids, typically around 9 to 10 hours. This extended half-life allows for a more sustained drug release into the bloodstream, enabling users to maintain relatively stable blood levels with fewer daily doses. Typically, users might split their daily dosage into two administrations to align with Anavar's half-life. The benefit of a longer half-life, as seen in Anavar, is a reduced dosing frequency, which can enhance compliance and ease of use, especially for those who prefer a less intensive dosing schedule. This aspect of Anavar, along with its relatively mild side effects compared to stronger steroids, contributes to its popularity, particularly among athletes and bodybuilders looking for a balance between efficacy and manageability in their steroid regimen.

Stacking and Combinations:

With Other Steroids: Bodybuilders often stack Anavar with other steroids to enhance the desired effects. For example, it may be combined with testosterone or other anabolic steroids to boost muscle growth and overall physical enhancement.

Cutting Cycles: Anavar is frequently used in cutting cycles to help maintain muscle mass while reducing body fat. It's valued for its ability to promote lean muscle mass.

Pre-Competition: In the weeks leading up to bodybuilding competitions, Anavar is often used due to its ability to help achieve a more defined, lean physique without excessive water retention.

Female Bodybuilders: Due to its mild anabolic effect and relatively low androgenic properties, Anavar is a preferred choice among female bodybuilders. It enables them to gain lean muscle mass, shed fat, and enhance physical performance without the degree of virilization or other side effects associated

with more androgenic steroids.

Long-Term Clinical Use: In specific medical conditions, such as severe burns in children, dosages of 0.1 mg/kg twice daily for up to 24 months have been administered.[\[2\]](#)

Cycle Length: Anavar has been used in clinical settings for 24 continuous months, so the drug is safe to use long-term. Still, most bodybuilders are using much higher dosages than the burnt children in the study, so most will get off the drug after only six to eight weeks of use. However, we have heard anecdotes of bodybuilders staying on Anavar for up to three months leading up to a big competition. All of this being said, the average bodybuilding enthusiast should not need to use Anavar for more than 6 weeks under any circumstances.

Side Effects of Anavar (Oxandrolone)

Androgenic Effects: Despite its mild nature, Anavar can cause masculinization, particularly in female users.

Hepatotoxicity: Uniquely among 17 α -alkylated AASs, Anavar shows little to no hepatotoxicity at clinical doses, but risks increase with higher dosages.

Cardiovascular Risks: Changes in blood lipids might increase the risk of atherosclerosis.

Hormonal Disruption: Prolonged use can disrupt hormonal balance, impacting natural testosterone production and fertility.

Bone Health: Potential effects on bone mineral content and density, particularly in long-term usage.

These precautions and side effects highlight the need for careful consideration and medical supervision when using

Anavar, particularly outside of clinical contexts.

Anavar in the media.

The recent ban on the prescription of Oxandrolone (Anavar) in the United States marks a significant change in its legal and medical status. Here's a summary of the situation:

When: The shift in regulatory stance occurred in 2023.

How and Why: The Food and Drug Administration (FDA) announced that Oxandrolone would no longer be approved for medical use in the United States. This decision followed the withdrawal of requests for review by Gemini Labs and two other mainstream pharmaceutical companies for Oxandrin, the brand name for Oxandrolone.

Reasons Cited by Labs: The labs cited concerns about the potential risks associated with Oxandrolone. They referred to data indicating possible severe side effects like peliosis hepatis (sometimes associated with liver failure and intra-abdominal hemorrhage), liver cell tumors (sometimes fatal), and blood lipid changes associated with increased risk of atherosclerosis.

FDA Agreement: The FDA agreed with the labs' assessments, reflecting growing concerns about the safety profile of Oxandrolone, particularly at the dosages being used.

Impact and Reactions: The decision sent shockwaves through the world of sports science and bodybuilding, where Oxandrolone was frequently used due to its mild anabolic effects and relative safety compared to other anabolic steroids. The move by the FDA and the withdrawal by the pharmaceutical companies indicate a significant shift in the perception and legal standing of Oxandrolone in the medical and athletic communities.

ANAVAR (OXANDROLONE)

“While Anavar does have the ability to help with stubborn fat loss areas, it is NOT a weight loss drug and not it, or any other steroid are used for weight loss...”

-DYLAN GEMELLI

<https://www.evolutionary.org/forums/threads/anavar-for-fat-loss-benefits.95567/>

“Since Anavar upregulates the AR gene, and the Androgen receptor, if you are genetically predisposed towards Prostate cancers, or Androgenic Alopecia, your more likely to speed up that process, despite it being mildly androgenic itself. Along with that principle comes its unique effect on fat cells. The increased sensitivity of androgen receptors causes more nutrients to be directed towards muscle cells and away from fat cells. It cannot be deactivated by fat cells as we have already seen, and its able to cause lipolysis, the breakdown of triglycerides into Glycerol and Fatty acids. Anavar Activates a very important enzyme called Hormone Sensitive Lipase (HSL) and this triggers Noradrenalin and Cyclic Adenosine Monophosphate into action.”

-EVOLUTIONARY

<https://www.evolutionary.org/anavar-ep>

This article is part of the exclusive content found in the ***Underground Oral Steroid Handbook***, available for free download at ***IronGorillas.com***. Inside, you'll find this full profile along with many others covering oral compounds, effective cycles, usage protocols, and performance strategies—clearly explained and backed by science.

WINSTROL (STANOZOLOL)

Winstrol 10



Winstrol 50



Winstrol (Stanozolol): The Cutting Edge of Performance Enhancement

Overview of Winstrol

Winstrol, scientifically known as Stanozolol, is one of the most versatile anabolic steroids, famed for its ability to deliver lean, hard muscle without the water retention often associated with other compounds. Developed in the late 1950s, Winstrol has found widespread use among athletes and bodybuilders for cutting cycles, performance enhancement, and overall physique refinement.

Para Pharma's Winstrol is formulated to deliver premium-grade results, helping users achieve a lean, aesthetic look with precision and consistency.

Chemical Profile and Characteristics

-Chemical Structure: Stanozolol is a derivative of dihydrotestosterone (DHT), modified to enhance its anabolic

This article was extracted from the book *Para Pharma 2024 Steroid Guide*. Download it for free at: IronGorillas.com It includes this profile and many more performance-enhancing compounds.

properties while minimizing androgenic effects.

-Anabolic Rating: 320 (compared to testosterone's 100).

-Androgenic Rating: 30 (much lower than testosterone).

-Half-Life: 9 hours (oral), 24 hours (injectable).

-Detection Time: Up to 3 weeks (oral), 8 weeks (injectable).

-Form: Oral tablets or injectable solution.

Winstrol stands out for its ability to promote muscle definition and vascularity, making it a favorite in cutting cycles and competition prep.

Benefits of Winstrol

Enhanced Muscle Definition

Winstrol excels at promoting a dry, hard look by reducing water retention and enhancing muscle striation. This makes it ideal for athletes looking to refine their physique.

Improved Strength and Power

Winstrol increases strength without adding significant bulk, making it popular among performance athletes who require speed, agility, and endurance.

Fat Loss and Lean Muscle Preservation

Winstrol aids in fat loss while preserving lean muscle mass, especially during calorie-deficit phases. Its anabolic effects ensure you maintain your gains while cutting.

No Estrogenic Side Effects

As a DHT derivative, Winstrol does not aromatize into estrogen. This eliminates concerns of water retention, gynecomastia, and other estrogen-related issues.

Versatility in Administration

Available in both oral and injectable forms, Winstrol offers flexibility to users based on their preferences and goals.

Dosage and Administration

For Men:

- Cutting Phase (Oral):** 25–50 mg per day.
- Cutting Phase (Injectable):** 50 mg every other day.
- Cycle Duration:** 6–8 weeks.

For Women:

- Cutting Phase (Oral):** 5–10 mg per day.
- Cycle Duration:** 4–6 weeks.

Best Practices:

- Oral Winstrol is hepatotoxic; liver support supplements like N2Guard are essential.
- Due to its short half-life, oral doses should be split throughout the day for stable blood levels.
- Injectable Winstrol can cause site discomfort; proper injection technique is critical.

Side Effects

While Winstrol is relatively mild compared to other steroids, it still carries potential side effects.

Common Side Effects:

- Liver Toxicity:** Oral Winstrol is a 17-alpha alkylated steroid, increasing liver strain. Use responsibly and monitor liver health.
- Joint Discomfort:** Some users report joint pain due to reduced water retention in connective tissues.
- Cholesterol Impact:** Winstrol can negatively affect HDL (good cholesterol) and LDL (bad cholesterol). Diet and supplementation can help manage this.
- Androgenic Effects:** Mild androgenic effects such as acne or hair thinning may occur, particularly in genetically predisposed individuals.
- Testosterone Suppression:** Winstrol can suppress natural testosterone production, necessitating post-cycle therapy (PCT).

Stacking with Winstrol

Cutting Stack:

- Winstrol (Oral):** 40 mg per day.
- Testosterone Propionate:** 100 mg every other day.
- Masteron:** 100 mg every other day. This stack creates a lean, ripped physique with enhanced muscle hardness and vascularity.

Recomp Stack:

- Winstrol (Injectable):** 50 mg every other day.
- Trenbolone Acetate:** 75 mg every other day.
- Anavar:** 40 mg per day. Designed for users aiming to build muscle while simultaneously cutting body fat.

Female Stack:

- Winstrol (Oral):** 5 mg per day.
- Clenbuterol:** 20 mcg per day. Women find this stack effective for fat loss and achieving a lean, toned appearance with minimal risk of masculinization.

Why Choose Para Pharma's Winstrol?

Para Pharma's Winstrol is produced to the highest pharmaceutical standards, ensuring optimal purity, potency, and consistency. Whether you choose the oral or injectable form, you can trust Para Pharma to deliver reliable and effective results for your cutting and performance goals.

Final Thoughts

Winstrol remains a cornerstone for athletes and bodybuilders aiming to achieve a lean, sculpted physique. Its ability to enhance muscle definition and strength without significant bulk makes it a versatile and valuable addition to any cycle. With Para Pharma's Winstrol, you're investing in a trusted product that delivers exceptional results, cycle after cycle.

PRIMOBOLAN (METHENOLONE)



Active Ingredient: Methenolone Enanthate

Active Half-Life: 10-14 Days

Classification: Anabolic Steroid

Dosage: 300-800 mg Per Week

Acne: Possible

Water Retention: Low

Hepatotoxicity: Low

Aromatization: None

Etho-Primobolan is a premier formulation of methenolone enanthate, highly esteemed in the bodybuilding and athletic communities for its ability to foster lean muscle gains with minimal side effects. This anabolic steroid is particularly favored for its ability to promote muscle definition and strength without the significant estrogenic issues commonly associated with other steroids. Known for its stability and effectiveness, it's often chosen by those who prioritize quality muscle development and performance enhancement.

Methenolone enanthate, the active ingredient in Etho-Primobolan, is known for its long-lasting effects due to its half-life of 10-14 days. This extended half-life allows for less frequent dosing while ensuring stable hormone levels in the bloodstream. The steroid works by enhancing protein synthesis and nitrogen retention, crucial for muscle growth and recovery. Importantly, methenolone enanthate does not aromatize, meaning it does not convert into estrogen, significantly reducing the risk of estrogenic side effects such as gynecomastia and excessive water retention.

PRIMOBOLAN (METHENOLONE)

For optimal results, the recommended dosage of Etho®-Primobolan ranges from 300 to 800 mg per week. Due to its extended half-life, it is typically administered once or twice weekly to maintain consistent blood levels. Adherence to the dosage guidelines is essential for maximizing benefits and minimizing potential side effects. Regular monitoring and adjustment based on individual progress and goals are recommended.

Benefits

Lean Muscle Gains: Promotes steady and high-quality muscle growth with minimal fat gain.

Enhanced Muscle Definition: Provides a more defined and aesthetic muscle appearance.

Minimal Estrogenic Side Effects: Absence of aromatization reduces risks of gynecomastia and water retention.

Low Hepatotoxicity: Minimal strain on liver function compared to many oral steroids.

Side Effects

Acne: Possible acne outbreaks due to elevated androgen levels.

Water Retention: Generally low, aiding in maintaining muscle definition.

Low Aromatization: No estrogenic side effects, such as gynecomastia, due to lack of conversion to estrogen.

Etho-Primobolan is associated with low hepatotoxicity, making it a safer choice for long-term use compared to oral steroids. However, regular health check-ups are still important to monitor overall well-being and ensure optimal liver function. Users should also be attentive to any potential androgenic effects and manage their dosage accordingly.

PRIMOBOLAN (METHENOLONE)

Etho-Primobolan stands out as an effective and reliable anabolic steroid for those seeking lean muscle gains and improved muscle definition. Its long half-life, combined with its low aromatization and minimal side effects, makes it a top choice for bodybuilders and athletes aiming for sustained performance enhancement and quality muscle development. Proper dosage and monitoring are key to achieving desired results while maintaining health.

This article was taken directly from the *[Beligas Pharmaceuticals 2024 Underground Guide](#)*—a detailed, uncensored resource covering the most effective performance-enhancing compounds for both body and mind. By downloading the full guide for free at irongorillas.com/beligas-pharmaceuticals-2024-underground-guide/, you'll unlock not only this complete profile, but also a wide range of others featuring steroids, SARMs, peptides, fat burners, and advanced enhancement strategies—all delivered with a practical, safety-first, and science-backed approach.

MASTERON (DROSTANOLONE)

Drostanolone: A Detailed Guide for Bodybuilders

For athletes and bodybuilders who are focused on achieving a lean, hard physique, Drostanolone (often referred to by its trade names Masteron Enanthate or Masteron Propionate) stands out as a highly effective anabolic steroid. Known for its muscle-hardening effects and ability to promote fat loss, it's commonly used during cutting cycles and preparation for competitions.

Understanding Drostanolone

Drostanolone is a dihydrotestosterone (DHT) derivative, which means it has strong androgenic properties but is resistant to aromatization. Aromatization is the process by which testosterone converts into estrogen, and because Drostanolone does not aromatize, it is especially valued for creating a dry, lean appearance without water retention or the risk of estrogenic side effects like gynecomastia.

The Esters of Drostanolone

Drostanolone is available in two primary ester forms, which control how quickly it is released into the bloodstream and how frequently it needs to be administered.

Drostanolone Propionate

- **Half-Life:** Approximately 2-3 days.
- **Usage:** Drostanolone propionate is fast-acting, requiring injections every other day. This ester is typically used by bodybuilders who are preparing for competitions, as it quickly reduces body fat and enhances muscle hardness. It's ideal for those looking for rapid, short-term results during a cutting phase.
- **Benefits:** Users report increased muscle density, improved vascularity, and minimal water retention. It's commonly stacked with other cutting agents like Trenbolone and

testosterone propionate for maximum fat loss.

Drostanolone Enanthate

- **Half-Life:** Around 7-10 days.
- **Usage:** This long-acting ester requires fewer injections, typically administered once or twice a week. Drostanolone enanthate is preferred by athletes looking for sustained results over a longer period, such as those during longer cutting phases.
- **Benefits:** Drostanolone enanthate provides the same muscle-hardening and fat-reducing effects as propionate but with the convenience of less frequent injections. It's often used by athletes during the latter stages of a contest prep to maintain lean muscle while cutting calories.

Drostanolone does not aromatize, it is especially valued for creating a dry, lean appearance without water retention or the risk of estrogenic side effects like gynecomastia.

This article was extracted from the book *[Euro Pharma 2024 Steroid Handbook](#)*. Download it for free at: [Iron-Gorillas.com](#) It includes this profile and many more on powerful, pharmacy-grade performance-enhancing compounds.

Cycle Protocols

Drostanolone is almost always used in cutting cycles due to its inability to promote significant bulk or mass gain. Instead, it excels in refining muscle tone and reducing body fat. A typical Drostanolone cycle lasts between 8 to 12 weeks, often stacked with other steroids like testosterone, Trenbolone, or Anavar.

For beginners, a typical dose might be:

Drostanolone Propionate: 300-400mg per week, injected every other day.

Drostanolone Enanthate: 400-500mg per week, injected twice weekly. ([EliteFitness](#))

Managing Side Effects

Though Drostanolone is known for being mild in terms of side effects, particularly because it doesn't convert to estrogen, users should still be aware of possible issues:

-Androgenic Effects: Drostanolone can cause androgenic side effects, such as increased acne, oily skin, and in some cases, hair loss—especially for individuals predisposed to male pattern baldness .

-Cholesterol Impact: Drostanolone can negatively impact cholesterol levels, lowering HDL (good cholesterol) and increasing LDL (bad cholesterol). It's important to monitor lipid profiles during a cycle, particularly if combined with other steroids.

-Testosterone Suppression: Like other anabolic steroids, Drostanolone suppresses natural testosterone production, meaning **post-cycle therapy (PCT)** is essential to restore natural hormonal balance after a cycle.

Conclusion

Drostanolone is a highly regarded steroid for cutting cycles, providing bodybuilders with the tools they need to create a dry, defined physique. Its ability to enhance muscle hardness and reduce fat, while minimizing water retention, makes it especially popular for contest preparation. When combined with proper diet and training, Drostanolone can significantly boost a bodybuilder's performance and appearance.

As always, consult with experienced professionals or trusted forums like [Evolutionary.org](https://www.evolutionary.org) or [EliteFitness.com](https://www.elitefitness.com) to tailor your cycle for the best results while minimizing risks. Proper management of dosages and post-cycle therapy is key to reaping the full benefits of Drostanolone.

TRENBOLONE ACETATE VS. TRENBOLONE ENANTHATE

Trenbolone is highly regarded within the performance enhancement community as one of the most potent anabolic steroids, making it a preferred drug for muscle growth, fat loss, and enhanced physical performance. Its ability to stimulate protein synthesis and nitrogen retention significantly contributes to accelerated muscle gains and promotes a remarkable fat-burning effect. This combination not only aids in achieving a leaner physique but also enhances strength and performance, making Trenbolone a versatile choice for bodybuilders and athletes aiming for both bulking and cutting phases.

However, Trenbolone's fame comes with a note of infamy due to its potential for severe side effects. It is known for more pronounced adverse effects compared to many other steroids, including but not limited to cardiovascular issues, liver toxicity, hormonal imbalances leading to trouble sleeping, and significant mood swings and aggression, often referred to as "Tren rage." Moreover, its potent androgenic effects can lead to pronounced virilization in female users and a host of androgenic effects in men. Despite these risks, its efficacy in muscle building and fat loss cannot be understated, provided it is used with caution and responsible management, including post-cycle therapy to mitigate side effects.

Note: Trenbolone has a unique side effect called "Tren Cough". This is a severe bout of painful cough that can last up to 5 minutes. This happens immediately after some injections where the steroid was injected too close to a blood vessel, thus some of it going into the blood system and reaching the lung, irritating lung tissue.

TRENBOLONE ACETATE VS. TRENBOLONE ENANTHATE

Given its powerful effects and potential risks, Trenbolone usage is often reserved for those with experience in steroid cycles, emphasizing the importance of understanding one's own body's reaction to anabolic steroids and adhering strictly to recommended dosages and cycle lengths to minimize adverse effects.

History of Trenbolone

Trenbolone, a powerful anabolic steroid, was first synthesized in 1963 by Roussel Uclaf, a French pharmaceutical company, under the name Finajet. Originally developed for veterinary use, particularly in cattle, to promote muscle growth and increase feed efficiency, Trenbolone quickly gained attention for its potent anabolic effects. Its ability to enhance muscle mass and strength led to its illicit use by bodybuilders and athletes seeking to improve performance.

While Trenbolone was initially intended for veterinary purposes, its popularity among bodybuilders and athletes prompted its use in human performance enhancement. It gained notoriety for its ability to promote significant increases in muscle mass, strength, and overall performance. However, due to its potency and potential for adverse effects, including cardiovascular issues and suppression of natural testosterone production, Trenbolone's use in human medicine has been limited.

Despite its classification as a controlled substance and its prohibition in many countries, Trenbolone remains sought after in the underground market for its unparalleled anabolic effects. It has become synonymous with extreme muscle gains and has been associated with numerous doping scandals in professional sports. Despite its risks, Trenbolone continues to be used by individuals seeking rapid and dramatic improvements in physique and performance, highlighting the ongoing challenges associated with the illicit use of performance-enhancing drugs.

TRENBOLONE ACETATE VS. TRENBOLONE ENANTHATE

This content comes from the [*Underground Injectable Steroids Handbook*](#). Get your free copy at: IronGorillas.com Inside, you'll find this and many other in-depth profiles on injectable performance enhancers.

How to Use Trenbolone

Trenbolone, a potent anabolic steroid, comes in **three forms**: Trenbolone Acetate, Enanthate, and Hexahydrobenzylcarbonate (Hex). Each form has specific dosages, cycles, and potential side effects to consider for optimal use in enhancing athletic performance and muscle growth.

Trenbolone Acetate

Dosage: Beginners should start with 50-75mg every other day (EOD). This allows for monitoring of the body's response and minimizes potential side effects.

Cycle Length: Typically lasts 8-12 weeks, striking a balance between obtaining significant results and minimizing side effects.

Administration: Given its short half-life, frequent administration is necessary to maintain stable blood levels. Most users opt for daily dosing, though some may administer it EOD.

Trenbolone Enanthate

Dosage: Beginners may start with around 200-400mg per week, usually divided into two equal injections to maintain stable blood levels.

Cycle Length: Similar to Acetate, an effective Enanthate cycle can run from 8-12 weeks, with dosages adjusted based on tolerance and goals.

TRENBOLONE ACETATE VS. TRENBOLONE ENANTHATE

Potential Side Effects

Trenbolone usage can lead to side effects; managing these effects involves education, adhering to recommended dosages, implementing PCT, monitoring blood pressure, and supporting liver health . Here is a list of some of the side effects that are known to be exclusive to trenbolone use:

Tren Cough: A sudden, intense cough immediately following an injection, often attributed to the accidental nicking of a vein or capillary when injecting, causing a small amount of the oily solution to enter the bloodstream. Trenbolone oil will irritate the alveoli in your lungs, causing this bout of severe cough that can last up to 5 minutes.

Insomnia: Difficulty sleeping is a common side effect associated with Trenbolone use. This can be due to increased metabolic rate, psychological effects, or other factors related to Trenbolone's effect on cortisol.

Kidney Toxicity: While there's an ongoing debate about the direct impact of Trenbolone on kidney function, users often report darker urine and increased strain on the kidneys. This perception may be influenced by the increased metabolic load and the need for the kidneys to process metabolites.

Hotter Body Temperature: Trenbolone can increase metabolic rate, leading to an increase in body temperature. Users often report feeling warmer and sweating more, especially at night.

Smelly Urine: Changes in urine odor can occur with Trenbolone use, possibly due to the excretion of metabolites or the body's increased metabolism. This is anecdotal and varies among users.

TRENBOLONE ACETATE VS. TRENBOLONE ENANTHATE

Post Cycle Therapy (PCT)

PCT is crucial after a Trenbolone cycle to restore natural hormone function and maintain gains. A typical PCT regimen includes HCGenerate, Nolvadex, and Clomid to help bring testosterone levels back to normal.

Managing Side Effects

To mitigate potential side effects, just keep the dosages below 200mg per week, monitor your body's response closely, adjust dosages as necessary, and use N2Guard containing TUDCA for liver support.

Trenbolone is a powerful tool for muscle growth and performance enhancement but requires careful management to optimize benefits while minimizing health risks. Always prioritize your health and well-being throughout your Trenbolone journey, and keep and get checkups often.

“After getting bloods done and checking the products seems like this stuff is dialed in perfectly

Using napsgear proviron 50mgs a day

Trenbolone enanthate 250mgs a week

And also threw in some test as well.

Results you ask?

Well I went from 207 lbs up to 220 lbs my body fat also no joke went from 15% down to 13%. my trainer was very impressed with my results and even accused me of using steroids and being a cheater lol...Oh well that is how it goes!”

-TIAODLEK

<https://www.evolutionary.org/forums/threads/loving-proviron-and-tren-together-napsgear.90116/#post-1357717>

TESTOSTERONE PROPIONATE VS. OTHER ESTERS

In the performance-enhancing community, Testosterone and its various esters (Base, Propionate, Enanthate, Cypionate, Undecylenate) are revered as the cornerstone of any steroid cycle. Experienced users and trainers often view Testosterone as the foundation upon which steroid cycles are built. It is lauded for its versatility, providing both bulking and cutting capabilities depending on the ester used and the accompanying compounds in the stack.

Testosterone is essential for maximizing muscle gains, strength, and performance enhancement. Many experienced users incorporate it into their cycles to ensure adequate levels of the hormone in the body, which can decline with age or due to prolonged steroid use. Moreover, Testosterone is often regarded as relatively safe when used responsibly, especially in comparison to more potent and potentially harmful compounds. However, users are cautioned about the risks of aromatization and estrogen-related side effects, which can be managed through the use of aromatase inhibitors or selective estrogen receptor modulators (SERMs).

Overall, within the performance-enhancing community, Testosterone is highly regarded as a reliable and effective steroid for achieving desired physique and performance goals. Its perceived benefits and long-standing history of use in bodybuilding and athletics contribute to its continued popularity among experienced users and trainers.

History of Testosterone and its Esters.

Testosterone and its various esters have a rich history dating back to the early 20th century. Testosterone was isolated in 1935 by German scientists Adolf Butenandt and Leopold Ruzicka, earning them the Nobel Prize in Chemistry. Following this breakthrough, pharmaceutical companies

TESTOSTERONE PROPIONATE VS. OTHER ESTERS

began synthesizing Testosterone esters to enhance their pharmacokinetic properties, developing Testosterone Propionate, Testosterone Enanthate, Testosterone Cypionate, and Testosterone Undecylenate.

Testosterone Propionate was the first esterified form of Testosterone introduced to the market in the 1930s, followed by Testosterone Enanthate and Testosterone Cypionate in the 1950s. These Esters were developed by various pharmaceutical companies such as Schering, Organon, and Upjohn. Each ester has its own release profile, affecting the action duration and administration frequency.

Initially, Testosterone and its esters were primarily used in medical settings to treat conditions related to Testosterone deficiency, such as hypogonadism and delayed puberty. However, their potent anabolic effects quickly caught the attention of athletes and bodybuilders seeking performance enhancement. Despite being banned by sports organizations and facing regulatory interventions, Testosterone, and its Esters continue to be abused for doping purposes due to their ability to promote muscle growth, strength, and recovery.

Throughout history, Testosterone and its esters have remained at the center of controversies and debates regarding their ethical, legal, and health implications. Their widespread use and misuse in medical and non-medical contexts underscore the complex relationship between science, medicine, and human performance enhancement, highlighting the ongoing challenges of balancing the potential benefits with the risks associated with their use.

How to Use Testosterone

For athletes looking to utilize Testosterone in their steroid cycles, the approach to dosing, stacking, and cycle length varies depending on the specific esters used (Base,

TESTOSTERONE PROPIONATE VS. OTHER ESTERS

Propionate, Enanthate, Cypionate, and Undecylenate) as well as individual goals (bulking, cutting, strength enhancement).

General Guidelines for Testosterone Usage:

Testosterone Enanthate and Cypionate are similar in their application, typically injected once every 7 days, allowing for a slow, steady release of the hormone. These forms are suitable for longer cycles due to their prolonged half-life.

Testosterone Propionate requires more frequent injections, usually every other day, due to its faster action and shorter half-life, making it a choice for those seeking more immediate effects or shorter cycles.

Testosterone Undecanoate is often administered by doctors once every two to four weeks, offering an even longer-acting option for those looking for minimal injection frequency. Bodybuilders still tend to inject it once every seven days.

Testosterone Dosage:

Dosages vary significantly depending on the ester, cycle goals, and individual response. For bulking cycles, doses can range from 250mg to 750mg per week for beginners and up to 1,000mg or more for advanced users .

For cutting or more specific goals like enhancing muscle definition or strength without significant mass gain, lower dosages and the inclusion of other anabolic steroids like Winstrol, Masteron, or Trenbolone might be preferred.

Stacking Testosterone With Other Steroids:

With Dianabol: A common bulking cycle includes Testosterone (any ester) stacked with Dianabol for significant muscle and strength gains. Dianabol aromatizes into a strong Estrogen, providing substantial gains in water as well as muscle mass. You should use N2Guard as a liver support product any time

TESTOSTERONE PROPIONATE VS. OTHER ESTERS

you use Dianabol.

With Deca Durabolin: For those seeking a safer cycle with minimal liver impact, Testosterone can be stacked with Deca Durabolin. Deca is known for enhancing muscle gains without severe toxicity .

With Trenbolone: A stack of Testosterone with Trenbolone is known for yielding substantial gains in muscle and strength, with Trenbolone adding the benefits of fat loss and increased definition without water retention.

With Every Steroid: Testosterone stacks well with most other steroids out there, and you can include it in pretty much any stack. Some old-school guys will even start every stack with 1,000mg of Testosterone per week.

Cycle Length:

Cycles can last anywhere from 6 to 12 weeks, depending on the esters used and the cycle goals. Shorter esters like Propionate allow for shorter cycles, while longer esters like Enanthate and Cypionate are used in longer cycles .

Post-cycle therapy (PCT) is crucial after any Testosterone cycle to help restore natural hormone production. PCT usually starts a few weeks after the last injection and can include drugs like Nolvadex, Clomid, and HCG .

Note: Men on Testosterone Replacement Therapy are prescribed Testosterone injections on an ongoing permanent basis. It is possible to stay on Testosterone for years as long as you monitor your blood work and keep healthy numbers of health markers.

Side Effects and Precautions:

Potential side effects of Testosterone usage include water

TESTOSTERONE PROPIONATE VS. OTHER ESTERS

retention, increased risk of gynecomastia, heightened blood pressure, and more severe effects on cholesterol levels. Utilizing aromatase inhibitors (A.I.s) during the cycle can help mitigate estrogenic side effects.

Regular monitoring and adjustments based on individual responses and side effects are important. Liver support supplements and careful attention to cardiovascular health are also recommended.

Each athlete's response to Testosterone can vary, so starting with a lower dose to gauge individual tolerance and adjusting as needed is advisable. Keeping an eye on your blood work and frequent checkups are also recommended to ensure safety and effectiveness throughout the cycle.

This article is featured in the ***Underground Injectable Steroids Handbook***—a comprehensive and unfiltered guide to today's most powerful performance-enhancing compounds for physique and cognitive optimization. Download the full handbook for free at irongorillas.com/underground-injectables-steroids-handbook/, and gain access to this full profile along with dozens more covering steroids, SARMs, peptides, fat-burning agents, and cutting-edge strategies. It's all presented in a clear, research-driven format with a focus on results and safety.

PROVIRON (MESTEROLONE)



This article is part of the [Geneza Pharmaceuticals Underground Steroid Catalog](#)—a free downloadable guide available at [IronGorillas.com](#). Inside, you'll find this profile along with a full range of powerful compounds designed to support serious performance and physique enhancement.

Proviron (Mesterolone): The DHT-Derived Androgen Enhancer

Proviron, known generically as mesterolone, is an oral androgenic-anabolic steroid (AAS) that has garnered attention among seasoned steroid users for its unique properties. Unlike many AAS, Proviron is derived from dihydrotestosterone (DHT), making it resistant to aromatization and, therefore, free from estrogenic side effects such as gynecomastia and water retention. This characteristic has made Proviron particularly appealing to bodybuilders and athletes seeking to enhance muscle hardness, libido, and overall androgenic activity without the accompanying risks of estrogen-related complications. Its ability to bind strongly to sex hormone-binding globulin (SHBG) further increases the availability of free testosterone, amplifying the effects of concurrent anabolic steroids.

How Proviron is Used and What Sets It Apart

Proviron functions primarily as an androgenic enhancer, providing mild anabolic effects while significantly boosting androgenic activity. Its non-aromatizing nature means it does not convert to estrogen, eliminating the risk of estrogenic side

PROVIRON (MESTEROLONE)

effects. Additionally, Proviron's strong affinity for SHBG allows it to free up more testosterone in the body, enhancing the efficacy of other anabolic steroids used in a cycle. This makes it a versatile adjunct in both bulking and cutting phases.

Standard Dosage: 50–100 mg daily, divided into two doses, typically used throughout the steroid cycle.

Cycle Duration: Proviron can be used continuously during a steroid cycle, often extending into post-cycle therapy (PCT) to aid in maintaining libido and mood.

Onset: Users may notice increased muscle hardness and libido within the first week of use.

Key Differences from Other Ancillary Drugs:

Non-Aromatizing: Unlike testosterone and other aromatizable steroids, Proviron does not convert to estrogen, eliminating the risk of estrogenic side effects.

SHBG Binding: Proviron's high affinity for SHBG increases free testosterone levels, enhancing the potency of other steroids in the cycle.

Mild Anabolic Effects: While it has strong androgenic properties, Proviron's anabolic effects are relatively weak, making it more suitable as a supportive compound rather than a primary anabolic agent.

Best Stacks with Proviron

For Cutting:

- **Proviron (50 mg/day) + Anavar (30–50 mg/day):** This combination enhances muscle hardness and vascularity, promoting a lean, chiseled physique during cutting phases. Promedica

PROVIRON (MESTEROLONE)

- **Proviron (50 mg/day) + Winstrol (50 mg/day):** A synergistic stack that promotes muscle definition and strength without significant water retention.

For Bulking:

- **Proviron (50 mg/day) + Testosterone Enanthate (500 mg/week):** Enhances the anabolic effects of testosterone by increasing free testosterone levels and mitigating estrogenic side effects. Promedica
- **Proviron (50 mg/day) + Dianabol (30 mg/day):** Combining Proviron with Dianabol can lead to substantial muscle mass gain while keeping water retention and fat gain in check. Promedica

For Post-Cycle Therapy (PCT):

- **Proviron (50 mg/day) + Nolvadex (20 mg/day):** Supports libido and mood during PCT while aiding in the maintenance of muscle hardness.
- **Proviron (50 mg/day) + Clomid (50 mg/day):** Assists in restoring natural testosterone production and maintaining gains post-cycle.

What NOT to Stack with Proviron:

-Other Strong Androgens: Combining Proviron with other potent androgens like Trenbolone may lead to excessive androgenic side effects, including hair loss and acne.

-Hepatotoxic Compounds: While Proviron is not hepatotoxic, stacking it with other oral steroids that are liver-toxic should be approached with caution to avoid undue stress on the liver.

Anecdotal Evidence from Users

Many users report that Proviron enhances muscle hardness and provides a noticeable boost in libido during cycles. One

PROVIRON (MESTEROLONE)

user noted that incorporating 50 mg of Proviron daily during a cutting phase led to a more defined and vascular appearance without any additional side effects. Another user reported that Proviron improved mood and overall sense of well-being during a calorie-deficit diet, making the cutting process more manageable.

User Report:

“I added Proviron at 50 mg/day during my cutting cycle with Anavar, and within a week, I noticed increased muscle hardness and vascularity. It also helped maintain my libido, which usually takes a hit during cutting.”

-[Anabolex.com](https://www.anabolex.com)

Another User Report:

“During my bulking phase with Testosterone Enanthate, I included Proviron at 50 mg/day. It kept estrogenic side effects at bay and enhanced the overall effectiveness of the cycle. Plus, the boost in libido was a nice bonus.”

-[ironoverload.io](https://www.ironoverload.io)

Final Thoughts

Proviron (mesterolone) serves as a valuable ancillary compound for steroid users aiming to enhance the effectiveness of their cycles while managing estrogenic side effects. Its unique properties, including non-aromatization and strong SHBG binding, make it a versatile addition to both bulking and cutting phases. While its anabolic effects are mild, its androgenic properties can significantly enhance muscle hardness, libido, and overall cycle efficiency. As with any steroid or ancillary drug, proper dosing and monitoring are essential to maximize benefits and minimize potential side effects.

EQUIPOISE (BOLDENONE UNDECYLENATE)



Active Ingredient: Boldenone Undecylenate

Active Half-Life: 14 Days

Classification: Anabolic Steroid

Dosage: 200-600 mg per Week

Acne: Possible

Water Retention: Low to Moderate

Hepatotoxicity: Low

Aromatization: Low

Quant Equipoise is a high-quality formulation of boldenone undecylenate, widely respected in the bodybuilding and athletic communities for its ability to enhance muscle mass and strength gradually and effectively. Known for its balanced anabolic properties, it provides steady and sustained gains without the severe side effects commonly associated with other steroids. Bodybuilders often turn to Equipoise for its consistent performance benefits and its lower impact on estrogenic side effects.

Boldenone undecylenate, the active ingredient in Quant Equipoise, is characterized by its long half-life of approximately 14 days, which allows for less frequent dosing while maintaining stable hormone levels. This steroid promotes significant muscle growth through increased protein synthesis and nitrogen retention. Its unique chemical structure minimizes aromatization, meaning it converts to estrogen at a much lower rate compared to other anabolic steroids. This results in reduced water retention and a more defined muscle appearance.

The recommended dosage for Quant Equipoise typically ranges from 200 to 600 mg per week. Due to its long half-life,

EQUIPOISE (BOLDENONE UNDECYLENATE)

it is generally administered once or twice a week to maintain optimal testosterone levels. Adjustments to dosage may be needed based on individual response and goals. Regular monitoring and adherence to dosing guidelines are essential to maximize benefits and manage any potential side effects.

Benefits

Steady Muscle Growth: Promotes gradual and consistent increases in muscle mass and strength.

Enhanced Performance: Improves endurance and overall physical performance.

Reduced Estrogenic Effects: Low aromatization leads to minimal water retention and fewer estrogen-related side effects.

Side Effects

Acne: Possible acne outbreaks due to elevated testosterone levels.

Water Retention: Generally low to moderate, helping maintain a more defined physique.

Minimal Aromatization: Low risk of estrogenic side effects, such as gynecomastia, compared to other anabolic steroids.

Quant Equipoise is known for its low hepatotoxicity, making it a safer option for liver health compared to many oral steroids. However, regular health check-ups are recommended to monitor liver function and overall well-being. Despite its lower risk of estrogenic side effects, users should still be vigilant and consider periodic adjustments to their regimen if needed.

Quant Equipoise is a versatile and effective anabolic steroid ideal for those seeking steady muscle gains and enhanced performance. Its balanced profile offers a reliable alternative to more potent steroids, with lower risks of estrogen-related issues and a reduced impact on liver health. With careful monitoring and adherence to dosage guidelines, users can achieve significant results while maintaining overall health.



7. SARMS FOR CUTTING

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Cardarine (GW-501516) (Not a SARM but used for fat loss)	62
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OSTARINE (MK-2866)

Ostarine, scientifically named MK-2866, is among the most prevalent SARMs that have become popular in fitness and bodybuilding. Initially developed by Merck & Company and later by GTx Inc., its primary intent was to treat muscle-wasting conditions and osteoporosis. It's widely used in fitness for its muscle-building and fat-loss potential.

Potential Benefits

Muscle Growth: Ostarine can stimulate muscle growth by binding selectively to androgen receptors.

Bone Health: Initial studies have suggested it enhances bone strength and health.

Fat Loss: Anecdotally, users have reported fat loss while maintaining muscle mass. Recomping.

Injury Recovery: Many users experience an expedited recovery process from injuries.

Mechanism of Action

Ostarine selectively binds to androgen receptors in the body. It is designed to exert its effects predominantly on muscular and skeletal tissue, thereby driving muscle growth and bone strengthening with minimized side effects often associated with steroids.

Dosage and Usage Dynamics

Ostarine, in the context of bodybuilding or fitness, is usually taken everyday ED with a dose of 50mgs milligrams. Though dosages typically range from 10mg to 50mg per day.

Side Effects

Side effects of Ostarine are generally minimal, yet they may include:

Alteration in cholesterol levels.

Potential impact on liver enzymes.

Using Ostarine in PCT

The utilization of Ostarine as part of a PCT protocol is based on its ability to help maintain muscle mass and prevent catabolism during a period when the body's endogenous testosterone levels might be low (post-cycle).

Preventing Muscle Loss: Ostarine can help preserve muscle mass when endogenous testosterone levels are below the optimal range.

Testosterone Recovery: Being a milder alternative to anabolic steroids, Ostarine might offer anabolic benefits with less harsh suppression of natural testosterone production during PCT.

Potential for Suppression: While often perceived as mild, Ostarine does have the potential to suppress endogenous testosterone production, which might counteract the objectives of PCT. This generally happens at higher doses, over 50mgs per day, so we suggest that you use around 12.5mgs of MK-2866 ED along with Nolvadex (Tamoxifen) to increase your post-cycle recovery speed during PCT.

This article is featured in the *[Bionic SARMS eBook](https://irongorillas.com/bionic-sarms-ebook-learn)*, a free resource available at irongorillas.com/bionic-sarms-ebook-learn. Inside, you'll discover this full profile and a wide range of others focused on oral SARMS, optimized cycles, dosing strategies, and proven performance protocols—all presented with clarity and scientific backing.

OSTARINE (MK-2866)

“When I started using SARMs, Ostarine was my number one SARM. I liked the recovery improvements, muscle-building boost, and increase in performance I got from it. I mainly recommend Ostarine cycles during recomps, recovery periods, or bridges.

The dose for recovery is 25mgs/day.

The dose for bridging can be up to 50mgs daily. You can start at 25mg per day the first 2 weeks then consider bumping to 50mg per day.

For recovery, 25mgs Ostarine will be the proper dose along with peptides.

For women, 12.5mg per day the first two weeks then consider going to 25mg per day after that. It's a great beginner SARM and will help you grow and stay strong.”

-DYLAN GEMELLI

ANDARINE (S4)

Andarine, commonly known by its research name S4, is a SARM initially developed by GTX Inc. Designed to treat conditions like muscle wasting and osteoporosis, Andarine has found its way into fitness and bodybuilding circles. It's mainly used to gain strength and stay lean.

Anticipated Benefits

Muscle Mass Maintenance: Andarine has the capacity to maintain and increase muscle mass, especially during caloric deficits.

Fat Loss: S4 can reduce body fat.

Bone Strength: Initially studied for potential benefits regarding bone health, it boosts bone density and strength.

Mechanism of Action

Andarine selectively binds to androgen receptors in muscle and bone tissue, theoretically promoting anabolic effects in these tissues. This selectivity enables muscle and bone strength benefits without introducing a host of androgenic side effects.

Dosage and Cycle Considerations

The basic dose for Andarine S4 is often between 25mg and 50mg per day. However, we have seen 100mgs/day doses, but side effects emerge at the higher dose level.

Potential Side Effects

Vision Disturbances: Unique to S4, some users report experiencing yellow tint and difficulties adapting to dark environments. This has no permanent impact on your vision and goes away after discontinuing S4, but we can see how that can be unnerving to users during the first time.

Hormonal Fluctuations: The suppression is mild, but it's there. S4 can be suppressive to the testosterone levels.

ANDARINE (S4)

Muscle and Joint Pain: Some users have reported experiencing unexplained muscle or joint pain during cycles, though this is uncommon.

“S4 is standard use for Men’s Physique competitors. They use it like Winstrol. It’s one of the only steroids to deliver that hardness guys on stage crave. It gives you that dry look when you diet hard, dry, and shredded. That’s what everyone wants.

The problem with S4 is vision side effects, which are dose-dependent. The higher the dose, the more likely you will have temporary vision sides, mainly with dosages over 50-75mgs daily. Using 25mgs/day with S4 produces almost no sides. Remember, these vision side effects are temporary and stop shortly after discontinuing Andarine use.”

-DYLAN GEMELLI

CARDARINE (GW-501516)

Cardarine is the popular name for the research drug GW-501516, which embodies a remarkable compound initially designed by Ligand Pharmaceuticals and GlaxoSmithKline in the 1990s. This compound was developed to bring a drug to market that could guard against metabolic and cardiovascular diseases.

As stated earlier in this book, while Cardarine is lumped in the same category as SARMs (selective androgen receptor modulators), it has no effects on the Androgen Receptor, so it is not a SARM; in actuality, it is a PPAR δ (Peroxisome Proliferator-Activated Receptor delta) agonist. We'll talk about this a bit later.

What can you expect from using Cardarine (GW-501516)?

- Fat loss
- Endurance increase (Cardio boost)
- Cholesterol improvements

Therapeutic Aims and Benefits

Initially, the development of GW-501516 was aimed at treating the following health conditions:

Obesity: By targeting fat stores and enhancing metabolic activity.

Diabetes: Through the modulation of metabolic pathways.

Lipid Strain: By positively influencing cholesterol levels.

Cardiovascular Diseases: Through its impact on lipid profiles and energy expenditure.

Fitness Benefits

Bodybuilding and fitness users have reported substantial improvements in cholesterol levels, with LDL/HDL leveling out after usage. Also, most users report significant gains in endurance during cardio. Some anecdotal evidence suggests

CARDARINE (GW-501516)

a boost of 100% in cardio output by using Cardarine.

The biggest plus of GW-501516 is the fat loss, and many users report “body fat melting off” as they use Cardarine.

Mechanism of Action: PPAR δ Agonist

Cardarine acts as a PPAR δ (Peroxisome Proliferator-Activated Receptor delta) agonist. PPAR δ is one of the isoforms of PPARs, with others being PPAR α and PPAR γ . These receptors play a vital role in the metabolic process, specifically in the expression of genes involved in energy expenditure, lipid metabolism, and insulin sensitivity. GW-501516, in particular, has garnered attention for its potential to enhance fatty acid metabolism and increase energy output, especially in muscle cells.

Dosing and Administration

A daily dosage of 10-20 milligrams of Cardarine is typically recommended for both men and women. Given its half-life of 20-24 hours, a single daily dosage is deemed to be effective for maintaining stable concentrations in the blood.

Side Effects and Controversies

Since Cardarine is typically well-tolerated and is not associated with hormonal imbalances, it doesn't require post-cycle therapy (PCT). Use it and forget it kind of SARM.

Legal Considerations

Cardarine is legal for research use. However, it's critical to note that GW-501516 has been enlisted on the World Anti-Doping Agency's list of prohibited substances. So, if you're a tested athlete, be careful with GW.

CARDARINE (GW-501516)

“Personally, I use GW-501516 to get lean and stay lean, boosting cardio for my clients. GW is best used when cutting, not bulking, as I see no reason to be a high-level athlete when you bulk up.

For cutting, you feel like a switch in your genetics has been made when taking GW; you start getting leaner, and your stamina goes through the roof.

I recommend it 12-16 weeks, at 20 mg per day, once per day both for men and women”

-DYLAN GEMELLI

STENABOLIC (SR-9009)

Stenabolic, known by its research name SR-9009, was developed by Professor Thomas Burris at The Scripps Research Institute. SR-9009 has been a subject of interest among medical researchers for its prospective applications in managing metabolic syndromes, enhancing endurance, and contributing to weight loss. This drug is a synthetic molecule that modulates REV-ERB proteins.

REV-ERBs are nuclear receptors, and they are found in various tissues throughout the body. These receptors are particularly prevalent in metabolic tissues such as the liver, adipose tissue (fat cells), and muscle. The distribution of REV-ERBs in these tissues underscores their role in regulating metabolic processes. SR-9009 modulates the action of these receptors, leading to the desired outcome of enhancing performance.

This mode of action means that SR-9009 is not a SARM. Despite being used along with SARMS, it does not affect the Androgen Receptors.

Forum users adding Stenabolic to their cutting cycles report the following positive effects:

- Bodyfat loss
- Increase in the metabolic rate
- Increase in Endurance
- Decrease of inflammation
- Decrease in bad cholesterol

Mechanism of Action

Targeting REV-ERBs, it functions by modulating REV-ERB proteins (REV-ERB α and REV-ERB β), which play a pivotal

role in regulating the expression of genes implicated in lipid and glucose metabolism, thereby influencing circadian rhythms and metabolic output.

Therapeutic and Performance Applications

Metabolic Enhancement: Early research indicates a potential to modulate metabolic activities, impacting factors like glucose metabolism and lipid storage.[\[10\]](#)

Endurance Improvement: Animal studies have suggested an ability to enhance endurance levels.[\[11\]](#)

Circadian Rhythm Modulation: Its interaction with REV-ERBs, which are critical in maintaining circadian rhythm, positively influences sleep and wakefulness patterns.

Dosages: Anecdotally, doses range from 20-30mg per day, divided into multiple administrations due to its relatively short half-life of approximately 4 hours. Generally, we like to see 5mgs of Steanbolic every 3 hours for 4 doses, a total of 20mgs, timed mainly around training.

Side Effects and Risk Assessment: Animal studies have provided initial insights, showing SR-9009 to be safe. Anecdotally, SR-9009 is well tolerated by users and has no hormonal side effects.[\[12\]](#)

Discover this article—and so much more—inside the ***Bionic SARMS eBook***, your go-to guide for next-level performance. Download it FREE now at irongorillas.com/bionic-sarms-ebook-learn and unlock powerful SARMS profiles, expert-recommended cycles, dosing tips, and real-world strategies to elevate your results. No fluff—just pure, science-backed performance enhancement.

STENABOLIC (SR-9009)

"I used Stenabolic a few times, but I didn't like the frequent dosing schedule. If you compare SR-9009 to Cardarine, I would pick Cardarine just because it's easier to use. But if combined, I find they work in synergy, with my recommended stack being 20mgs GW-501516 and 20mgs Stenabolic SR-9009. I've had many cardio marathons that I've done on GW and SR and can speak highly of the endurance-boosting benefits."

-DYLAN GEMELLI

"I have tried both, and I can tell you that I loved both just the same. Both have their advantages, and their disadvantages. In terms of athletic performance they are very similar. Cardarine has the advantage of a longer half life, so you can take it just once per day. However, it does not have the additional benefits of SR-9009, such as the lowering of blood sugar and increasing of insulin sensitivity. On the other hand, SR-9009 needs to be taken several times per day for optimal results, and many times I found that very inconvenient. It is definitely worth giving both of them a try, and seeing by yourself which one is best."

-LEV BUTLEROV EVOLUTIONARY.ORG/FORUMS

LIGANDROL (LGD-4033)

Ligandrol, known by its research name LGD-4033 or common name Anabolicum, is a Selective Androgen Receptor Modulator (SARM) initially developed by Ligand Pharmaceuticals.

Benefits

Muscle Mass Gain: Ligandrol is lauded for its potential ability to promote muscle growth without the unwanted side effects commonly seen with anabolic steroids.

Bone Density Improvement: Research studies have indicated potential benefits regarding bone health and increased bone density.

Strength Enhancement: LGD-4033 has the ability to enhance strength—up to 30% in many cases.

Mechanism of Action

LGD-4033 selectively targets androgen receptors in muscle and bone tissue, promoting increased muscle mass and bone density. Due to its selective action, it's believed to offer anabolic benefits while minimizing androgenic side effects. It's one of the only SARMs with a clear anabolic effect on the body.

Dosage and Cycle Information

The typical dose ranges from 5mg to 10mg per day. Based on anecdotal reports, we see some users going to 20mgs per day or higher, but we don't recommend it.

Potential Side Effects

While LGD-4033 is often promoted as a “safe” option, it has some side effects. Including dose-depending suppression of your testosterone levels. So, the higher your dose, the more suppression you get.

Liver Stress: Like many oral agents, it could place stress on the liver.

Fatigue and Headaches: Some users have reported experiencing increased fatigue and headaches while using LGD-4033. Fatigue affects around 30% of users, while headaches affect around 5%.

PCT with LGD-4033

After taking LGD, we suggest the user go on a mini-pct. Nolvadex and a testosterone booster should help. Around 10-20mgs nolvadex per day with roughly 3-5 capsules of HCGenerate testosterone booster for four weeks.

This article is included in the *Bionic SARMS eBook*, available for free at irongorillas.com/bionic-sarms-ebook-learn. The guide provides detailed analysis of selective androgen receptor modulators (SARMs), including pharmacological profiles, dosing protocols, half-life data, and evidence-based performance outcomes. Download the full eBook to access this profile and a comprehensive breakdown of other oral compounds used in research and enhancement cycles.

LIGANDROL (LGD-4033)

"I believe LGD is one of the strongest SARMS for size and strength. I've seen guys use 100mgs of LGD per day, and I've seen guys using 10mgs per day.

Professional bodybuilders have also utilized LGD-4033 in their regiments, with anecdotal evidence showing the average dose for them at 50mgs ED. Let me be clear: I never recommend exceeding 10 mg per day regardless of what I have seen. The biggest problem with LGD at the high-end dose is water retention and headaches, with some fatigue.

The headaches are experienced by high-dose users, and even in that case, only around 5%. While I have seen females use LGD, I suggest women stay around the 2.5mgs mark and never go over four weeks with LGD."

-DYLAN GEMELLI

"Oh I forgot to mention one other thing, this is a really cool thing I seem to notice about LGD: It seems to be speeding up muscle recovery. I normally get DOMS but when taking LGD it seems like muscle soreness is a thing of the past. I'll have to see if this is really true next week when I do more lifting, but so far it seems like this stuff makes my muscles recover much quicker. For example last week I got a new PR on push press, 30 pounds more than I had ever lifted before, and my shoulders never got sore after that workout. Since I got a PR and it was really hard, I was definitely pushing myself, and when I push myself and lift heavy I always get sore from it, usually I'm sore the next day, then MORE sore the 2nd day, then it takes a couple days to not be sore any more. This time, I almost felt like I started getting sore the same day, then the next day I felt a tiny bit sore, hardly enough to notice, then it was done, no more soreness. I was really surprised. Anyway so far it seems like muscle recovery is amazing with this stuff."

-TESTICLATS [ELITEFITNESS.COM/FORUM](https://www.elitefitness.com/forum)

S-23

S-23 is a true Selective Androgen Receptor Modulator (SARM). It was developed for therapeutic applications, mainly as a male hormonal contraceptive. It is one of the newer SARM compounds available on the market only a few short years ago.

Proposed Benefits

Muscle Mass Enhancement: S-23 can increase lean muscle mass and enhance endurance.

Androgen Receptor Binding: S-23 has a very high affinity for binding to the androgen receptor. Way higher than rad-140 or Igd-4033.

Fat Reduction: Many users have a drop in body fat during S-23 cycles.

Bone Health: S-23, in some anecdotal investigations, helps bone health, making stronger joints.

Mechanism of Action

S-23, like other SARMS, is believed to selectively bind to androgen receptors in muscle and bone tissues, ostensibly promoting increased muscle mass and bone density by stimulating anabolic activity in these tissues. The notion behind SARMS is that this selectivity allows for beneficial androgenic effects in targeted tissues without invoking undesired side effects typically seen with anabolic androgenic steroids.

Dosage and Cycle Protocols

Anecdotally, we see the dose of 10mg to 30mg per day. We would have most guys start with 10mgs.

Potential Side Effects

S-23 suppresses testosterone levels, there is no doubt. There are reports of significant testosterone suppression and impact

on other sex hormones. This is proven via blood work.

Altered Lipid Profiles: Potential adverse effects on lipid profiles, including LDL/HDL ratios.

Mood Alterations: Some users report experiencing mood

“S23 may be the strongest SARM in existence, so keep in mind that it requires a full Post-Cycle Therapy protocol as opposed to a standard mini PCT.”

-DYLAN GEMELLI



8. PEPTIDES FOR CUTTING & FAT LOSS

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HGH FRAGMENT 176-191

HGH Fragment 176-191, often simply referred to as HGH Frag, is a modified form of amino acids 176-191 of the GH polypeptide. This peptide has been developed to specifically target fat loss, making it a subject of interest for research, weight management, and bodybuilding communities.

Mechanism of Action

HGH Fragment 176-191 works by mimicking the way natural Growth Hormone regulates fat metabolism but without the adverse effects on insulin sensitivity (blood sugar levels) or cell proliferation that is seen with unmodified HGH. Unlike the full GH molecule, it does not compete for the GH receptor, but it does stimulate lipolysis (the breakdown of fat) and inhibits lipogenesis, the transformation of nonfat food materials into body fat. It achieves this by affecting the fat cells directly and increasing the catabolic processes, leading to enhanced fat burning and energy expenditure.

Benefits and Uses

The primary benefits and uses of HGH Fragment 176-191 include:

Targeted Fat Loss: It is particularly effective in reducing stubborn abdominal fat.

Improved Lipid Profile: This may help improve lipid profile and enhance lipid metabolism.

Enhances Energy Expenditure: By stimulating fat oxidation, it can lead to increased energy levels.

Does Not Affect Blood Sugar: Unlike full-length HGH, it does not impact insulin resistance, making it a safer option for targeting fat loss.

Dosage and Cycle Guidelines

The typical dosage of HGH Fragment 176-191 ranges from 250mcg to 500mcg, administered through subcutaneous injections. The injections are usually taken daily and can be divided into multiple doses throughout the day (e.g., morning and evening).

A cycle might last from 8 to 12 weeks, depending on individual goals and responses. Some users may start with a lower dose to gauge their tolerance before gradually increasing to the desired dosage.

Potential Side Effects

HGH Fragment 176-191 is generally considered safe with a low side effect profile, especially when compared to other fat loss agents like stimulants or full-length HGH. However, some potential side effects may include:

Injection Site Reactions: Redness, soreness, or swelling at the injection site.

Sleep Disturbances: Some users report changes in their sleep patterns.

Nausea and Upset Stomach: Rare but possible, especially if taken on an empty stomach.

Due to its specific action on fat cells and lack of influence on growth or blood sugar levels, HGH Fragment 176-191 presents a promising option for those looking to reduce body fat.

Unlock the power of peptides with the [*Underground Peptides Handbook*](#) – This article is just a glimpse of what's inside. Download your FREE copy now at IronGorillas.com and explore a full collection of cutting-edge performance-enhancing compounds, expert usage tips, and real-world strategies to help you get results faster and smarter.

CJC-1295 (WITH OR WITHOUT DAC)

CJC-1295 is a synthetic analog of Growth Hormone-Releasing Hormone (GHRH) designed to enhance the release of growth hormone (GH) from the pituitary gland. It exists in two forms: CJC-1295 without DAC (Drug Affinity Complex) and CJC-1295 with DAC. The presence of DAC extends the half-life of the peptide, affecting its release and duration of action on GH secretion.

Mechanism of Action

CJC-1295 without DAC mimics the physiological action of GHRH, binding to the GHRH receptors on the pituitary gland to stimulate the release of GH. Its effects are more immediate but with a shorter duration of action, requiring more frequent dosing.

CJC-1295 with DAC utilizes the Drug Affinity Complex technology to extend the peptide's half-life. This form continuously stimulates the GH release over an extended period, typically up to a week, mimicking the natural pulsatile release of GH without significantly altering its natural pattern.

Benefits and Uses

Both forms of CJC-1295 offer a range of benefits, including:

Increased GH and IGF-1 Levels: Enhanced levels of GH and, subsequently, IGF-1 contribute to muscle growth, fat loss, and recovery from injuries.

Improved Muscle Mass: Promotes lean muscle growth through increased protein synthesis.

Enhanced Fat Loss: Stimulates lipolysis, aiding in the reduction of body fat.

CJC-1295 (WITH OR WITHOUT DAC)

Improved Sleep Quality: Some users report better sleep patterns, which is crucial for recovery and overall health.

Strengthened Immune System: GH has been known to enhance the immune response.

CJC-1295 without DAC is often preferred for more controlled GH release patterns, while CJC-1295 with DAC is chosen for its convenience of less frequent dosing and sustained GH levels.

Dosage and Cycle Guidelines

For CJC-1295 without DAC, a common dosage is 100-200 mcg per injection, administered 2-3 times daily. This regimen maximizes the natural pulsatile pattern of GH release.

For CJC-1295 with DAC, dosages typically range from 2 mg once weekly, providing a steady release of GH. The extended half-life of DAC reduces the need for frequent dosing.

Cycle length can vary based on individual goals and response, with 8-12 weeks being common. It is followed by a break or evaluation period to assess benefits and adjust dosages if necessary.

Potential Side Effects

Water Retention: Some users experience water retention, particularly around the ankles and face.

Injection Site Reactions: Redness, itching, or soreness at the injection site.

Headaches and Dizziness: Mild headaches or dizziness may occur shortly after injection.

CJC-1295 (WITH OR WITHOUT DAC)

Hypoglycemia: Rarely, a drop in blood sugar levels may cause feelings of lightheadedness or weakness.

Carpal Tunnel Syndrome: Increased GH levels can lead to symptoms of carpal tunnel in susceptible individuals.

The choice between CJC-1295 without DAC and with DAC often comes down to preferences regarding injection frequency and desired GH release pattern. Both peptides have a strong safety profile. However, as with all supplements or drugs, monitoring for side effects and consulting the forum experts before starting a new regimen is advisable.

This article is sourced from the [*Underground Peptides Handbook – Digital eBook*](#), available for free at IronGorillas.com. The handbook features in-depth profiles of performance-enhancing peptides, including mechanisms of action, clinical applications, dosing protocols, and safety considerations. Download the full guide to access this profile and a wide range of data-driven insights into peptide-based enhancement strategies.



IPAMORELIN & SERMORELIN

Ipamorelin is a selective growth hormone secretagogue (GHS) and ghrelin mimetic known for its specificity in stimulating growth hormone (GH) release without significantly affecting other hormones. It is a pentapeptide, meaning it consists of five amino acids, and is gaining popularity for its efficacy and safety profile.

Mechanism of Action

Ipamorelin works by mimicking the action of ghrelin, the "hunger hormone," and binds to the ghrelin receptor in the pituitary gland. This interaction specifically stimulates the release of growth hormone from the somatotrophs in the pituitary gland in a pulsatile manner, akin to the body's natural GH secretion rhythm. Unlike other GHSs, Ipamorelin's action is more targeted, leading to fewer side effects. It does not significantly increase cortisol, acetylcholine, prolactin, or aldosterone levels, making it one of the safest peptides for promoting GH release.

Benefits and Uses

Ipamorelin's primary benefits include:

Enhanced Growth Hormone Levels: By stimulating GH release, Ipamorelin aids in muscle growth, fat loss, and recovery from exercise.

Increased Lean Muscle Mass: Enhanced GH levels promote the development of lean muscle tissue.

Improved Recovery and Repair: Facilitates quicker recovery from injuries and strenuous workouts by enhancing tissue repair mechanisms.

Body Fat Reduction: GH stimulation helps in breaking

IPAMORELIN & SERMORELIN

down fat for use as energy, contributing to improved body composition.

Anti-Aging Effects: Higher GH levels can improve skin elasticity, bone density, and overall well-being, showing potential anti-aging properties.

Ipamorelin is favored for its clean GH release profile, making it suitable for long-term use in anti-aging protocols, athletic performance enhancement, and muscle building.

Dosage and Cycle Guidelines

A typical Ipamorelin dosage ranges from 200mcg to 300mcg per injection. The injections are administered subcutaneously, preferably 2-3 times daily, at least 30 minutes before meals or workouts to optimize GH release. Cycle lengths can vary, with a common duration being 8 to 12 weeks, followed by a break or continuation at a maintenance dosage.

For synergistic effects, Ipamorelin is often combined with a GHRH (Growth Hormone-Releasing Hormone) analog, like CJC-1295 without DAC, to further enhance pulsatile GH release.

Potential Side Effects

Ipamorelin is well-regarded for its favorable safety profile, with minimal side effects. However, some potential side effects include:

Injection Site Reactions: Redness or discomfort at the injection site.

Headaches: Some users report mild headaches following administration.

Nausea: Rare, but may occur when beginning the therapy.

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Increased Hunger: Though less significant than with other GH secretagogues, some users may experience slight increases in appetite.

Given its targeted action and lower risk of side effects, Ipamorelin represents a promising option for those looking to safely enhance their GH levels. However, consulting with a healthcare professional before starting any new peptide regimen is crucial to ensure it aligns with your health objectives and to manage potential side effects effectively.





Sermorelin is a synthetic peptide analog of growth hormone-releasing hormone (GHRH), designed to increase the body's growth hormone (GH) production. Unlike direct GH supplementation, Sermorelin stimulates the pituitary gland to produce GH naturally, offering a more physiologically balanced approach to enhancing GH levels.

Mechanism of Action

Sermorelin works by mimicking the effects of GHRH, the endogenous hormone responsible for signaling the pituitary gland to release GH. It binds to the GHRH receptors on the pituitary gland's cells, triggering the release of GH into the bloodstream. This mechanism supports the body's natural GH rhythms, potentially reducing the risks associated with exogenous GH injections. Sermorelin's action encourages a feedback-regulated release of GH, which can adapt to the body's needs without overriding its natural hormonal balance.

Benefits and Uses

Increased GH Production: Stimulates natural GH production, supporting growth, cell repair, and metabolism.

Improved Muscle Mass and Strength: Enhances muscle growth and strength, which is beneficial for bodybuilding and overall fitness.

Fat Loss: Promotes the reduction of body fat through improved metabolism.

Enhanced Recovery: Accelerates recovery from injuries and physical exertion by promoting cell regeneration.

Improved Sleep Quality: GH release patterns are closely tied to sleep cycles; Sermorelin may improve sleep quality and restorative sleep.

Anti-aging Benefits: Increased GH levels are associated with improved skin elasticity, bone density, and overall vitality.

Sermorelin is particularly appealing for anti-aging therapy and individuals looking to enhance their physique and recovery capabilities in a regulated manner.

Dosage and Cycle Guidelines

A typical dosage of Sermorelin ranges from 100 mcg to 500 mcg per day, administered via subcutaneous injection before bedtime to mimic the body's natural GH peak during the early sleep phases. Dosage can vary based on individual goals and responses. Treatment cycles with Sermorelin often extend over several months to observe significant benefits as its effects accumulate over time.

Potential Side Effects

Injection Site Reactions: Redness, swelling, or discomfort at the injection site are common.

Headaches: Some individuals may experience mild headaches after administration.

Flushing: Temporary redness or warmth in the face or neck.

Dizziness: Rarely, users may report feeling dizzy or light-headed post-injection.

IPAMORELIN & SERMORELIN

Hyperactivity: Increased energy levels or hyperactivity, especially in younger users.

Sermorelin's side effects are generally mild and transient, with its non-invasive approach to boosting GH levels considered safer than direct GH supplementation. However, as with any treatment involving hormone modulation, it's crucial to proceed under the guidance of other knowledgeable users to ensure the appropriate use and to mitigate potential risks.



TESAMORELIN



Want more like this? This article comes from the [Beligas Pharmaceuticals 2024 Underground Guide](#). Download your FREE copy now at [IronGorillas.com](#) and explore a powerful collection of pharmacy-grade enhancers, expert protocols, and strategies trusted by athletes and bodybuilders worldwide.

Tesamorelin is a cutting-edge growth hormone-releasing hormone (GHRH) analog that has gained popularity in the bodybuilding and athletic communities for its potent ability to stimulate endogenous growth hormone release. Unlike traditional anabolic steroids or HGH, Tesamorelin works by enhancing the body's own production of growth hormone, offering a more natural approach to muscle growth and fat loss. Athletes and bodybuilders favor Tesamorelin for its targeted benefits in improving body composition and enhancing overall physical performance without the direct administration of growth hormone.

Tesamorelin functions by mimicking the action of natural GHRH, which stimulates the pituitary gland to release more growth hormone. This increase in growth hormone leads to improved muscle growth, fat metabolism, and overall recovery. With a half-life of 30-50 minutes, Tesamorelin is rapidly absorbed and acts quickly within the body, necessitating daily administration to maintain elevated levels of growth hormone stimulation.

The recommended dosage for Tesamorelin is between 1 and 2 mg per day. Due to its short half-life, it is typically administered once daily, preferably in the morning to align with the body's natural growth hormone release patterns.

Consistent dosing is key to achieving the desired effects of muscle growth and fat reduction while minimizing any potential fluctuations in hormone levels.

Benefits

Enhanced Growth Hormone Release: Stimulates the pituitary gland to increase endogenous growth hormone production, leading to improved muscle mass and fat metabolism.

Improved Body Composition: Aids in reducing body fat while supporting muscle growth and recovery.

Low Side Effects: Minimal risk of common side effects due to its targeted action and natural stimulation of growth hormone.

Side Effects

Acne: Low risk, though some users might experience mild acne.

Water Retention: Minimal, contributing to a leaner and more defined appearance.

Hepatotoxicity: Very low, with negligible impact on liver health.

Tesamorelin is associated with minimal hepatotoxicity and low risk of side effects, making it a safer alternative compared to other performance enhancers. However, regular health monitoring is advisable to ensure continued well-being and optimal results. Proper use and adherence to dosage guidelines will help maximize benefits while minimizing potential risks.

Tesamorelin offers a sophisticated approach to enhancing growth hormone levels naturally, making it an attractive option for bodybuilders and athletes focused on improving muscle growth, fat loss, and overall recovery. Its targeted action and minimal side effects provide a safe and effective alternative to direct growth hormone supplementation. By following recommended dosing protocols and monitoring health, users can achieve significant gains in body composition and performance while maintaining overall health and well-being.

GHRP-2 & GHRP-6

GHRP-2, or Growth Hormone-Releasing Peptide 2, is a synthetic agonist of ghrelin, the hunger hormone. Like its counterpart GHRP-6, it plays a crucial role in stimulating the release of growth hormone (GH) from the pituitary gland, but with its unique set of characteristics and effects.

Mechanism of Action

GHRP-2 functions by mimicking the action of ghrelin, directly interacting with the ghrelin receptor in the pituitary gland. This interaction prompts the gland to release growth hormone into the bloodstream. One of the key features of GHRP-2 is its ability to increase GH release more significantly than GHRP-6, with a relatively less pronounced increase in appetite. It also leads to an increase in IGF-1 (Insulin-like Growth Factor 1) levels, further amplifying its growth and repair effects on the body's tissues.

Benefits and Uses

The administration of GHRP-2 is associated with several potential benefits:

Enhanced Muscle Growth: Stimulates muscle growth by increasing levels of GH and IGF-1.

Fat Loss: Promotes the breakdown and oxidation of fat, aiding in body recomposition.

Improved Recovery: Enhancing tissue repair processes accelerates recovery from injuries and intense physical activities.

Bone Density: Contributes to the maintenance and improvement of bone density.

Anti-aging Properties: Higher GH levels have been associated with various anti-aging benefits, including improved skin elasticity and vitality.

GHRP-2 also exhibits a stronger effect on GH release without significantly affecting prolactin and cortisol levels, making it advantageous over GHRP-6 for some users.

Dosage and Cycle Guidelines

A typical dosage of GHRP-2 ranges from 100mcg to 300mcg per injection. The injections are administered subcutaneously and are best taken 2 to 3 times daily, ideally 30 minutes before meals or workouts, to maximize GH release. Cycles can vary in length but often run for 8 to 12 weeks, depending on goals and individual response.

For those new to GHRP-2, starting at the lower end of the dosage range is advisable to assess tolerance. Combining GHRP-2 with a GHRH (Growth Hormone-Releasing Hormone) analog, like CJC-1295, can synergistically enhance GH release, leading to more pronounced benefits.

Potential Side Effects

While GHRP-2 is generally well-tolerated, it can produce side effects, particularly at higher dosages:

Increased Appetite: Although less potent than GHRP-6 in this regard, GHRP-2 can still increase hunger levels.

Water Retention: Some users may experience mild water retention, leading to a bloated feeling.

Fatigue: Occasional reports of tiredness or lethargy, particularly after injections.

Tingling or Numbness: A transient sensation of tingling or numbness around the injection site or extremities.

Monitoring your body's response and adjusting the dosage as necessary can help mitigate potential side effects.



GHRP-6, or Growth Hormone-Releasing Peptide 6, is a potent hexapeptide that plays a significant role in stimulating the body's natural production of growth hormone (GH). It has garnered attention for its potential to improve muscle growth, fat loss, and recovery.

Mechanism of Action

GHRP-6 works by mimicking the action of ghrelin, a hormone that binds to the ghrelin receptor in the pituitary gland. This interaction triggers the secretion of growth hormone from the pituitary gland into the bloodstream. GHRP-6 uniquely stimulates the release of growth hormone in a pulsatile fashion, which is considered beneficial for achieving the physiological benefits of natural GH peaks. Moreover, it indirectly increases the levels of IGF-1 (Insulin-like Growth Factor 1) through the GH it releases, further enhancing its anabolic effects.

Benefits and Uses

The use of GHRP-6 comes with several potential benefits, including:

Enhanced Muscle Growth: By increasing growth hormone levels, GHRP-6 can stimulate muscle growth and development.

Fat Loss: Elevated GH levels promote fat metabolism, aiding in fat loss and improving body composition.

Improved Recovery: Growth hormone enhances tissue repair and regeneration, making GHRP-6 useful for recovery from injuries and workouts.

Increased Appetite: GHRP-6 has a side effect of increasing ghrelin levels, which can stimulate appetite, which is beneficial for those looking to increase their caloric intake for muscle gain.

Anti-aging Effects: Higher GH levels contribute to improved skin elasticity, bone density, and overall well-being.

Dosage and Cycle Guidelines

The common dosage for GHRP-6 ranges from 100mcg to 300mcg per injection, administered 2 to 3 times daily, ideally 30 minutes before meals for maximizing its appetite-stimulating effect. A typical cycle may last anywhere from 8 to 12 weeks, depending on the user's goals and response.

It's often recommended to start at the lower end of the dosage range to assess tolerance before gradually increasing the dose. GHRP-6 can be cycled in combination with other peptides, such as GHRH analogs (e.g., CJC-1295), for synergistic effects on GH release.

Potential Side Effects

While GHRP-6 is generally well-tolerated, there are potential side effects associated with its use, including:

GHRP-2 & GHRP-6

Increased Appetite: Due to its ghrelin-mimicking action, GHRP-6 can significantly increase hunger, which may be a drawback for those on a restricted-calorie diet.

Water Retention: Some users may experience water retention and bloating, particularly at higher dosages.

Numbness and Tingling: Rarely, users may report tingling or numbness in the extremities.

Elevated Cortisol and Prolactin Levels: There is potential for GHRP-6 to slightly increase cortisol and prolactin levels, although this is typically not a concern at moderate dosages.

This article is featured in the *[Underground Peptides Handbook](#)*—a comprehensive and unfiltered guide to today's most powerful performance-enhancing compounds for physique and cognitive optimization. Download the full handbook for free at irongorillas.com/peptides-handbook-ebook/, and gain access to this full profile along with dozens more covering steroids, SARMs, peptides, fat-burning agents, and cutting-edge strategies. It's all presented in a clear, research-driven format with a focus on results and safety.

AOD-9604

AOD-9604 is a modified form of amino acids 176-191 at the C-terminus of the human growth hormone (HGH). Designed to fight obesity and aid in weight management, it has garnered attention for its ability to stimulate lipolysis (the breakdown of fat) and inhibit lipogenesis, both of which are significant factors in weight loss and management.

Mechanism of Action

AOD-9604 exerts its effects primarily by mimicking the way natural growth hormone regulates fat metabolism without the adverse impact on blood sugar or growth that is seen with unmodified HGH. It activates the beta-3 adrenergic receptors in adipose (fat) tissues, triggering fat breakdown and release. Unlike other fat-burning compounds, AOD-9604 does not negatively impact insulin sensitivity or cell proliferation, making it a targeted option for fat loss. Additionally, it does not compete with HGH receptors, ensuring that its activity is focused on fat loss without influencing growth processes or insulin pathways.

Benefits and Uses

Enhanced Fat Loss: This is particularly effective in stimulating fat release from obese fat cells while having a minimal effect on lean muscle mass.

Regulation of Metabolism: AOD-9604 has shown potential in enhancing the body's metabolic rate, contributing to weight management.

No Impact on Blood Sugar Levels: Unlike HGH, AOD-9604 does not impair insulin sensitivity, making it safer for individuals concerned about blood sugar levels.

Potential Cartilage Regeneration: Early research indicates AOD-9604 promotes cartilage repair and regeneration, offering

benefits for joint health and function.

The specific targeting of fat cells makes AOD-9604 an attractive option for those looking to reduce body fat and improve body composition without the complications associated with conventional HGH treatment.

Dosage and Cycle Guidelines

The standard dosage for AOD-9604 ranges from 120 to 500 mcg per day, administered via subcutaneous injection. Some topical preparations have been seen in the market with mixed reviews. The most common regimen involves a daily injection, typically in the morning or before bed, to align with the body's natural growth hormone pulse for optimizing fat loss.

Cycles can vary in length but generally last between 12 to 16 weeks to observe significant results in fat loss. Dosage adjustments may be necessary based on individual response and goals.

Potential Side Effects

AOD-9604 is well-tolerated, with a high safety profile and minimal side effects reported. However, some potential side effects may include:

Injection Site Reactions: Minor redness, swelling, or discomfort around the injection area.

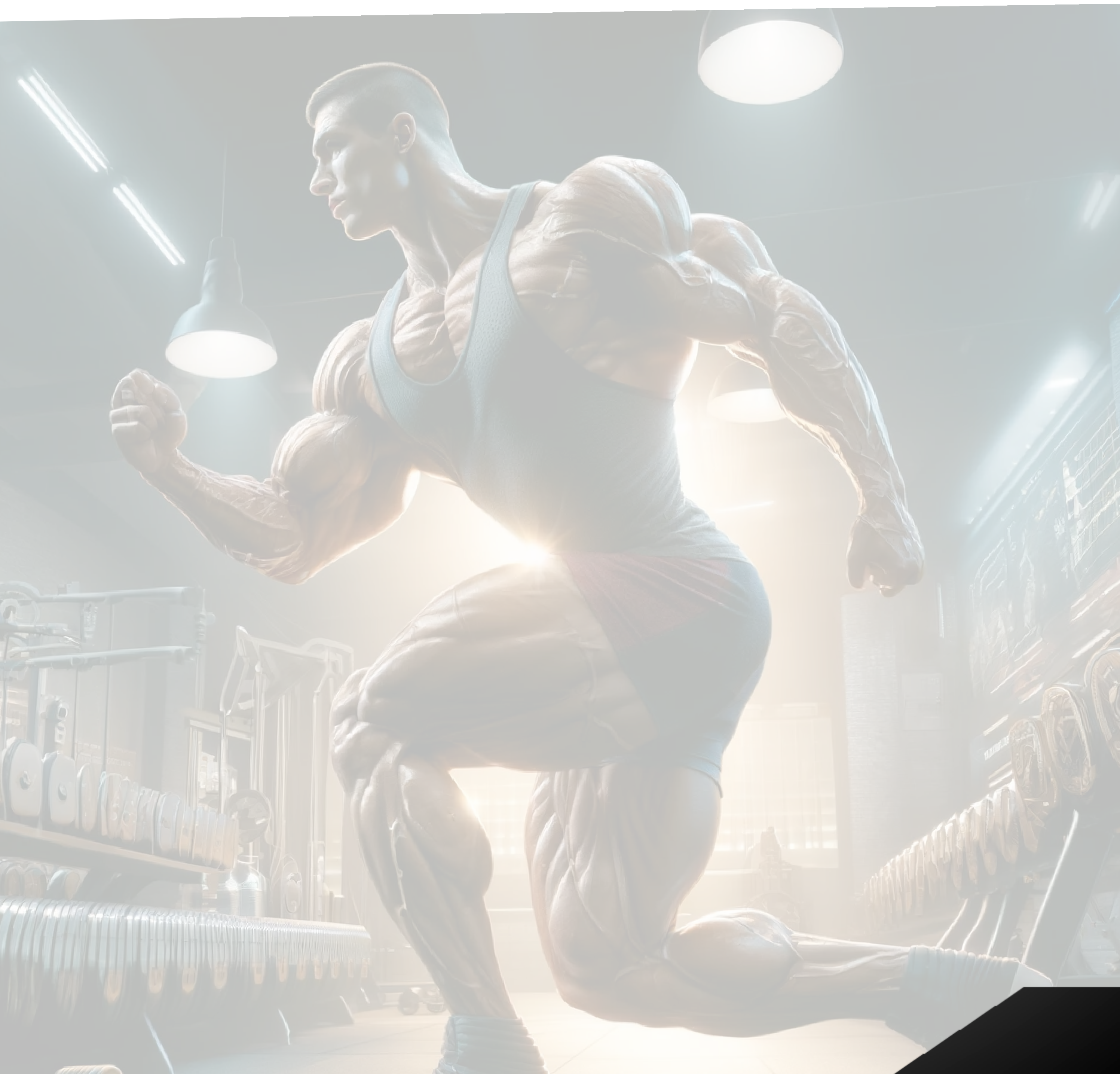
Headaches: Some users may experience mild headaches following administration.

Nausea: Occasional feelings of nausea, which typically subside with continued use.

Given its mechanism of action and targeted effects, AOD-9604

AOD-9604

offers a promising alternative for individuals aiming for fat loss without the adverse effects associated with growth hormone therapy. As with any peptide or medication, consulting with experienced users on the Evolutionary.org forums before starting AOD-9604 is crucial to ensure it aligns with your health objectives and to manage potential side effects effectively.





9. OTHER CUTTING DRUGS & FAT BURNERS

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CLENBUTEROL

Clenbuterol-inj
50mcg/ml – 10ml

EURO-PHARMACIES



Clenbuterol Hydrochloride is a beta-2 agonist that is widely known for its use as a bronchodilator to treat asthma and other respiratory conditions. However, as far back as the day's of Arnold, it gained significant popularity in bodybuilding and fitness communities as a potent fat-burning agent. Unlike anabolic steroids, Clenbuterol does not directly influence muscle growth but is used primarily for its ability to increase metabolic rate, reduce body fat, and improve aerobic capacity.

Benefits and Uses

Fat Loss: Clenbuterol is most commonly used during cutting phases to enhance fat burning. It works by stimulating the beta-2 receptors, increasing the body's core temperature (thermogenesis), and promoting the breakdown of fat stores for energy.

Performance Enhancement: Athletes and bodybuilders use Clenbuterol to improve endurance and stamina by increasing oxygen flow and blood circulation. It is banned by most sports leagues.

Preservation of Lean Muscle Mass: During a calorie deficit, Clenbuterol helps preserve muscle mass while facilitating fat loss, making it a popular choice in cutting cycles.

Dosage and Administration

Clenbuterol is often used in cycles due to its potential to cause receptor desensitization. A typical dosing regimen starts at 20 mcg per day, gradually increasing to 120-140 mcg, depending on individual tolerance. The “two weeks on, two weeks off” method is popular to prevent receptor burnout.

Side Effects and Risks

Despite its effectiveness, Clenbuterol comes with notable side effects, especially with prolonged or excessive use:

-Cardiovascular Strain: Increased heart rate, palpitations, and potential arrhythmias are common.

-Nervous System Effects: Users frequently report tremors, anxiety, and insomnia due to its stimulating effects.

-Electrolyte Imbalance: Prolonged use may cause dehydration and an imbalance in potassium and taurine, which can lead to cramps.

Conclusion

Clenbuterol Hydrochloride is a powerful tool for fat loss and performance enhancement, but it should be used cautiously due to its significant side effects. It is crucial to cycle Clenbuterol properly and monitor heart health during use. As it is not approved for human use in some countries, its use for athletic purposes often falls into a legal gray area.

This article was extracted from the book *[Euro Pharma 2024 Steroid Handbook](#)*. Download it for free at: [Iron-Gorillas.com](#) It includes this profile and many more on powerful, pharmacy-grade performance-enhancing compounds.

T3 (LIOTHYRONINE SODIUM)



This article was extracted from the book *Para Pharma 2024 Steroid Guide*. Download it for free at: IronGorillas.com It includes this profile and many more performance-enhancing compounds.

T3 (Liothyronine Sodium): The Thyroid Hormone for Metabolic Enhancement

Overview of T3 (Liothyronine Sodium)

T3, also known as Liothyronine Sodium, is a synthetic form of the thyroid hormone triiodothyronine, crucial for regulating metabolism and energy production in the body. Originally prescribed for individuals with hypothyroidism, T3 has gained popularity in the performance enhancement and bodybuilding communities for its ability to accelerate fat loss, enhance metabolism, and improve energy levels.

Para Pharma's T3 offers pharmaceutical-grade Liothyronine in precise doses, providing effective and reliable results for metabolic optimization.

Chemical Profile and Characteristics

- Class:** Thyroid Hormone.
- Half-Life:** Approximately 1 day.
- Mechanism of Action:** Increases basal metabolic rate (BMR), enhancing energy expenditure and fat oxidation.
- Form:** Oral tablets.

T3's powerful effects on metabolism make it a highly effective tool for fat loss and improving body composition when used responsibly.

T3 (LIOTHYRONINE SODIUM) & T4 FOR FAT LOSS

Benefits of T3

Accelerated Fat Loss

T3 boosts metabolic activity, leading to increased energy expenditure and fat oxidation. This makes it a staple in cutting phases and pre-contest preparation.

Enhanced Energy and Performance

By increasing mitochondrial activity, T3 improves energy levels and stamina, enabling more intense training sessions.

Preservation of Lean Muscle (with Anabolics)

When used in conjunction with anabolic steroids, T3 helps prevent muscle loss during calorie-restricted diets while accelerating fat burning.

Improved Metabolic Efficiency

T3 optimizes metabolic processes, aiding in the efficient utilization of carbohydrates, fats, and proteins.

Dosage and Administration

Fat Loss in Bodybuilding:

-Starting Dose: 25 mcg per day.

-Gradual Increase: Increase by 12.5–25 mcg every 3–5 days to a maximum of 50–100 mcg per day, based on tolerance and goals.

-Cycle Duration: 4–6 weeks to minimize the risk of thyroid suppression.

Final Thoughts

T3 is a powerful tool for accelerating fat loss, optimizing metabolism, and enhancing energy levels. When used responsibly, it can help users achieve a lean, shredded physique while preserving lean muscle mass. With Para Pharma's T3, you're choosing a trusted product designed to meet the highest standards of quality and efficacy, ensuring you achieve your goals safely and effectively.

T4 (LEVOthyroxine Sodium)

EURO-PHARMACIES



This article is just a preview of what's inside the *Euro Pharma 2024 Steroid Handbook*. Download your FREE copy now at IronGorillas.com and unlock detailed profiles on powerful performance-enhancing compounds, expert stacking tips, and proven strategies to take your physique and performance to the next level.

T4 (Levothyroxine Sodium) is a synthetic form of the thyroid hormone thyroxine, which is critical for regulating metabolism, energy production, and overall metabolic health. Used primarily in medical settings to treat hypothyroidism, T4 has gained popularity in the bodybuilding and athletic communities for its ability to enhance fat loss and support metabolic function.

Understanding T4

Levothyroxine (T4) is one of the main hormones produced by the thyroid gland, playing a significant role in metabolism and energy regulation. When used appropriately, T4 can help individuals maintain optimal thyroid function, particularly during caloric deficits or intense training cycles.

Benefits and Uses of T4

Fat Loss: T4 can aid in fat loss by increasing the basal metabolic rate (BMR), allowing users to burn more calories at rest. This makes it a popular choice for those looking to lose weight while preserving muscle mass.

Energy and Stamina: Users may experience enhanced energy levels and improved stamina during workouts, which can contribute to better overall performance and recovery.

T4 (LEVOTHYROXINE SODIUM)

Muscle Preservation: T4 can help mitigate muscle loss when in a caloric deficit, making it a valuable tool for athletes undergoing cutting cycles.

Dosage and Administration

Typical dosages of T4 can range from 50 mcg to 200 mcg per day, depending on the individual's goals, body weight, and response to the hormone. T4 is generally taken once daily, ideally in the morning on an empty stomach to maximize absorption.

Side Effects and Risks

While T4 is generally well-tolerated, improper use can lead to potential side effects:

-Thyroid Dysfunction: Overuse can result in symptoms of hyperthyroidism, including increased heart rate, anxiety, weight loss, and insomnia.

-Hormonal Imbalance: Long-term use of T4 can suppress the body's natural thyroid hormone production, leading to dependency and difficulty in regulating thyroid function after discontinuation.

-Electrolyte Imbalance: Some users report changes in electrolyte levels, which can lead to symptoms such as muscle cramps or weakness.

Conclusion

T4 (Levothyroxine Sodium) is a potent compound that can effectively support fat loss and energy levels when used correctly. Its ability to enhance metabolic rate makes it a valuable option for bodybuilders and athletes, especially during cutting phases. However, it's crucial to use T4 responsibly and under medical supervision to avoid the potential for side effects and hormonal imbalances. Proper dosage and monitoring can help ensure safe and effective use, allowing users to maximize their results while minimizing risks.

HELIOS (INJECTABLE CLENBUTEROL & YOHIMBINE) FOR SPOT REDUCTION

GP Helios (Clenbuterol-Yohimbine)



Clenbuterol Hydrochloride + Yohimbine: The Synergistic Fat-Burning Stack for Advanced Users

The combination of Clenbuterol Hydrochloride and Yohimbine has carved out a reputation as a powerful fat-burning duo among seasoned bodybuilders and athletes. Both compounds are revered for their ability to target stubborn fat stores that resist traditional diet and exercise. The allure of this stack lies in its synergistic effects: Clenbuterol accelerates the basal metabolic rate (BMR) and thermogenesis through beta-2 adrenergic receptor activation, while Yohimbine, an alpha-2 adrenergic receptor antagonist, inhibits fat storage mechanisms—especially in regions prone to stubborn fat like the lower back, lower abdomen, and thighs. For advanced users aiming for single-digit body fat percentages, this combination offers a targeted approach to fat loss without causing water retention or estrogenic side effects.

How Clenbuterol + Yohimbine is Used and What Sets It Apart

The effectiveness of this stack is rooted in its dual mechanism of action. Clenbuterol, a beta-2 agonist, increases thermogenesis

HELIOS (INJECTABLE CLENBUTEROL & YOHIMBINE) FOR SPOT REDUCTION

by enhancing mitochondrial activity, thereby elevating core temperature and calorie expenditure. In contrast, Yohimbine acts by blocking alpha-2 receptors, which are abundant in stubborn fat areas, preventing these receptors from inhibiting lipolysis. This complementary action not only accelerates fat loss but also makes the stack particularly effective for targeting fat that typically lingers even during aggressive cutting phases.

Standard Dosage:

Clenbuterol: Starts at 20–40 mcg per day, gradually increased by 20 mcg every 2–3 days, capping at 120–160 mcg based on tolerance.

Yohimbine: 5–15 mg per day, ideally taken in a fasted state for maximum lipolytic effect.

Cycle Duration: Typically 2 weeks on, 2 weeks off for Clen to prevent receptor downregulation; Yohimbine can be used continuously but is often cycled similarly for cardiovascular health.

Onset: Clen's effects are felt within 30–60 minutes, while Yohimbine's effects peak within 30 minutes to 1 hour when taken fasted.

Key Differences from Other Ancillary Drugs:

Synergistic Fat Loss: Unlike aromatase inhibitors (AIs) that manage estrogen or selective estrogen receptor modulators (SERMs) like Nolvadex that prevent gynecomastia, Clen + Yohimbine focuses purely on fat loss without hormonal modulation.

No Estrogenic Activity: Both compounds are non-aromatizing, eliminating the risk of water retention, gynecomastia, or other estrogen-related side effects.

Enhanced Lipolysis: Yohimbine's unique action on alpha-2 receptors complements Clen's beta-2 agonism, resulting in accelerated lipolysis in stubborn fat areas.

Best Stacks with Clenbuterol + Yohimbine

For Cutting:

- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + Anavar (50 mg/day):** Enhances muscle hardness and vascularity while rapidly reducing body fat. Ideal for pre-contest phases.
- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + Winstrol (50 mg/day):** Promotes a dry, shredded appearance with minimal water retention, enhancing muscle definition and vascularity.

For Recomp:

- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + Trenbolone Acetate (300 mg/week):** Leverages Tren's anti-catabolic properties to prevent muscle loss while aggressively targeting fat stores.
- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + Testosterone Propionate (300 mg/week):** Supports lean muscle retention and strength while maximizing fat oxidation.

For Advanced Users:

- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + T3 (50 mcg/day):** This combination maximizes metabolic rate and fat oxidation but requires careful management to prevent muscle catabolism.
- **Clenbuterol (120 mcg/day) + Yohimbine (10 mg/day) + Masteron (400 mg/week):** Ideal for achieving a hard, dry physique without risking water retention, enhancing definition and muscle density.

What NOT to Stack with Clenbuterol + Yohimbine:

-Ephedrine or High-Dose Stimulants: Stacking with other strong stimulants can lead to excessive cardiovascular strain, hypertension, and anxiety.

HELIOS (INJECTABLE CLENBUTEROL & YOHIMBINE) FOR SPOT REDUCTION

-Beta Blockers: Counteracts the action of Clenbuterol, reducing its effectiveness in enhancing fat loss and thermogenesis.

-Carbohydrate-Rich Meals: Yohimbine's effectiveness is significantly reduced when insulin is present; it is best used in a fasted state.

Final Thoughts

The combination of Clenbuterol and Yohimbine is among the most potent fat-burning stacks available to experienced steroid users. Its ability to target both beta-2 and alpha-2 adrenergic receptors ensures comprehensive fat loss—especially in stubborn areas that resist traditional diet and exercise approaches. However, the stack's potency requires careful management to mitigate potential side effects such as elevated heart rate, anxiety, and muscle cramps.

For those with the experience and discipline to manage its risks, Clen + Yohimbine offers a powerful tool for achieving extreme leanness, enhanced vascularity, and a dry, shredded appearance. As with all powerful compounds, responsible use combined with proper supplementation and monitoring is essential to maximize benefits while minimizing risks.

This article is excerpted from the [*Geneza Pharmaceuticals Underground Steroid Catalog*](#), a comprehensive reference covering clinically relevant data on performance-enhancing compounds. Available for free at irongorillas.com, the guide includes detailed pharmacological profiles, mechanisms of action, dosing protocols, risk mitigation strategies, and comparative analysis of steroids, SARMs, peptides, and fat-burning agents—presented through a science-based, safety-oriented lens.

10. POST-CYCLE THERAPY (PCT) AFTER A CUTTING CYCLE

Protect Your Health, Preserve Your Gains!

No matter how dialed-in your cutting cycle is—whether you’re running anabolic steroids, SARMs, peptides, or other fat-burning compounds—what you do after the cycle matters just as much as what you do during.

This chapter explains the importance of Post-Cycle Therapy (PCT), what compounds to use, how to time your recovery, and why support supplements like N2Guard and HCGenerate are essential to safeguard your health, hormones, and hard-earned gains.

Why You Need PCT After a Cutting Cycle

Most anabolic steroids and some SARMs suppress or shut down your natural testosterone production. Even shorter, “mild” cycles can leave your endocrine system suppressed.

Without proper PCT:

- Testosterone remains low
- Estrogen may rebound
- Libido crashes
- Mood, motivation, and mental focus suffer
- Muscle loss and fat gain occur quickly
- You feel tired, weak, and demotivated

Post-cycle therapy is your restart button, helping your body restore hormonal balance, protect organs, and maintain progress.

Main Goals of PCT

1. Restart natural testosterone production
2. Control estrogen and prevent rebound side effects
3. Prevent muscle breakdown, so you don’t lose your gains.
4. Protect liver, kidneys, and cardiovascular system
5. Restore libido, energy, and well-being

10. POST-CYCLE THERAPY (PCT) AFTER A CUTTING CYCLE

When to Start PCT

Some people believe timing depends on what you use. Others think you need to start PCT on the day of your last shot. I believe that the best PCT is the one you run full to completion and includes **HCGenerate**; I think the herbals are necessary here. That being said, for this eBook I will explain how to apply the theory of scheduling your PCT according to the compounds used:

Compound Type Example PCT Start Time:

- **Short esters/SARMs:** Anavar, Winstrol, S-23 1–3 days post-cycle
- **Long esters:** EQ, Test E, Tren E 2–3 weeks post-cycle
- **Peptides:** CJC-1295, Ipamorelin Usually, no PCT needed unless stacked with suppressive PEDs, HCGenerate still goes well with all peptides.
- **Clen/T3/Yohimbine:** Not suppressive No PCT is needed unless steroids were also used.

Core PCT Protocol: Example for a Standard Cutting Cycle Week 1–4 PCT Protocol (Basic Cycle Recovery)

Supplement/Drug Dosage

- **Clomid** 50mg/day (weeks 1–2), 25mg/day (weeks 3–4)
- **Nolvadex (Tamoxifen)** 20mg/day for 4 weeks
- **HCGenerate** 5 capsules/day (natural test booster & libido)
- **N2Guard** 7 capsules/day (liver/kidney/heart detox support)

This combo helps restart natural testosterone, control estrogen, and protect organs from any lingering toxic effects of oral or injectable compounds.



10. POST-CYCLE THERAPY (PCT) AFTER A CUTTING CYCLE

PCT After a Heavier Cutting Cycle (Stacked Steroids or SARMs)

For more suppressive cycles (e.g., involving Trenbolone, Masteron, or S-23), consider:

Week 1–6 PCT Protocol (Advanced Recovery)

Supplement/Drug Dosage

- **Clomid** 50mg/day (weeks 1–4), 25mg/day (weeks 5–6)
- **Nolvadex** 20mg/day for all 6 weeks
- **HCGenerate** 5 capsules/day

Aromasin or Arimidex If needed, to manage rebound estrogen

- **N2Guard** Full 7 capsule daily dose for at least 4–6 weeks

Why N2Guard Is Essential

N2Guard is more than just a liver supplement—it's a full-spectrum organ protector. It helps support:

- Liver health (especially important after orals like Winstrol or Anavar)
- Kidney function
- Cardiovascular health
- Cholesterol balance
- Blood pressure regulation
- Detoxification pathways

N2Guard should be used during cycle and continued through PCT to mitigate any internal stress caused by PEDs.

Why HCGenerate Matters

HCGenerate is a natural testosterone booster and fertility support supplement, specifically designed to help your body:

- Kickstart natural test production
- Boost libido and mood
- Restore sperm count and fertility
- Combat fatigue and post-cycle crashes

Some users take as many as 8 HCGenerate capsules per day for more intense or longer cycles.

10. POST-CYCLE THERAPY (PCT) AFTER A CUTTING CYCLE

Optional Add-Ons (Advanced Users)

- **Cabergoline:** If prolactin was elevated due to compounds like Trenbolone
- **GW-501516:** Can be continued into PCT to aid endurance and fat maintenance
- **Peptides:** These work to create anabolism via a different channel so they won't interfere with PCT.

SARMs-Specific PCT Notes

Some SARMs like Ostarine and LGD-4033 are mildly suppressive and still require a light PCT.

Light SARMs PCT (4 Weeks)

- Nolvadex 20mg/day.
- **HCGenerate** 5 capsules per day.
- **N2Guard** (optional, but helpful)

Heavy SARMs (like S-23 or YK-11) will require full PCT with Clomid and Nolvadex.

What Happens If You Skip PCT?

Skipping PCT after a cutting cycle could mean:

- Loss of muscle mass
- Increased body fat regain
- Hormonal imbalances
- Prolonged low testosterone symptoms
- Depression, lethargy, low libido
- Longer recovery timeline (or no recovery at all)

Don't let your hard work go to waste. PCT is your muscle insurance policy for a healthy, productive post-cycle phase.

Conclusion: Recover Strong, Stay Lean

Your transformation isn't over when the last injection or pill is taken. In fact, the post-cycle period is where your results are either solidified—or lost.

Use a well-planned PCT protocol that includes Clomid, Nolvadex, **HCGenerate**, and **N2Guard** to fully recover, protect your health, and stay lean, strong, and hormonally optimized long after the cut is done.

11. GETTING EXPERT HELP FOR YOUR CYCLE

Leverage the Power of Online Communities for Cutting Success

Whether you're a beginner or an experienced user, the knowledge and support from online forums can play a crucial role in helping you optimize your cutting cycle. These platforms provide a wealth of real-world experiences, expert advice, and peer support that can help guide you through each phase of your cycle, from planning to Post-Cycle Therapy (PCT).

This chapter explores the top online steroid and fitness forums where you can find valuable information, share your journey, and ask questions from seasoned users and professionals.

Why Use Online Forums?

The benefits of participating in these communities are immense:

-Access to Expert Advice: Many forums have established members with years of experience and training knowledge.

-Personalized Recommendations: You can get cycle suggestions based on your goals, health status, and experience level.

-Real-World Experiences: Users share their cycles, results, and setbacks, which can help you anticipate potential challenges.

-Accountability and Support: Forums provide a sense of community where you can check in with others, track progress, and stay motivated.

Here are the top forums you should explore during your cutting cycle to get expert help and join a supportive community.

11. GETTING EXPERT HELP FOR YOUR CYCLE

1. Evolutionary.org

Evolutionary.org is one of the most trusted online communities for bodybuilding, steroids, SARMs, and performance enhancement. It has a massive following of users who share detailed information on cycles, PCT, and the use of supplements and PEDs.

What You'll Find:

- In-depth discussions on cutting cycles, anabolic steroids, SARMs, and peptides.
- Experts in anabolic steroid cycles, PCT protocols, and diet.
- Cycle Logs and personal experiences to see how others have used compounds and what worked best.
- Forums dedicated to fitness, supplementation, and recovery.
- Podcasts and articles by experienced members like George Spellwin, founder of IronGorillas.com.

Tip: Start by browsing the “Steroid Cycle” and “PCT Forum” sections for detailed guides and user feedback on cutting.

The screenshot displays the Evolutionary.org website. At the top, there is a navigation menu with links for Home, Forums, Media, Reviews, Podcasts, Steroids, SARMS, Supplements, eBooks, Videos, Log in, Register, and Search. Below the menu, there are several advertisements for various suppliers, including Naps Gear, Geneza, Domestic Supply, Purity Source Labs, and U3 Freak. The main content area features the "Evolutionary.org Steroids Research Forums" section, which includes a media gallery with images of supplements and a forum statistics table. The statistics table shows 84,546 threads, 1,371,163 messages, and 208,982 members. The latest member is listed as mb86zyncom. Below the statistics, there is a "Latest posts" section with a post titled "If it's under the skin injected, how often should..."

11. GETTING EXPERT HELP FOR YOUR CYCLE

2. MuscleChemistry.com

MuscleChemistry.com offers a great blend of technical and practical advice, with forums that allow members to ask questions, share their experiences, and interact with experts in bodybuilding and performance enhancement.

What You'll Find:

- **Cycle Reviews:** Community members share their experiences with different steroids and compounds, focusing on their effectiveness for cutting and fat loss.
- **Health Discussions:** Emphasis on minimizing side effects and keeping your body healthy while using PEDs.
- **Pharmaceutical Insights:** Information on the latest and most effective compounds in the bodybuilding world, including SARMs, peptides, and traditional steroids.

Tip: Check out the “Steroid Profiles” section for user-reviews and dosage recommendations for specific compounds, and visit the “Training” sub-forums for cutting workout tips.

The screenshot displays the MuscleChemistry.com website. At the top, there is a blue navigation bar with the site logo, menu items (Blog, Forums, Media, Resources, Steroids SARMS eBooks), and user options (Log in, Register, Search). Below the navigation bar, a large black banner with blue and white text reads "REGISTER FOR INSTANT FULL ACCESS TO ENTIRE SITE". Underneath the banner, the site's tagline "MuscleChemistry.com | Train Your Mind To Build Your Body" is visible. The main content area features several promotional banners for various suppliers and products, including "THE LARGEST AND MOST TRUSTED STEROIDS PHARMACY ONLINE!", "Geneza", "LEGIT PRODUCTS", "PURITYSOURCE LABS", "P", "NUMBER ONE", and "MOST RELIABLE". Below these banners, there is a section titled "MuscleChemistry Performance Enhancement" which lists forum categories: "Steroids SARMS Peptides Forum" (74.9K threads, 496.8K messages) and "MC Steroid Underground" (511 threads, 5.5K messages). To the right, a "Latest posts" section shows recent forum activity from users like "medicinaylaboratorio.com" and "alphapharmacanada.is not a good choice".

11. GETTING EXPERT HELP FOR YOUR CYCLE

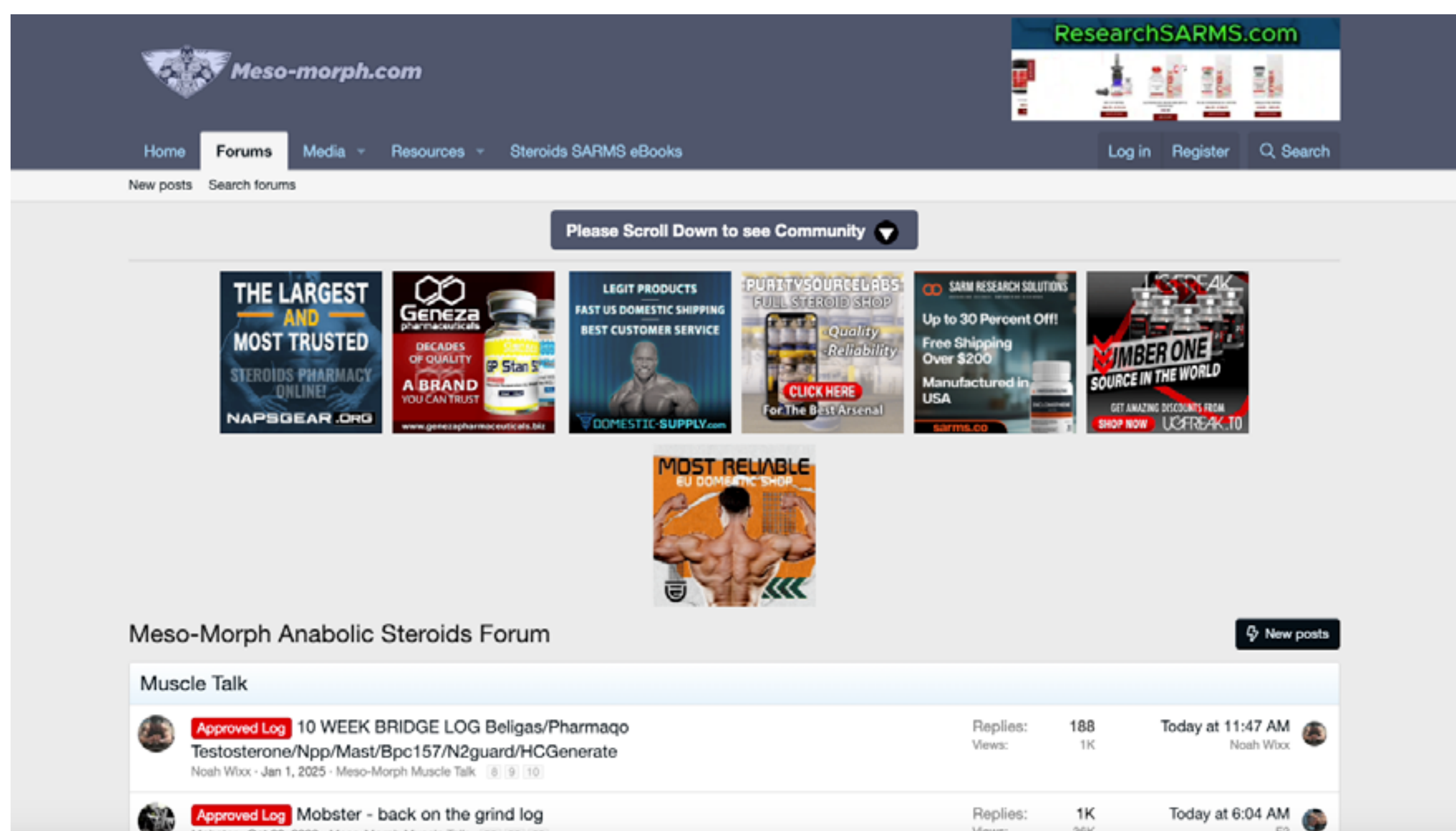
3. Meso-Morph.com

Meso-Morph.com is a large online forum that is well-respected within the bodybuilding community. It has a strong following of both recreational and competitive bodybuilders who actively discuss all aspects of fitness and performance enhancement.

What You'll Find:

- Active threads on cutting cycles, fat loss strategies, and muscle retention.
- Forums dedicated to steroid use, SARMs, peptides, and the pros/cons of each compound for fat loss.
- Veterans offering advice on safe cycles and long-term health.
- Bloodwork results, personal logs, and PCT experiences to help you optimize your post-cycle recovery.

Tip: Look for cutting cycle logs from other members and use them as a template for your own cycle. The experienced users on this forum share not only their successes but also mistakes they've made.



11. GETTING EXPERT HELP FOR YOUR CYCLE

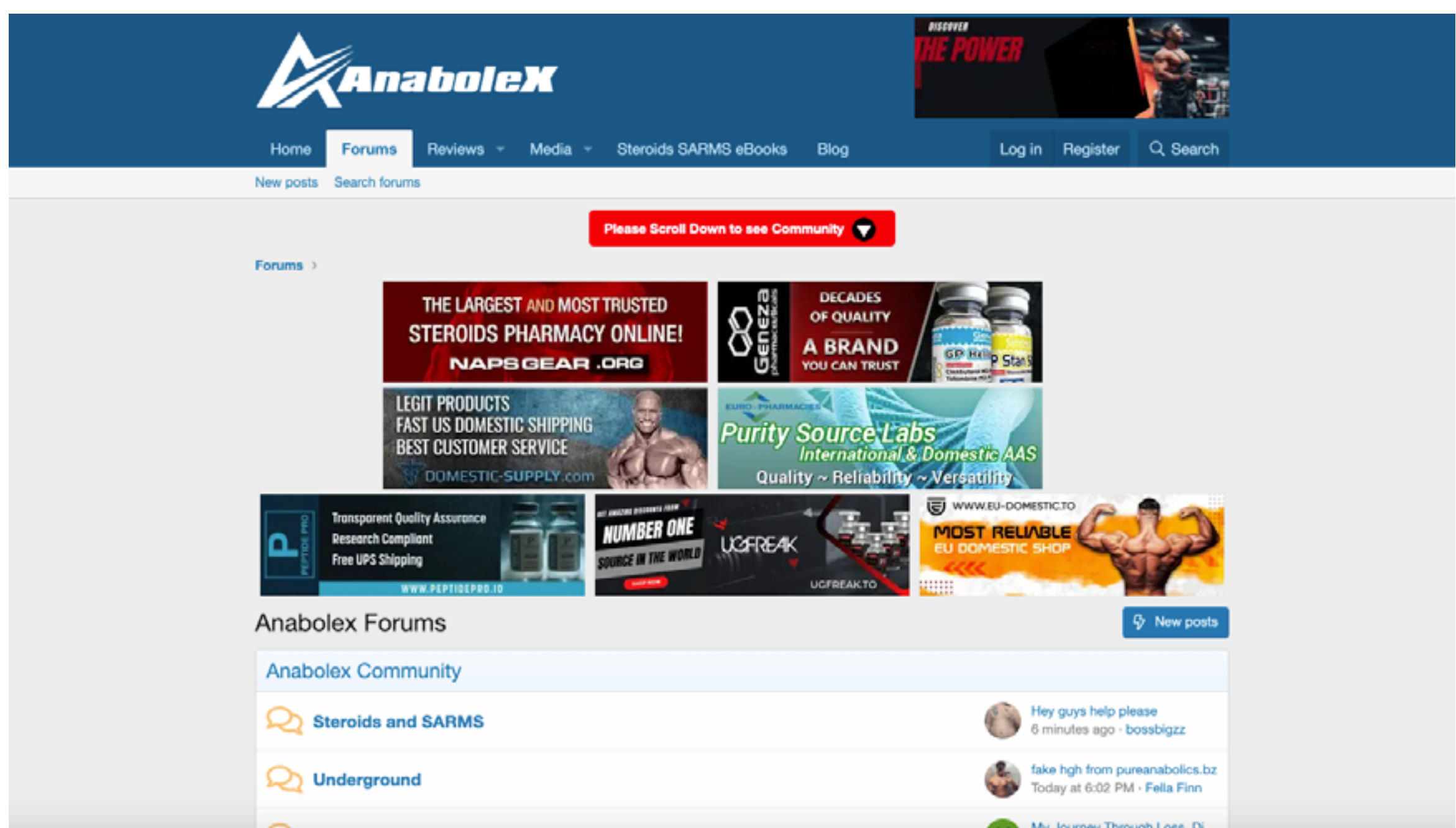
4. Anabolex.com

Anabolex.com is another cornerstone of the online steroid community, focusing heavily on cutting cycles, steroid use, and health management.

What You'll Find:

- **Comprehensive Cycle Guides:** This forum offers valuable advice on how to structure a cutting cycle, including compound selection, dosing, and timing.
- **Experienced Bodybuilders:** You'll get to interact with long-time users who provide insights into how certain steroids perform during fat loss cycles.
- **Cycle Reviews:** User feedback on different steroids and SARMS, particularly with an emphasis on cutting and fat burning.

Tip: Use the “Steroid Profiles” and “Cycle Log” sections for valuable cycle information and detailed user experiences to guide your cutting protocol.



11. GETTING EXPERT HELP FOR YOUR CYCLE

5. EliteFitness.com

EliteFitness.com is my forum and has long been one of the most established platforms for bodybuilding and performance-enhancing discussions. Whether you're focusing on cutting or bulking, this forum has a wide range of advice for both beginners and advanced users.

What You'll Find:

- A dedicated section on cutting steroids, fat burners, SARMs, and other performance-enhancing drugs.
- **Q&A Threads:** Ask questions about anything from dosing to diet, and get responses from a large group of experienced bodybuilders.
- **Expert Articles:** Articles on everything from diet planning to cycle support and recovery.

Tip: The “Steroid Forum” is a great place to get feedback on different compounds, while the “General Health and Fitness” section will guide you on diet, training, and supplements for optimal fat loss.

EliteFitness.com Bodybuilding Forums

Anabolic Steroids & Bodybuilding

Anabolic Steroids
Discuss Anabolic Androgenic Steroids (AAS) and SARMs (Selective androgen receptor modulators).
Sponsored by [NapsGear.org](#) - 20 years of trust!

Threads: 247.8K | Messages: 2.6M | I want to stack anavar and tren to... 43 minutes ago · SteveMobsterG

Forum statistics

Threads:	723,862
Messages:	10,091,257
Members:	325,490
Latest member:	mikelee

EF Talk

I want to stack anavar and

11. GETTING EXPERT HELP FOR YOUR CYCLE

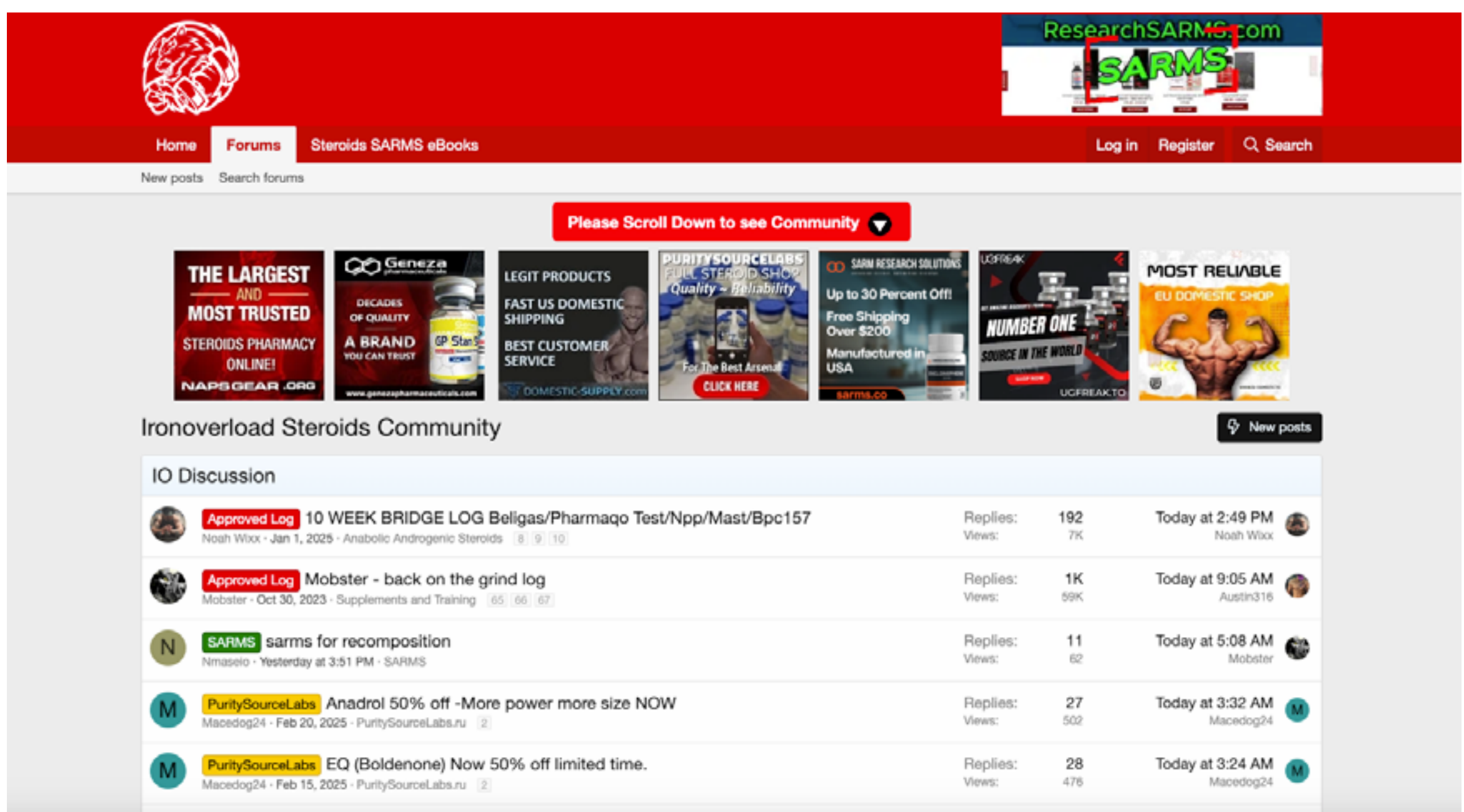
6. IronOverload.io

IronOverload.io is a growing community of performance-enhancement enthusiasts and fitness professionals. It's a great place to discuss cutting cycles, steroids, and the integration of fitness, health, and nutrition.

What You'll Find:

- Active discussions about cutting steroids, SARMS, peptides, and the most efficient methods for fat loss.
- Logs and cycle information from members who have gone through successful cuts and bulking phases.
- Guidance on cycle support, PCT protocols, and overall health maintenance during a cutting cycle.
- Expert Articles and Videos covering diet, training, and supplementation to support a cutting phase.

Tip: Explore the “PCT” and “Steroid Reviews” sections for detailed advice on cutting compounds and how to structure your cycle for maximum fat loss.



11. GETTING EXPERT HELP FOR YOUR CYCLE

How to Make the Most of These Forums

Be Specific in Your Questions: When asking for advice, be clear about your goals, experience level, and what you've tried already. The more detail you provide, the better the advice you'll receive.

Read the Stickies: Many forums have pinned threads ("stickies") that provide essential resources, cycle guides, and safety protocols.

Engage with Other Users: Don't just lurk—get involved in discussions, offer your own experiences, and track your progress. The more you contribute, the more you'll gain from the community.

Research Before You Ask: Often, the answer you're seeking is already out there. Use the forum search function to find related posts before posting a new question.

Conclusion: Empower Yourself with Knowledge

Cutting cycles require strategy, precision, and expert knowledge. Online steroid and fitness forums provide an invaluable source of information, support, and real-world experience to help you get the most out of your cycle. By joining communities like [Evolutionary.org](https://www.evolutionary.org/), [MuscleChemistry.com](https://www.musclechemistry.com/), [Meso-Morph.com](https://www.meso-morph.com/), [Anabolex.com](https://www.anabolex.com/), [EliteFitness.com](https://www.elitefitness.com/), and [IronOverload.io](https://www.ironoverload.io/), you can connect with like-minded individuals who can offer insights, tips, and encouragement to help you achieve your goals.

These forums help bridge the gap between theoretical knowledge and practical application—allowing you to navigate your cutting cycle with confidence and the support of a community that's been there, done that.

LEAN BODY MANUAL

As we close this guide on cutting cycles, I hope you now have a clearer understanding of how to burn fat efficiently while preserving lean muscle mass. Whether you're using advanced compounds or relying solely on diet and training, the key lies in strategy, discipline, and science-backed choices. Cutting isn't just about getting lean—it's about doing it in a way that supports long-term health and performance.

If this book has helped sharpen your knowledge and focus, I encourage you to continue exploring. At IronGorillas.com, you'll find an entire library of performance enhancement guides designed to support every phase of your journey. From bulking cycles to injectable steroids, oral compounds, SARMs, peptides, and nootropics, our resources are written with one goal in mind: to educate, empower, and protect those who choose to enhance.

Thank you for trusting me as your guide. Your journey doesn't end here—it evolves. Whether your next step is muscle building, mental enhancement, or simply refining your approach, you'll find the tools, knowledge, and support at IronGorillas.com. Stay sharp, stay strong, and stay informed.

George Spellwin
Research Director
George Spellwin
EliteFitness.com