



AUSTRALIAN LABS



ELITEFITNESS

IRONGORILLAS.COM

UNDERGROUND GUIDE

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IRONGORILLAS



The logo for Underground Labs Australia is centered at the top of the page. It features the word "UOL" in a large, stylized, yellow font with a black outline. Below "UOL" is the word "LABS" in a smaller, similar font, and at the bottom is "AUSTRALIA" in an even smaller font. The entire logo is set against a dark, textured background that resembles a hexagonal pattern.

DISCLAIMER & RESPONSIBILITY STATEMENT

This Handbook Is for Educational Purposes Only

This publication is intended strictly for informational and educational purposes. It does not promote, encourage, or condone the use, acquisition, sale, or distribution of any prescription drugs, performance-enhancing substances, or controlled compounds.

The compounds discussed in this handbook—including anabolic steroids, SARMs, peptides, growth hormones, insulin, diuretics, and other pharmacological agents—may be illegal to possess or use without a prescription in many countries, including Australia, the United States, the United Kingdom, and the European Union. Always check your local laws and regulations before considering any compound discussed herein.

This book does not provide medical advice.

Nothing contained within this handbook should be interpreted as medical guidance or a substitute for professional consultation. You must always consult with a qualified healthcare provider before starting, stopping, or modifying any medication, supplement, or training protocol.

For the Australian Market Specifically:

In Australia, anabolic steroids and many of the substances discussed are Schedule 4 or Schedule 8 medications under the Therapeutic Goods Administration (TGA). Possession, use, or supply of these substances without a valid prescription from an authorised prescriber is a criminal offense.

We urge Australian readers to comply with the law and consult an accredited medical professional for hormone-related or performance-based treatment.

DISCLAIMER & RESPONSIBILITY STATEMENT

User Responsibility

By reading this handbook, you agree that:

- You are 18 years of age or older
- You understand that the information provided is not an endorsement or recommendation
- You take full personal responsibility for any actions or decisions you make based on this content
- The authors, contributors, and distributors of this eBook bear no legal responsibility or liability for any harm, legal issue, or medical complication that may arise.

Final Note

This handbook is written for educational transparency, to demystify enhancement compounds, and to help people make informed decisions—not reckless ones.

Respect your body. Respect the law. Respect the process.



1. HOW TO USE THIS GUIDE

Your Go-To Manual for Everything Carried by [UGLOZ.is](https://ugloz.is)

This handbook is your straight-up, zero-BS reference guide for every compound you'll find at ugloz.is. If it's stocked on the site—you'll find it in here.

Whether you're buying:

- Injectable or oral steroids (Test, Tren, EQ, Deca, Dbol, Anavar, Superdrol, etc.)
- SARMs and peptides (RAD-140, MK-677, BPC-157, TB-500, HGH)
- Fat burners and thyroid tools (Clen, T3, Cardarine, Semaglutide)
- Support compounds (AIs, SERMs, insulin sensitizers, sexual health enhancers, diuretics)

...it's all covered with clear, cycle-ready info written by people who actually understand what's at stake—your body, your results, your safety.

What You'll Get Inside

Each compound is broken down in a clean, repeatable format so you can quickly find:

- What it is & how it works
- Optimal dosage & administration
- Who it's for & when to use it
- Stacking strategies
- Potential side effects & safety tips
- Final verdict on how to use it best

This isn't fluff. It's not overcomplicated. And it's not theory. It's practical knowledge, written for real users, based on real-world experience—whether you're running a basic TRT cruise, chasing dry contest condition, or pushing a full-stack growth phase.

1. HOW TO USE THIS GUIDE

Why This Guide Exists

If you've ever clicked "Add to Cart" on UGLOZ.is and thought: "Cool... now how exactly should I use this stuff?"

This book answers that. No Googling. No Reddit rabbit holes. No outdated forum posts.

Just cycle-focused, performance-driven clarity for every product on the shelf—so you can maximize gains, minimize risk, and move with confidence every step of the way.



2. WHAT ARE PEDS? (AAS, SARMS, PEPTIDES, GH, FAT BURNERS, ETC.)

What Are PEDs?

AAS, SARMS, Peptides, Growth Hormone, Fat Burners & Beyond

Performance-Enhancing Drugs (PEDs) are compounds designed to improve some aspect of your body's physique, performance, recovery, or function beyond natural limits. Whether you're trying to pack on lean mass, cut to single-digit body fat, bounce back from brutal training, or maintain dominance in your sport—PEDs are the chemical tools that get it done faster, stronger, and harder.

But not all PEDs work the same way. This guide breaks them down by category, so you know what you're working with—and where each one fits in your cycle.

AAS – Anabolic-Androgenic Steroids

These are the backbone of most serious cycles. AAS are synthetic derivatives of testosterone that enhance muscle growth, recovery, strength, and nitrogen retention. They're injectable or oral and include classics like Testosterone, Trenbolone, Deca, Boldenone, Winstrol, and Anavar.

Use for: Mass building, strength phases, cutting, hardening, body recomposition.

Main risks: Suppression, estrogenic effects, liver strain (with orals), cardiovascular impact.

SARMS – Selective Androgen Receptor Modulators

SARMS are oral compounds that stimulate androgen receptors in muscle and bone, with fewer side effects than steroids. While not as powerful as AAS, SARMS like RAD-140, LGD-4033, Ostarine, and S-23 are popular for lean mass, strength, and recomposition.

2. WHAT ARE PEDS?

Use for: Non-injectable cycles, first-time users, bridging between steroid cycles

Main risks: Suppression (dose-dependent), lipid impact, vision issues (S4), test shutdown with stronger SARMs

Peptides & Growth Hormone (GH)

Peptides and GH-related compounds focus on recovery, healing, anti-aging, fat loss, and long-term performance enhancement. Popular examples include HGH, CJC-1295, Ipamorelin, BPC-157, TB-500, and Semaglutide. Some boost growth hormone, others speed up injury recovery or fat loss.

Use for: Long-term physique improvement, injury repair, joint health, fat loss, GH synergy

Main risks: Water retention, insulin resistance (with GH), appetite swings, improper dosing

Fat Burners & Metabolic Enhancers

These are your tools for cutting hard and fast. They boost your metabolism, energy output, thyroid activity, or fat oxidation. Key compounds include Clenbuterol, T3, Cardarine, SR-9009, and Metformin.

Use for: Rapid fat loss, contest prep, recomp, plateau busting

Main risks: Heart strain, muscle loss (T3 without AAS), stimulant tolerance, insulin sensitivity changes

Support Compounds (AIs, SERMs, Ancillaries)

PEDs work—but they come with side effects. Support drugs like Aromasin, Arimidex, Letrozole, Clomid, Nolvadex, Proviron, and Cabergoline help you control estrogen, prolactin, libido, and post-cycle recovery. Others like Cialis, HCG, and diuretics can fine-tune health, appearance, and function during the cycle or prep.

2. WHAT ARE PEDS?

Use for: PCT, on-cycle estrogen/prolactin management, libido, fertility, final-week peaking

Main risks: Hormonal rebound, over-suppression, crash from misuse

Advanced Tools: Insulin, Diuretics, and Stack Enhancers

For pros and veterans only—NovoRapid (insulin), Moduretic, Lasix, and Tirzepatide are tools to fine-tune nutrient partitioning, dry out sub-Q water, or blast through stubborn fat in contest prep. Dangerous in the wrong hands—effective in experienced ones.

Use for: Peak-week manipulation, extreme bulking, GH synergy, high-level prep

Main risks: Hypoglycemia, dehydration, flatness, electrolyte imbalances

PEDs Are Tools—Not Magic

PEDs can amplify everything you're doing right, but they can also amplify your mistakes. They don't fix bad diets, lazy training, or weak sleep. What they do is take well-executed plans and supercharge them.

If you respect the compounds, run smart stacks, and stay dialed into recovery and health—you'll build a physique that turns heads, performs hard, and holds up long-term.



3. ABOUT UGLOZ.IS

Australia's Trusted Domestic Source for Performance Enhancement

UGLOZ.is is a prominent Australian-based supplier specializing in performance-enhancing compounds. Established to serve professional bodybuilders, dedicated fitness enthusiasts, and athletes, **UGLOZ.is** offers a comprehensive range of products, including anabolic steroids, SARMs, peptides, fat burners, and support medications. Their commitment to quality and authenticity has positioned them as a reliable source within the Australian market.

Product Range and Quality

UGLOZ.is provides a diverse selection of products to meet various performance and physique goals:

- **Injectable and Oral Steroids:** Including Testosterone variants, Trenbolone, Nandrolone, Boldenone, and more.
- **SARMs:** Such as RAD-140, LGD-4033, and MK-677, catering to those seeking alternatives to traditional steroids.
- **Peptides and Growth Hormone:** Offering compounds like BPC-157, TB-500, and HGH for recovery and performance enhancement.
- **Fat Burners and Metabolic Enhancers:** Including Clenbuterol and T3 for cutting cycles.
- **Support Compounds:** Aromatase inhibitors, SERMs, and other ancillaries to manage side effects and support overall health.

Each product is accompanied by detailed information regarding dosing, effects, stacking strategies, and potential side effects, facilitating informed decision-making for users.

3. ABOUT UGLOZ.IS

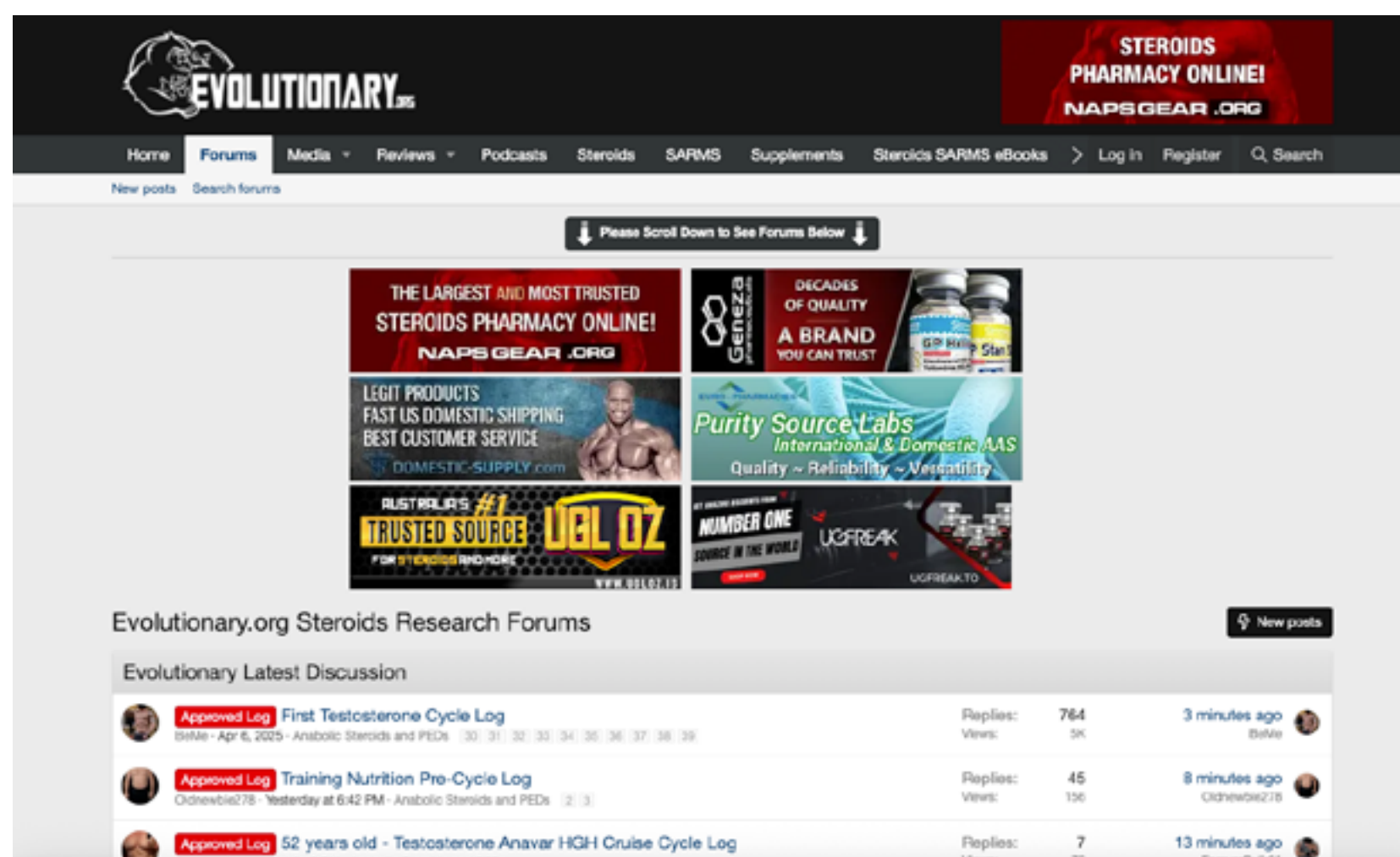
Community Engagement and Support

UGLOZ.is maintains an active presence within the performance enhancement community through various platforms:

Evolutionary.org

- One of the most respected forums for PED education, cycle planning, and compound research.
- Features detailed user logs, lab testing threads, and a podcast covering trends, stacks, and interviews.
- Known for: Clean design, responsive mods, and focus on safety, bloodwork, and results.
- Great for: Beginners and intermediates learning how to build a solid foundation.

Visit: www.evolutionary.org/forums

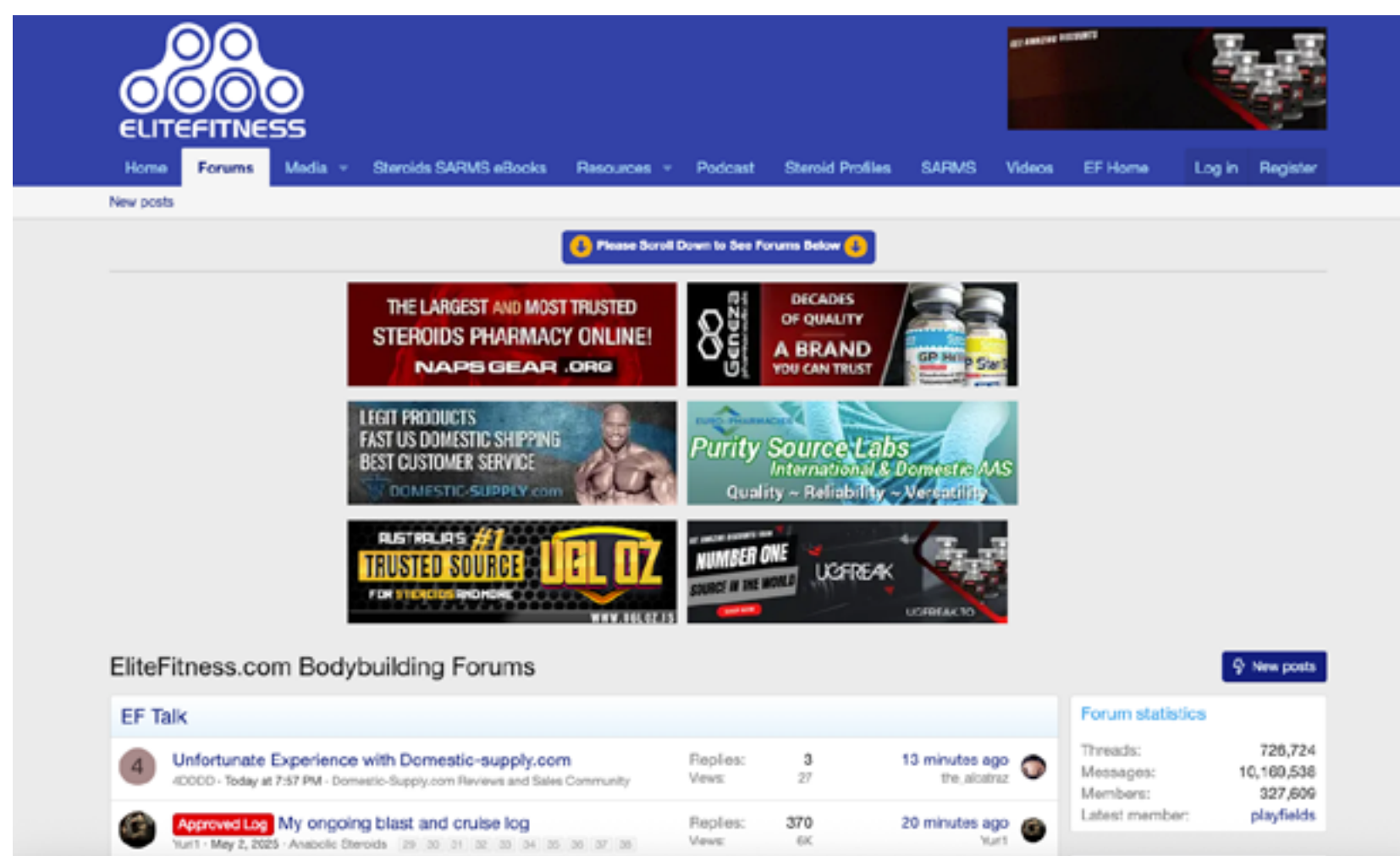


EliteFitness.com

- One of the oldest and most legendary steroid forums, online since the late 1990s.
- Known for its hardcore member base, no-BS logs, and real-world experience.
- Huge archive of info on classic cycles, UGL reviews, and recovery protocols.
- Great for: Lifters who want old-school PED knowledge mixed with modern insight.

Visit: www.elitefitness.com/forum

3. ABOUT UGLOZ.IS



Anabolex.com

- A rising star in the PED community—tight-knit, supportive, and focused on modern compound use.
- Home to several log-heavy threads where users track progress with SARMS, orals, TRT, and advanced stacks.
- Known for: Fast replies, transparent sponsor support, and user-centered discussions.
- Great for: Everyday enhanced athletes and intermediate users.

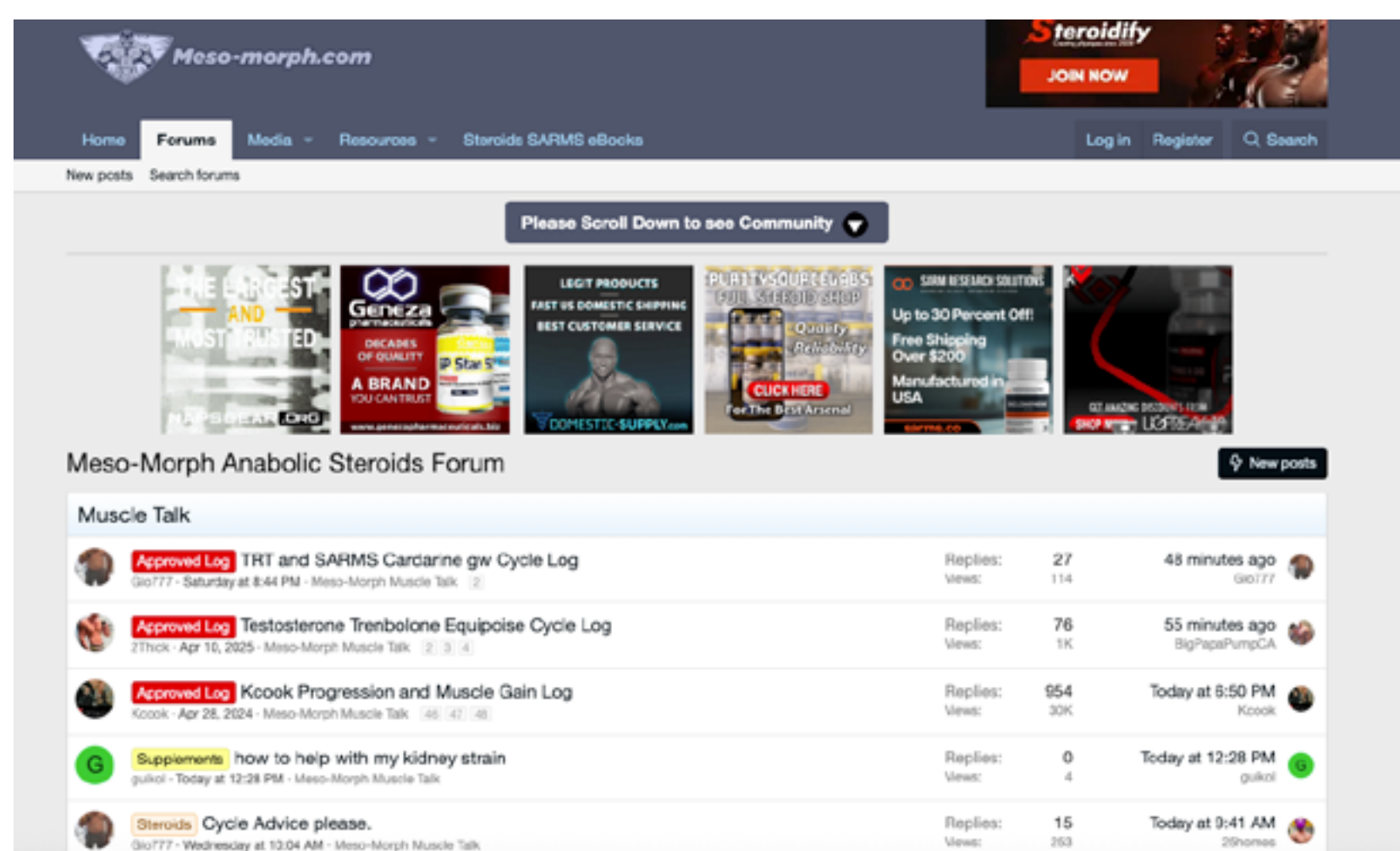
Visit: www.anabolex.com/community



Meso-Rx (Meso-Morph.com)

- Hardcore, science-heavy forum for deep PED discussions.
- Features long-form posts from advanced users, researchers, and even ex-industry insiders.
- Known for: Deep dives into underground lab analysis, GH and insulin discussions, and controversial topics.
- Great for: Veteran users, DIY chem nerds, and those who want to cut through the BS.

Visit: www.meso-morph.com/community

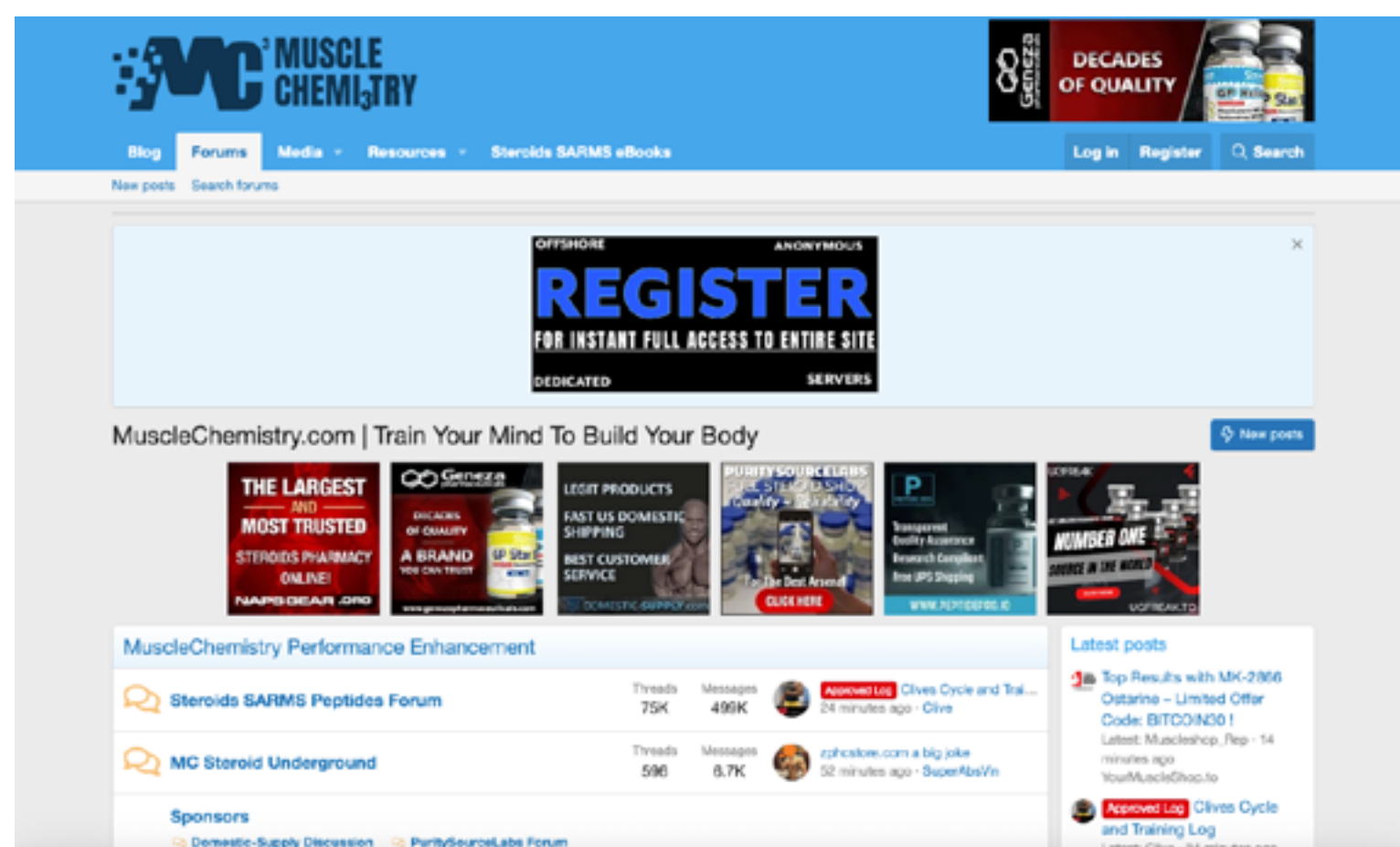


MuscleChemistry

- A hybrid forum that blends enhancement discussions with bodybuilding culture.
- Features gear logs, Q&A with lab insiders, and contest prep strategies.
- Known for: Brutally honest feedback and a strong underground connection.
- Great for: Competitors, recomp enthusiasts, and those chasing next-level physiques.

Visit: www.musclechemistry.com/forums

3. ABOUT UGLOZ.IS



IronOverload.io

- One of the newest but fastest-growing forums, focused on modern PED cycles, stack optimization, and user logs
- Heavy emphasis on real-time community logs, gear reviews, and stack critiques
- Known for: Clean user experience, tight mod control, and a focus on current trends
- Great for: Active users, stackers, and anyone running UGL or hybrid cycles

Visit: www.ironoverload.io



3. ABOUT UGLOZ.IS

Why These Forums Matter

- You'll see real people logging real results, including bloodwork, dosages, progress pics, and side effects
- You'll learn what actually works—not just what's hyped
- You'll stay updated on safe practices, legit sources, and community-tested strategies

Participation in these forums allows **UGLOZ.is** to connect with a broader audience and provide support.

Their involvement in these communities underscores their commitment to customer engagement and education.

Security and Accessibility

Understanding the importance of privacy and security, **UGLOZ.is** has implemented several measures:

- Secure Website Hosting:** The website is hosted in Sweden, operating under Swedish jurisdiction and laws, ensuring data protection.
- Anonymous Domain Registration:** Utilizing a specialized anonymous domain registration service based in the Republic of Seychelles to safeguard personal information.
- SSL Encryption:** The website employs 128-bit SSL encryption to secure all data transmissions.

These steps reflect UGLOZ.is's dedication to maintaining customer confidentiality and trust.

UGLOZ.is stands out as a comprehensive and reliable source for performance-enhancing compounds in Australia. Their extensive product range, commitment to quality, active community engagement, and robust security measures make them a go-to destination for individuals seeking to enhance their performance and physique responsibly.

For more information or to explore their product offerings, visit **UGLOZ.is**.

A close-up, black and white photograph of a muscular man's torso, showing his chest, shoulders, and arms. He has a tattoo on his left arm. The image is partially obscured by a large, dark, curved shape that frames the text.

4. PROFILES OF EVERYTHING ON UGLOZ.IS

This is the core of the handbook—the full lineup of compound profiles based on what’s available at [UGLOZ.is](https://ugloz.is).

You’ll find clean, cycle-ready breakdowns for every product they carry, including:

- Injectables & orals.
- SARMs & peptides.
- Fat burners & thyroid enhancers.
- Support meds, ancillaries, and advanced tools.

Each profile is written in the same format, so you can jump straight to the info you care about—dosing, stack ideas, side effects, timing, and who it’s for.

Whether you’re building your first cycle or refining an advanced protocol, use this section as your reference guide for everything you see on the [UGLOZ.is](https://ugloz.is) shelf. Just scroll, click, and get dialed in.



ORALS STEROIDS

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ANADROL (OXYMETHOLONE)

UNDERGROUND LABS AUSTRALIA

Sparta Anapolon (Anadrol) 50mg X 50 units



Alias: Oxymetholone / A50 / A-Bombs

Category: Oral Anabolic Steroid (DHT-Derived)

Half-Life: ~9 hours

Anabolic / Androgenic Ratio: 320 / 45

Typical Dosage: 25–100mg per day

Detection Time: ~6–8 weeks

Anadrol (Oxymetholone) is one of the most powerful oral anabolic steroids ever created, renowned for its ability to produce rapid size and strength gains in a short timeframe. Originally developed for treating severe anemia and muscle wasting, it has since become a cornerstone of mass-building steroid cycles.

Known in bodybuilding circles as “A-Bombs”, Anadrol is not subtle. It floods the body with intracellular fluid, giving muscles a huge, full, pumped appearance—often delivering 10–20 lbs of mass in just a few weeks. But it comes with baggage: bloat, blood pressure spikes, and potential estrogen-like side effects despite being a DHT derivative.

How It Works

Anadrol does not aromatize, but it behaves estrogenically by binding to estrogen receptors, often leading to gyno, water retention, and high blood pressure. It stimulates red blood cell production, protein synthesis, and nitrogen retention, leading to fast strength gains and explosive muscle volume.

Its anabolic effects are amplified by its ability to increase appetite, but its unique structure also makes it hepatotoxic, meaning liver support is essential during use.

Research Applications & Performance Benefits

- **Massive Size Gains:** Adds 10–15 lbs of bodyweight rapidly—most of it in water, glycogen, and muscle volume.
- **Extreme Strength Increases:** Powerlifters favor Anadrol for big PR pushes.
- **Pumps & Fullness:** Delivers the most pronounced pumps of any oral steroid.
- **Appetite Boost:** Helps lifters push calories during aggressive bulking phases.
- **Short Cycle Kickstart:** Ideal for jumpstarting long ester injectables.

Who Uses It and Why

Anadrol is used by powerlifters, offseason bodybuilders, and advanced users looking for a quick explosion in strength and size. It's rarely used by physique competitors close to a show, due to its bloat and water retention, but it can be useful in the early stages of a bulk or for breaking through plateaus.

It's also used by those who struggle with appetite during big eating phases—Anadrol is one of the few compounds that can stimulate hunger even when calories are already high.

Stacking Strategies

Anadrol is rarely run solo. It works best as a kickstart or stacked with non-toxic injectables to maximize its short-term power:

Mass Builder Stack (Weeks 1–6):

-Anadrol: 50–100mg/day

-Testosterone Enanthate: 500–600mg/week

-Deca Durabolin: 400mg/week

→ **Results:** Explosive size, joint comfort, and strength—expect serious fullness.

Powerlifting Stack:

- Anadrol: 50mg/day
- Trenbolone Acetate: 75mg EOD
- Test Prop: 100mg EOD

→ **Results:** Brutal strength increases, huge lifts, and CNS drive—manage BP closely.

Oral Synergy Caution:

Some users run low-dose Dianabol + Anadrol together (e.g., 30mg Dbol + 50mg Anadrol), but this is harsh on the liver and should be reserved for veterans with excellent cycle support and blood monitoring.

Potential Side Effects

Anadrol is not gentle—it hits hard and fast. Here's what to watch:

- **Estrogenic-Like Effects:** Gyno, bloating, high BP—despite no aromatization.
- **Liver Toxicity:** One of the most hepatotoxic orals—cycle support is essential.
- **Water Retention:** Can blur definition and spike blood pressure fast.
- **Appetite Fluctuation:** Boosts appetite for some, suppresses in others at high doses.
- **Lethargy:** Some users report feeling sluggish or irritable after the first week.
- **Androgenic Sides:** Acne, oily skin, hair thinning possible.

Final Thoughts

Anadrol is a monster in pill form—there's no other way to say it. It's not clean, it's not dry, and it's not for the weak—but for those who can handle the intensity and manage the sides, it delivers some of the fastest, most dramatic results in all of performance enhancement.

Perfect as a kickstart, a power phase amplifier, or a mass-building hammer, Anadrol should be respected, not abused. When cycled intelligently and supported properly, it does what few compounds can—turn up the volume on everything.

ANAVAR (OXANDROLONE)

UNDERGROUND LABS AUSTRALIA

Sparta Anavar 10mg X 100 Units



Alias: Oxandrolone / Var

Category: Oral Anabolic Steroid (DHT-Derived)

Half-Life: ~9–10 hours

Anabolic / Androgenic Ratio:
322–630 / 24

Typical Dosage:

Men: 30–80mg/day

Women: 5–15mg/day

Detection Time: ~3 weeks

Anavar (Oxandrolone) is a mild oral anabolic steroid with a strong reputation for producing clean, dry gains in lean muscle mass with minimal side effects. Developed in the 1960s for muscle-wasting conditions, it remains one of the most well-tolerated steroids—especially for women and first-time users.

Its appeal lies in its ability to preserve muscle, increase strength, and enhance vascularity, all without causing bloating, gyno, or harsh suppression. Often called the “gentleman’s steroid,” Anavar delivers real results with low risk—when used correctly.

How It Works

Anavar is a DHT-derived compound that doesn’t aromatize, meaning users won’t experience estrogenic side effects like water retention or gynecomastia. It increases phosphocreatine synthesis in muscle cells, which enhances ATP output, leading to noticeable strength gains and explosive power.

It also improves nitrogen retention, protein synthesis, and may enhance collagen production, helping support connective tissue and recovery—especially beneficial for athletes and lifters prone to overuse injuries.

Research Applications & Performance Benefits

- **Lean Muscle Gain:** Supports quality muscle growth, especially in a calorie surplus.
- **Muscle Preservation:** Excellent for cutting cycles to retain strength and size.
- **Strength Boost:** Popular with powerlifters and fighters for performance without weight gain.
- **Fat Loss Support:** Enhances metabolic efficiency and visual fat-burning effects.
- **Vascularity & Aesthetics:** Creates a polished, dry, defined appearance.

Who Uses It and Why

Anavar is popular across the entire performance spectrum:

- Men use it in cutting cycles, strength phases, and as a bridge compound between heavier cycles.
- Women choose Anavar as one of the few compounds they can use at low doses with minimal risk of virilization.
- Combat athletes, models, and physique competitors rely on it for power without bloat.

It's also commonly used in PCT-adjacent bridge phases for athletes looking to maintain performance without crashing hormones completely.

Stacking Strategies

Anavar is one of the most flexible orals—ideal for cutting, bridging, or adding clean strength to any stack:

Mass Builder Stack (Weeks 1–6):

- Anavar: 50mg/day (Men), 10mg/day (Women)
- Testosterone Propionate: 75–100mg EOD
- Masteron: 300–400mg/week

→ **Results:** Dry, hard muscle with increased fat loss and strength.

Strength Stack:

- Anavar: 60mg/day
 - Halotestin: 10–20mg pre-workout (2–3x/week only)
 - TRT-dose Test: 150mg/week
- **Results:** Max aggression, output, and CNS power with limited size gain.

Lean Bulk or Bridge:

- Anavar: 30–50mg/day
 - EQ or Primo: 400–600mg/week
 - Test E or C: 200–300mg/week
- **Results:** Steady, high-quality gains without heavy suppression or bloat.

Potential Side Effects

Despite its reputation as a mild oral, Anavar still carries risks—especially at higher doses or extended use:

- **Cholesterol Imbalance:** Can negatively impact HDL/LDL levels—run fish oil and lipid support.
- **Liver Toxicity:** Mildly hepatotoxic—run N2Guard or TUDCA and limit cycle to 6–8 weeks.
- **Suppression (Men):** Still suppresses natural test—run with base or follow with PCT.
- **Hair Loss / Acne:** Low risk but possible in DHT-sensitive users.
- **Virilization (Women):** Rare but possible at 15mg+—watch for deep voice, hair growth, or clitoral enlargement.

Bloodwork is recommended during and after use. Don't assume it's "side-effect free" just because it's mild.

Final Thoughts

Anavar is the gold standard of oral steroids for lean, dry gains. It's safe, it's effective, and it fits nearly any goal when used properly. Whether you're cutting, recomping, or just tightening up for summer or a shoot, Anavar brings the strength and polish with minimal downsides.

It's also one of the best entry-level compounds for men or women testing the waters, and a go-to bridge or finisher for veterans. Clean, dependable, aesthetic—Anavar earns its reputation as one of the most respected anabolics in the game.

DIANABOL (METHANDROSTENOLONE)



Sparta Dianabol 10mg X 100 Units



Alias: Methandrostenolone / Dbol

Category: Oral Anabolic Steroid

Half-Life: ~4–6 hours

Anabolic / Androgenic Ratio:
90–210 / 40–60 (varies by source)

Typical Dosage: 20–50mg/day

Detection Time: ~5–6 weeks

Dianabol (Methandrostenolone) is one of the most legendary oral anabolic steroids ever created. Introduced in the late 1950s, it was the first steroid developed specifically to enhance performance, helping drive the golden era of bodybuilding and Olympic-level strength sports.

Fast-acting and powerful, Dbol is known for its dramatic muscle fullness, explosive strength increases, and euphoric pump effect. It's not a clean or dry compound, but when used correctly, it's a mass-building powerhouse that has remained popular for over 60 years.

How It Works

Dianabol is a testosterone derivative that undergoes aromatization into estrogen, causing notable water retention, muscle swelling, and increased strength. It promotes protein synthesis, glycogen storage, and nitrogen retention, leading to rapid size and power improvements.

Because of its short half-life, Dbol is usually split into 2–3 doses per day to maintain steady levels. It's hepatotoxic like most orals, so cycle length and liver protection must be managed carefully.

DIANABOL (METHANDROSTENOLONE)

Research Applications & Performance Benefits

- **Explosive Strength Gains:** Users often gain 20–30 lbs on their major lifts in weeks.
- **Massive Size Increase:** Expect 10–20 lbs of weight gain, mostly water + muscle glycogen.
- **Insane Pumps:** Delivers a swelling effect in the gym—tight skin, full muscle bellies.
- **Rapid Onset:** Effects noticeable in 3–5 days—ideal for cycle kickstarts.
- **Enhanced Recovery:** Shortens downtime between training sessions and boosts stamina.

Who Uses It and Why

Dianabol is typically used by bodybuilders, strength athletes, and mass-focused lifters who want to rapidly increase size and power. It's rarely used alone—instead, it serves as a kickstarter to long-acting injectables like Test E or Deca.

Because of its estrogenic and water-retaining properties, it's not ideal for cutting or aesthetic recomps. However, for off-season bulks, it remains a staple compound in many successful cycles.

Stacking Strategies

Dbol works best as a short-term oral stacked with long esters during bulking phases:

Classic Mass Cycle (Weeks 1–6):

-Dianabol: 30–50mg/day

-Testosterone Enanthate: 500mg/week

-Deca Durabolin: 400mg/week

→ **Results:** Explosive mass and strength, joint support, and massive gym pumps.

DIANABOL (METHANDROSTENOLONE)

Test-Only Kickstart:

- Dbol: 25–30mg/day (Weeks 1–4)
- Test Cypionate or Enanthate: 500mg/week
- **Results:** Faster size and strength onset while long esters build up.

Aggressive Power Phase:

- Dianabol: 40–50mg/day
- Tren Ace: 75mg EOD
- Test Prop: 100mg EOD
- **Results:** Extreme strength and aggression—monitor BP and estrogen.

Potential Side Effects

Dbol hits fast—and sometimes hits hard. Be prepared to manage:

- **Estrogenic Effects:** Gyno, water retention, and bloating—use Aromasin or Arimidex as needed.
- **Liver Toxicity:** Highly hepatotoxic—cycle no longer than 4–6 weeks, and run TUDCA or N2Guard.
- **High Blood Pressure:** Due to water retention and RBC spike.
- **Appetite Changes:** May stimulate or suppress hunger depending on the user.
- **Androgenic Issues:** Acne, hair loss (in MPB-prone users), oily skin.
- **Suppression:** Full shutdown—PCT is necessary unless cruising.

Bloodwork before and after is highly recommended. Monitor blood pressure and lipids closely during cycle.

DIANABOL (METHANDROSTENOLONE)

Final Thoughts

Dianabol is old-school power in pill form—fast, strong, and transformative. It's not clean, it's not dry, but it works. When paired with injectable bases, it kickstarts growth and strength like almost no other compound.

It's best reserved for serious off-season growth, power surges, or the early phase of mass cycles. It's not for those chasing aesthetics—but if your goal is to get big fast, Dbol is the original blueprint.

Use responsibly, support your liver, and watch your estrogen—and Dianabol will earn its place as a classic for a reason.

PRIMOBOLAN (METHENOLONE ACETATE)

Sparta Primo Ace 25mg X 50 Units



Alias: Oral Primo / Methenolone Acetate

Category: Oral Anabolic Steroid (DHT-Derived)

Half-Life: ~4–6 hours

Anabolic / Androgenic Ratio:
88 / 44

Typical Dosage:

Men: 50–100mg/day

Women: 10–20mg/day

Detection Time: ~4–5 weeks

Primobolan Acetate is the oral form of Methenolone, a DHT-derived anabolic known for its clean muscle-building properties, non-estrogenic profile, and exceptional safety margin. Unlike many oral steroids, oral Primo is not 17 α -alkylated, making it far less toxic to the liver than compounds like Dianabol, Anadrol, or Winstrol.

It's not a mass monster—but for cosmetic improvement, muscle preservation, and lean recomp goals, oral Primo is a smart, subtle weapon that delivers results without the crash.

How It Works

Primobolan Acetate enhances nitrogen retention, protein synthesis, and fat oxidation, all while maintaining a dry, hard look with no aromatization. Being derived from DHT, it resists conversion to estrogen and gives a mild androgenic boost without the risk of bloat or gyno.

Its effects are slow and subtle—it's best used in calorie-controlled settings, where it excels at preserving muscle and enhancing visual aesthetics. It must be taken daily or split into 2–3 doses to maintain stable blood levels due to its short half-life.

PRIMOBOLAN (METHENOLONE ACETATE)

Research Applications & Performance Benefits

- **Muscle Preservation:** Primo is excellent during cutting or in a calorie deficit.
- **Cosmetic Enhancement:** Produces dry, lean gains with improved tone and tightness.
- **Very Low Toxicity:** One of the safest oral AAS options for both men and women.
- **No Estrogenic Effects:** No bloating, no gyno, no aromatase activity.
- **Improved Recovery:** Boosts recovery speed without overstimulating the CNS.

Who Uses It and Why

Primobolan Acetate is used by aesthetic-minded athletes, female competitors, and cautious PED users who want a mild anabolic that still delivers polish and performance. It's favored in:

- Cutting cycles where water retention would ruin the look
- Bridges between cycles due to low suppression
- Women's cycles because of its low risk of virilization
- Body recomposition plans focused on clean lean tissue retention

It's not typically used by bodybuilders chasing mass—but by those chasing refinement.

Stacking Strategies

Oral Primo works best when paired with compounds that support its dry, refined effect:

Men's Cutting Stack:

- Primobolan Acetate: 100mg/day (split doses)
- Testosterone Propionate: 75mg EOD
- Winstrol: 50mg/day

→ **Results:** Dry, sharp, and aesthetic with improved recovery and zero bloat.

PRIMOBOLAN (METHENOLONE ACETATE)

Female Lean Cycle:

-Primo Acetate: 10–15mg/day

-GW-501516 or Cardarine: 10–20mg/day

→ **Results:** Muscle tone, fat loss, and strength with minimal risk of side effects.

Bridging / Maintenance Stack:

-Primo Acetate: 50–75mg/day

-TRT-level Testosterone: 125–150mg/week

-MK-677 or GH: Optional for recovery, fullness, and nutrient partitioning

→ **Results:** Maintains physique between blasts without suppression crash.

Potential Side Effects

Primobolan Acetate is widely considered one of the safest anabolic steroids, but some issues can still arise:

- **Mild Androgenic Sides:** Acne, oily skin, or hair loss in DHT-sensitive users.
- **Suppression (Men):** Low, but present—consider PCT after extended cycles.
- **Cost & Availability:** Often expensive or underdosed on the underground market.
- **Slow Results:** Gains are subtle—don't expect dramatic mass or pump.
- **Bitter Taste:** Raw tablets or powders can be harsh if not pressed/coated properly.

PRIMOBOLAN (METHENOLONE ACETATE)

Final Thoughts

Oral Primobolan Acetate is for the elite-minded athlete—someone who values refinement, resilience, and subtle advantage over brute force. It won't blow you up, but it will tighten, preserve, and polish a physique that's already dialed in.

It's one of the few orals worth considering long-term, and its safety profile makes it a prime option for women, cautious users, or those in bridging or cutting phases. Underwhelming for bulking, but undeniably effective for aesthetics when paired with the right plan.

PROVIRON (MESTEROLONE)

Sparta Proviron 25mg X 50 Units



Alias: Mesterolone / Provironum

Category: Oral DHT-Derived Androgen / Estrogen Antagonist

Half-Life: ~12–13 hours

Anabolic / Androgenic Ratio:
88 / 44

Typical Dosage:

Men: 50–100mg/day

Women: 10–20mg/day

Detection Time: ~4–5 weeks

Proviron (Mesterolone) is a DHT-derived oral androgen that binds strongly to androgen receptors, boosts free testosterone, and acts as a mild estrogen antagonist. Though it's not used for mass building, Proviron plays a unique role in enhancement: it enhances hardness, libido, mood, and hormonal balance when stacked with other compounds.

Originally developed for male hypogonadism and infertility, it's now a favorite among bodybuilders and TRT patients for its ability to amplify the effects of other hormones, sharpen the physique, and elevate androgenic tone without suppressing natural testosterone production.

How It Works

Proviron binds to sex hormone-binding globulin (SHBG) more strongly than testosterone, freeing up more bioavailable testosterone in circulation. It also competes with estrogen at receptor sites, reducing the impact of estrogenic side effects and subtly enhancing dryness, definition, and mood.

Unlike other orals, Proviron is not liver toxic and does not convert to estrogen. It exerts its anabolic effects primarily by enhancing the activity of other androgens rather than building mass on its own.

Research Applications & Performance Benefits

- **Harder, Drier Physique:** Great for contest prep or leaning out
- **Increased Free Testosterone:** Displaces SHBG-bound test, improving androgenic effect
- **Improved Libido and Sexual Function:** Strong DHT activity boosts drive and erectile quality
- **Mood and Confidence Boost:** Positive effect on mental sharpness and aggression
- **Anti-Estrogenic Support:** Weakly blocks estrogen at the receptor without full suppression

Who Uses It and Why

Proviron is used by:

- Physique athletes and competitors chasing dryness, hardness, and vascularity
- TRT patients managing low libido, high SHBG, or mild estrogenic symptoms
- Steroid users stacking testosterone or nandrolone who want more free test and fewer estrogen sides
- Guys in recomposition or prep wanting to maintain aggression and focus
- Older men using it as a mild libido, mood, and performance enhancer

It's especially useful when you're not gaining mass—but want to sharpen every edge.

Stacking Strategies

Proviron is best stacked with suppressive or aromatizing compounds as a supportive androgen:

Testosterone Base Stack:

-Testosterone Enanthate: 300–600mg/week

-Proviron: 50mg/day

→ **Results:** More free testosterone, increased libido, reduced estrogenic impact.

Cutting/Contest Prep Stack:

-Masteron + Winstrol + Proviron (50mg/day)

→ **Results:** Dry, tight, and hardened look with sharpened aggression and confidence.

TRT Optimization Stack:

-TRT Dose: 100–150mg/week

-Proviron: 25mg/day

→ **Results:** Enhanced sexual function, mental clarity, and better free T levels.

Potential Side Effects

Proviron is well tolerated, but because it's a DHT derivative, some users may experience:

- Hair Loss (if genetically prone)
- Mild Acne or Oily Skin
- Increased Aggression or Irritability (usually dose-dependent)
- Suppression of Natural DHT Production (not testosterone)
- Reduced Estrogen (in high doses)—watch for joint dryness or mood swings if E2 dips too low

It does not aromatize, and is not liver toxic, making it one of the safest orals when dosed properly.

Final Thoughts

Proviron is the silent weapon in a serious user's arsenal. It won't blow up your scale weight—but it amplifies everything else you're running. From drier gains, sharper muscle tone, to revived libido and confidence, Proviron makes cycles feel more complete, more controlled, and more dominant.

It's not just about appearance—it's about hormonal synergy, androgenic edge, and staying sharp when others start to soften.

SUPERDROL (METHASTERONE)

UNDERGROUND LABS AUSTRALIA

Sparta Superdrol 10mg X 100 Units



Alias: Methasterone / SD / Beastdrol

Category: Oral Anabolic Steroid (DHT-Derived)

Half-Life: ~4–6 hours

Anabolic / Androgenic Ratio: 88 / 44

Typical Dosage:

Men: 50–100mg/day

Women: 10–20mg/day

Detection Time: ~4–5 weeks

Superdrol (Methasterone) is one of the strongest oral anabolic steroids ever synthesized—ultra-potent, dry, and toxic when abused. Originally developed by Syntex in the 1950s and later resurrected by supplement marketers in the mid-2000s under names like “Beastdrol,” it gained a cult following for its ability to pack on lean muscle and strength in under 4 weeks.

It’s technically a non-aromatizing DHT derivative, meaning no estrogenic effects—but don’t confuse “dry” with “safe.” Superdrol is extremely liver toxic, and its intense anabolic activity can cause rapid suppression, lipid damage, and systemic fatigue if not properly managed.

How It Works

Superdrol increases protein synthesis, nitrogen retention, and glycogen storage to supercharge muscle volume and strength. It does not convert to estrogen, leading to dry, full, vascular gains without bloat or gyno.

However, it destroys HDL cholesterol, spikes liver enzymes, and causes CNS fatigue in a significant portion of users. It’s best run for short durations (3–4 weeks max) with full cycle support in place.

Research Applications & Performance Benefits

- **Extreme Lean Mass:** Adds 8–12 lbs of muscle in 3–4 weeks when diet is dialed.
- **Dry Gains:** No water retention—expect hard, veiny, full muscle appearance.
- **Power Output:** Rapid increases in strength and aggression in the gym.
- **Fast Results:** Effects noticeable within the first 3–5 days.
- **Non-Estrogenic:** No aromatization; no need for aromatase inhibitors during use.

Who Uses It and Why

Superdrol is used by experienced steroid users, often in short bursts to break plateaus, push through sticking points, or peak for a photo shoot, beach season, or short-term recomp. It's not for beginners and should never be used casually. Ideal for:

- Dry lean bulkers
- Strength-focused athletes needing a 3–4 week boost
- Recomp phases where you want power and polish at the same time

Not recommended for females due to high virilization risk.

Stacking Strategies

Superdrol works best either solo (with full support) or in short oral kickstart protocols alongside injectables:

4-Week Solo Cycle (Advanced Users Only):

- Superdrol: 10–20mg/day (3–4 weeks max)
- Optional: MK-677 for recovery and appetite
- **Results:** Rapid lean gains with intense strength, assuming diet and sleep are locked in.

SUPERDROL (METHASTERONE)

Injectable Stack Kickstart:

- Superdrol: 20mg/day (Weeks 1–4)
 - Testosterone Enanthate: 500mg/week
 - Equipoise or Primo: 400mg/week
- **Results:** Fast fullness and performance while long esters build up.

Strength Stack (Aggressive):

- Superdrol: 10–20mg/day (Weeks 1–3)
 - Tren Ace: 75mg EOD
 - Test Prop: 100mg EOD
- **Results:** Brutal strength and aggression—very harsh on liver and lipids. Not for extended use.

Potential Side Effects

Superdrol is dry and potent, but also high-risk. Watch for:

- **Liver Toxicity:** One of the most hepatotoxic orals—TUDCA or N2Guard is mandatory.
- **Lipid Damage:** Crushes HDL and raises LDL—expect temporary cardiovascular strain.
- **Suppression:** Shuts down natural test hard—always follow with full PCT.
- **Appetite Kill or Lethargy:** Some users crash mid-cycle due to CNS or hepatic strain.
- **Joint Dryness:** No estrogen support means joint pain can increase under heavy loads.
- **Androgenic Sides:** Acne, hair loss, oily skin possible—especially above 20mg/day.

Never exceed 4 weeks. Never stack with another oral unless liver protection is elite and bloodwork is monitored.

SUPERDROL (METHASTERONE)

Final Thoughts

Superdrol is not a casual compound. It's a high-stakes tool for short-term results—nothing more. But in the right hands, it's one of the most visually impressive, dry, and powerful orals available. If you're dialed in, healthy, and ready for a brutal but rewarding 3–4 week sprint, Superdrol will deliver. Just remember: it bites back hard if you get sloppy. Support your liver, monitor your lipids, run a proper PCT, and never, ever abuse the dose.

TURINABOL (CHLORODEHYDROMETHYLTESTOSTERONE)



Sparta Turinabol 10mg X 100 Units



Alias: Tbol /

Chlorodehydromethyltestosterone

Category: Oral Anabolic Steroid
(Dianabol-Derived, Modified DHT)

Half-Life: ~16 hours

Anabolic / Androgenic Ratio:
54 / 6

Typical Dosage:

Men: 30–60mg/day

Women: 5–10mg/day (with caution)

Detection Time: ~6–7 weeks

Turinabol (Chlorodehydromethyltestosterone) is a dry oral steroid developed in East Germany during the Cold War as part of State Plan 14.25—a clandestine doping program to dominate Olympic sports. Think of it as Dianabol without the bloat. It combines mild androgenic properties with steady anabolic activity, delivering clean gains, hard muscle, and enhanced performance without estrogenic complications.

It became legendary for its role in state-sponsored athletic success—and remains a go-to for modern bodybuilders looking for subtle but consistent improvements with low side effect risk.

How It Works

Turinabol increases protein synthesis, muscle nitrogen retention, and red blood cell production while completely avoiding estrogenic conversion. It's non-aromatizing, non-progestogenic, and carries low androgenicity, which makes it a safe oral for many users and an ideal option for recomping, cutting, or enhancing athletic output.

Its half-life is long for an oral, allowing for once-daily dosing—but some split it into 2 for consistency.

TURINABOL (CHLORODEHYDROMETHYLTESTOSTERONE)

Research Applications & Performance Benefits

- **Lean Muscle Gain:** No bloat or water retention; gains are clean and easy to keep.
- **Recomposition Power:** Builds muscle while aiding fat loss in calorie-controlled settings.
- **Enhanced Endurance:** Improves red blood cell count and muscular stamina.
- **Strength without Size:** Great for athletes who need power without mass gain.
- **Low-Side Effect Profile:** Minimal androgenic, no estrogenic or progestinic activity.

Who Uses It and Why

Turinabol is used by bodybuilders, fighters, endurance athletes, and anyone cutting or recomping. It's particularly popular in:

- Pre-contest prep for preserving muscle while tightening up
- Athletic cycles where explosive performance and speed matter more than size
- Bridges between blasts for maintenance with minimal suppression
- Newer users who want dry gains and low risk
- Women (very low dose) for muscle tone and strength

It won't turn you into a monster, but it will fine-tune your engine and sharpen your look.

Stacking Strategies

Turinabol is a team player—great for kickstarts, bridges, or add-ons in both lean bulks and cuts:

Men's Cutting Stack:

- Turinabol: 40mg/day
- Testosterone Propionate: 100mg EOD
- Masteron Propionate: 100mg EOD
- **Results:** Dry, grainy look with boosted strength and energy.

TURINABOL (CHLORODEHYDROMETHYLTESTOSTERONE)

Recomp Stack:

- Turinabol: 50mg/day
 - Testosterone Enanthate: 300–400mg/week
 - Cardarine or SR-9009: 20mg/day
- **Results:** Cleaner gains with noticeable fat loss and endurance.

Bridging Protocol:

- Turinabol: 30–40mg/day
 - TRT-level Test: 125mg/week
 - TUDCA: Full daily dose
- **Results:** Maintains lean tissue and drive between cycles.

Potential Side Effects

Tbol is one of the milder oral steroids but still carries important risks:

- **Liver Toxicity:** It's 17 α -alkylated—run for 6 weeks max and always use liver support.
- **Cholesterol Impact:** Can negatively impact HDL/LDL levels—monitor with bloodwork.
- **Suppression:** Mild to moderate—requires PCT after solo use.
- **Dry Pumps or Cramping:** Some users experience tight pumps and low back pain.
- **Appetite Blunting:** May decrease hunger, especially at higher doses.

No estrogenic or progestogenic issues. Androgenic sides like acne or hair loss are rare unless predisposed.

TURINABOL (CHLORODEHYDROMETHYLTESTOSTERONE)

Final Thoughts

Turinabol is the thinking man's oral steroid—dry, refined, reliable. It offers measurable performance and physique benefits without many of the harsh tradeoffs seen in Dbol, Anadrol, or Superdrol.

It's not flashy. It doesn't bloat you. But in the right hands, it's a powerful tool for long-term physique development, especially in cutting or recomposition plans. For athletes, it's a stealth weapon that adds strength and stamina without unwanted bulk or inflammation.

Just keep cycles smart—6 weeks max, always supported, and with proper PCT—and Tbol will earn its spot in your rotation.

WINSTROL (STANOZOLOL)

Sparta Winstrol 10mg X 100 Units



Alias: Stanozolol / Winny

Category: Oral or Injectable DHT-Derived Anabolic Steroid

Half-Life: ~9 hours

Anabolic / Androgenic Ratio:
320 / 30

Typical Dosage:

Men: 30–50mg/day

Women: 5–10mg/day (with caution)

Detection Time: ~3 weeks

Winstrol (Stanozolol) is a dry, hardening steroid with a long legacy in cutting cycles, physique contests, and explosive sports. Originally released by Winthrop in the 1960s, it became a household name in the PED world after Canadian sprinter Ben Johnson tested positive for it in the 1988 Olympics.

As a non-aromatizing DHT derivative, Winstrol delivers muscle hardness, vascularity, and strength—without any estrogenic effects. Available in oral and injectable formats, it's popular in both male and female cutting stacks.

How It Works

Winstrol enhances protein synthesis, nitrogen retention, and muscle density, while simultaneously lowering SHBG (Sex Hormone Binding Globulin)—increasing free testosterone levels. It does not convert to estrogen and promotes a dry, ripped look with enhanced explosive strength and speed.

It also stimulates collagen synthesis poorly, which may lead to joint dryness or discomfort, especially when used alone.

Research Applications & Performance Benefits

- **Extreme Hardening:** Dry, grainy muscle look ideal for contests or photo shoots.
- **Increased Strength & Speed:** Popular among track athletes and fighters for power gains.
- **No Estrogenic Bloat:** Zero water retention or gyno risk.
- **Boosts Free Testosterone:** By lowering SHBG, it amplifies other compounds.
- **Fat Loss Synergy:** Enhances physique tightening when in a caloric deficit.

Who Uses It and Why

Winstrol is a favorite among bodybuilders in contest prep, models prepping for shoots, MMA fighters, and athletes in power/speed sports. Ideal when you need:

- A dry, sharp physique
- A strength boost without added size
- A non-aromatizing compound to run alongside Test or Tren
- An oral steroid for short-term use without estrogenic baggage

It's used by both men and women, though females must be cautious due to virilization risk.

Stacking Strategies

Winstrol is best used in cutting, recomposition, or athletic cycles. Avoid running it solo due to joint dryness.

Classic Cutting Stack:

- Winstrol: 50mg/day (oral or injectable)
- Testosterone Propionate: 100mg EOD
- Masteron Propionate: 100mg EOD

→ **Results:** Vascularity, hardness, and strength—ideal for contest prep.

Athletic Performance Stack:

- Winstrol: 40mg/day
- Equipoise: 400mg/week
- Low-dose Test: 200mg/week

→ **Results:** Fast, dry strength with cardiovascular stamina and no bloat.

Female Lean Stack (Caution):

- Winstrol: 5mg/day
- Duration: No more than 4–5 weeks

→ **Results:** Muscle tone, strength, and fat loss—but monitor for androgenic side effects.

Potential Side Effects

Winstrol isn't liver-friendly or joint-friendly. Key concerns include:

- **Liver Toxicity:** Especially in oral form. Limit to 6 weeks max. Use TUDCA or N2Guard.
- **Joint Pain:** No estrogen means no cushion—can dry out connective tissues.
- **Cholesterol Damage:** Winstrol trashes HDL and raises LDL—bloodwork is essential.
- **Hair Loss / Acne:** Mild androgenic impact—more noticeable if genetically prone.
- **Suppression:** Despite low aromatization, it still suppresses HPTA. PCT is required.

Avoid stacking it with other hepatotoxic orals unless you are an advanced user with full support protocols in place.

Final Thoughts

Winstrol is the go-to steroid for muscle definition and dryness. It's not for bulking, not for comfort, and not for casual use—but if you want to peak visually, increase strength-to-weight ratio, or show off sharp detail under the stage lights, it delivers.

Think of Winstrol as the finishing touch—used to polish the physique, amplify aggression, and bring out next-level vascularity. Just don't forget your joint support and liver protection, and keep cycles tight and purposeful.



INJECTABLES STEROIDS

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TRENBOLONE

UNDERGROUND LABS AUSTRALIA

Platinum Trenbol (Trenbolone Enanthate) 200mg/mL



Sparta Trenbolone Enanthate 200mg/mL



Alias: Tren E

Category: Injectable Anabolic Steroid

Half-Life: ~7–10 days

Anabolic / Androgenic Ratio: ~500 / 500

Typical Dosage: 200–600mg per week

Detection Time: Up to 5 months

Trenbolone Enanthate is the long-estered version of the infamous Trenbolone family—perhaps the most powerful non-methylated injectable steroid in the performance enhancement world. Originally derived from veterinary applications, Tren E has evolved into a staple for advanced users chasing elite-level results in both strength and physique development.

Unlike its faster-acting cousin, Trenbolone Acetate, the enanthate ester offers a smoother release, fewer injections per week, and a more stable blood level. This makes it ideal for longer, strategically planned cycles that aim to maximize lean muscle gain while keeping fat levels in check.

How It Works

Trenbolone binds to the androgen receptor with exceptionally high affinity, exerting potent anabolic effects in skeletal muscle and simultaneously promoting fat oxidation. It also enhances IGF-1 production, nutrient partitioning, and red blood cell count, allowing for faster recovery, better pumps, and round-the-clock growth.

Unlike testosterone, Trenbolone does not aromatize, meaning there's no estrogen conversion. But don't let that fool you—it can still cause significant side effects due to its progestin activity and neurostimulant effect on the central nervous system.

Research Applications & Performance Benefits

- **Lean Muscle Growth:** Increases nitrogen retention and protein synthesis far beyond testosterone.
- **Fat Loss:** Encourages body recomposition by enhancing metabolic rate and reducing cortisol.
- **Vascularity & Density:** Delivers the iconic “3D look”—granite-hard, dry, vascular muscle.
- **Endurance & Recovery:** Improves oxygen-carrying capacity and muscular endurance.

Who Uses It and Why

Tren E is a bodybuilder's weapon of choice during recomp or contest-prep phases, especially for those looking to retain muscle mass under caloric deficit. Powerlifters and strongmen also run it for the neurological aggression and explosive strength gains it brings to compound lifts.

It's not a compound for beginners—it's a veteran's drug, often used in the second half of a blast or as part of a multi-ester cycle where stability and long-term output matter.

Stacking Strategies

Trenbolone Enanthate is rarely run solo. Instead, it thrives in strategic stacks:

For Recomp:

- Trenbolone Enanthate: 400mg/week
 - Testosterone Enanthate: 200mg/week
 - Masteron Enanthate: 400mg/week
- **Results:** Hard, dry, dense tissue with excellent strength-to-weight ratio.

For Lean Mass:

- Trenbolone Enanthate: 300–400mg/week
 - Equipoise: 600mg/week
 - Aromasin or Letrozole as needed
- **Results:** Quality muscle with minimized water retention and estrogen-related sides.

With Peptides or GH:

Pairing Tren with IGF-1 LR3, GH, or MK-677 can enhance recovery and amplify nutrient partitioning for dry growth.

Potential Side Effects

Despite its incredible benefits, Tren E is notorious for side effects, especially at higher doses:

- **Night Sweats & Insomnia:** Due to CNS stimulation
- **“Tren Cough”** (less common with Enanthate)
- **Increased Aggression & Mood Swings**
- **Cardiovascular Strain:** Reduction in HDL, spike in RBC count
- **Prolactin Elevation:** Possible gyno even without estrogen
- **Androgenic Sides:** Hair loss, acne, oily skin

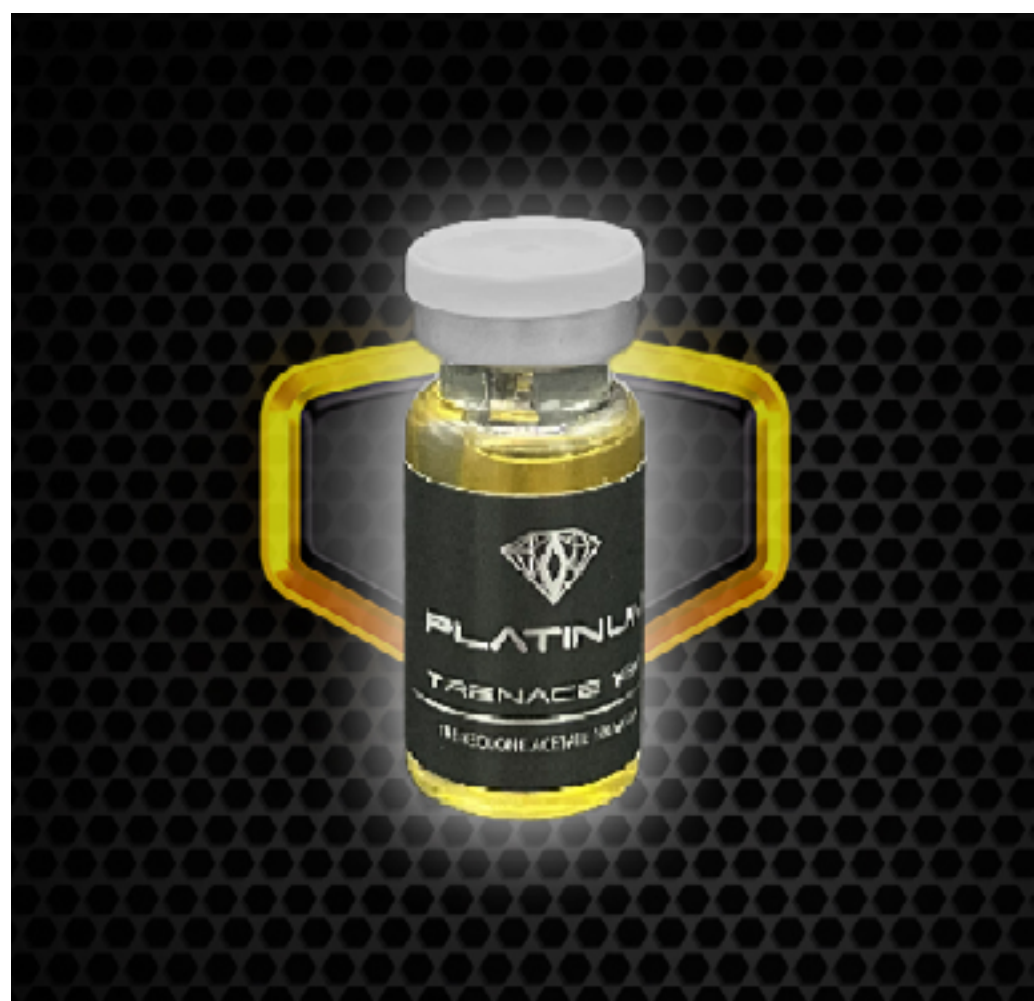
Support compounds like Cabergoline (for prolactin control) are often recommended. Sleep, blood pressure, and mood should be closely monitored.

Final Thoughts

Trenbolone Enanthate is a next-level compound for users who demand serious results and are willing to accept the trade-offs. It transforms a physique faster than almost any other steroid—delivering not just size, but a hardened, grainy look that screams “enhanced.”

But with great power comes great responsibility. Tren E is unforgiving when abused or mismanaged. Those who respect its potency, cycle intelligently, and support their health properly can tap into one of the most transformative tools in the enhancement arsenal.

Platinum Trenace (Trenbolone Acetate) 100mg/mL



Sparta Trenbolone Acetate 100mg/mL



Alias: Tren A

Category: Injectable Anabolic Steroid

Half-Life: ~2–3 days

Anabolic / Androgenic Ratio: ~500 / 500

Typical Dosage: 50–100mg every other day

Detection Time: ~4–5 months

Trenbolone Acetate is the fast-acting version of the Trenbolone family—favored for its intensity, rapid onset, and sheer raw power. Originally designed for livestock to improve feed efficiency and muscle gain, this compound has since become a legend among hardcore bodybuilders and power athletes.

Because of its short ester, Tren A hits fast and hard. Users typically feel the effects within 48–72 hours, making it ideal for those who want tighter control over their cycles or plan to make fast adjustments mid-run. Its punch is unmatched—offering dramatic changes in physique, aggression, and gym output in just a few weeks.

How It Works

Trenbolone Acetate exerts strong anabolic and androgenic effects, binding to the androgen receptor far more potently than testosterone. It promotes muscle protein synthesis, nitrogen retention, and IGF-1 elevation, while also driving lipolysis (fat breakdown) and red blood cell production for increased vascularity and recovery.

It does not aromatize, so estrogen-related issues like water retention are minimal. However, it activates progestin receptors and can elevate prolactin, leading to nuanced side effects that must be managed differently than typical estrogenic compounds.

Research Applications & Performance Benefits

- **Rapid Muscle Hardening:** Noticeable physique changes in under 2 weeks.
- **Explosive Strength:** Increases aggression, CNS output, and performance under heavy load.
- **Fat Loss:** Promotes metabolic enhancement, even in a calorie surplus.
- **Insane Pumps & Vascularity:** Tren A delivers that full, dry, shredded look.

Who Uses It and Why

Tren A is the go-to compound for advanced lifters prepping for a photo shoot, show, or aggressive body recomposition. It's ideal for shorter cycles, cutting phases, or bridge runs where rapid physique changes are prioritized.

Many prefer Acetate over Enanthate because of the faster clearance—making it easier to stop the cycle if side effects hit hard. It also builds momentum quickly, making it useful as a kickstart to longer cycles.

Stacking Strategies

Trenbolone Acetate plays well in high-intensity stacks designed for strength, dryness, or cutting:

For Cutting:

-Tren A: 75mg EOD

-Masteron Propionate: 100mg EOD

-Testosterone Propionate: 50–100mg EOD

→ **Results:** Sharp definition, dense muscle, minimal water retention.

For Strength:

-Tren A: 100mg EOD

-Halotestin: 20–30mg/day

-Low-dose Test Base or Propionate

→ **Results:** Wild aggression, CNS drive, max strength gains in a short time frame.

With Peptides or GH:

Adding CJC-1295 DAC, IGF-1 LR3, or GH Fragment 176-191 increases fat-burning synergy and enhances recovery during harsh calorie deficits.

Potential Side Effects

Trenbolone Acetate is not for the faint of heart. The fast onset and intense action make it more prone to triggering acute side effects:

- **Tren Cough:** A sudden, intense coughing fit after injection—usually lasts 30–60 seconds.
- **Night Sweats & Insomnia:** Common, especially without proper cortisol management.
- **Mental Effects:** Paranoia, irritability, and aggression in some users.
- **Cardiovascular Risk:** Drops HDL, raises LDL, elevates BP and hematocrit.
- **Prolactin-Related Issues:** Gyno, low libido, or emotional volatility without elevated estrogen.

Consider Cabergoline or Pramipexole to keep prolactin under control. Bloodwork and lifestyle management are key.

Final Thoughts

Trenbolone Acetate is elite-level gear—designed for users who know exactly what they're doing and aren't afraid of the intensity. It's not subtle. It's not forgiving. But in the right hands, it can carve out a physique like nothing else on the market.

If you're chasing hardness, aggression, and metabolic precision, TrenA might be your sharpest tool. Just remember: the line between "beast mode" and burnout is razor thin. Monitor your health, support your system, and respect the compound.

Platinum Parabol (Tren Hexahydrobenzylcarbonate) 100mg/mL



Alias: Tren Hex / Parabolan

Category: Injectable Anabolic Steroid

Half-Life: ~10–14 days

Anabolic / Androgenic Ratio:
~500 / 500

Typical Dosage: 150–400mg per week

Detection Time: Up to 6 months

Trenbolone Hexahydrobenzylcarbonate—nicknamed Parabolan—is the longest-acting ester of Trenbolone ever produced. Originally a legitimate pharmaceutical product developed in France for medical use (treating muscle wasting and osteoporosis), Parabolan holds a mythical reputation in bodybuilding as the most exotic and refined version of Tren. Unlike Acetate (short) or Enanthate (mid-range), the Hex ester allows for a smooth, steady release over 10–14 days, making it ideal for users who want all the benefits of Tren without the frequent pinning or volatile hormonal swings. It's elegant, brutal, and rare—favored by high-level competitors chasing ultimate transformation.

How It Works

Tren Hex operates on the same molecular backbone as all Trenbolone esters—binding strongly to androgen receptors, increasing IGF-1 expression, blocking glucocorticoid hormones, and promoting muscle growth, fat loss, and nutrient efficiency at levels far superior to testosterone.

However, the long half-life creates a stable anabolic environment, reducing the peak-and-crash side effects that users often experience with Tren A. It delivers all the classic effects—strength, aggression, density—but in a smoother, slower-release form.

Research Applications & Performance Benefits

- **Muscle Retention During Deficit:** One of the best compounds for holding mass while cutting.
- **Dry, Dense Look:** Brings “stage-ready” hardness when paired with low estrogen.
- **Elevated Recovery & Protein Synthesis:** Allows for higher volume and more frequent training.
- **Low Injection Frequency:** Ideal for those who want fewer pins without sacrificing power.

Who Uses It and Why

Parabolan is typically reserved for serious users: contest-prep athletes, advanced bodybuilders, or performance users who want a long-term Tren cycle with fewer injections.

It's also preferred by users who experienced harsh side effects with Tren A or Tren E and want a slower-release version that's easier to tolerate. Because of its pharmaceutical origin and legendary reputation, it's often cycled during 12–16 week transformations to maximize long-term physique changes.

Stacking Strategies

Parabolan pairs extremely well with other long-acting compounds due to its ester duration and steady-state blood levels:

For Long Recomp or Prep:

- Tren Hex: 300mg/week
 - Testosterone Cypionate: 200–300mg/week
 - Masteron Enanthate: 400mg/week
- **Results:** Shredded, dry physique with full muscle bellies and clean aggression.

For Offseason Density:

- Tren Hex: 200mg/week
- Equipoise: 600mg/week
- Test E: 500mg/week

→ **Results:** Balanced growth with enhanced recovery and drive.

With Peptides or GH:

When run alongside MK-677, IGF-1 LR3, or CJC-1295 DAC, users report enhanced recovery, fullness, and longer-term anabolism with fewer inflammatory issues.

Potential Side Effects

Like all forms of Trenbolone, Tren Hex is powerful—and potentially harsh if mismanaged. Expect:

- **Prolactin-Driven Sides:** Gyno, libido crash, or mood swings (without elevated estrogen).
- **Night Sweats & Insomnia:** Less frequent than Tren A, but still common.
- **Cardiovascular Impact:** Cholesterol, BP, and hematocrit must be monitored.
- **Mental Stimulation:** Paranoia, aggression, and anxiety in susceptible users.
- **Reduced Cardio Output:** Some users experience shortness of breath under exertion.

Use Cabergoline or Prami for prolactin support. Bloodwork is mandatory with long-term use.

Final Thoughts

Tren Hex is Tren for the patient technician—the veteran lifter who doesn't want daily injections but still demands top-tier results. It's not the most accessible compound, nor is it widely faked due to low demand, making it one of the cleanest options for those who can find it from a trusted source.

The effects are every bit as dramatic as the other esters, just smoother and better tolerated for long-term runs. If you're planning a classic 12–16 week cut or recomp, Parabolan might be the sharpest tool in your stack—powerful, precise, and undeniably effective.

BOLDENONE

UNDERGROUND LABS AUSTRALIA

Platinum Equibol (Boldenone Undecylenate) 200mg/mL



Sparta Boldenone Undecylenate (EQ) 200mg/mL



Alias: Equipoise / EQ

Category: Injectable Anabolic Steroid

Half-Life: ~14 days

Anabolic / Androgenic Ratio: 100 / 50

Typical Dosage: 300–800mg per week

Detection Time: Up to 5 months

Boldenone Undecylenate—better known by its veterinary trade name Equipoise—is a long-acting injectable steroid prized for its steady lean gains, increased vascularity, and minimal estrogenic activity. Originally designed for horses to improve appetite and muscle mass, it has since found a permanent place in human performance enhancement due to its predictability and low side effect profile.

EQ is a modified form of testosterone with a double bond between carbon 1 and 2, which reduces its aromatization potential and shifts its action toward quality tissue gain, endurance, and recovery. It's not a mass monster, but what it delivers is clean, durable, and functional..

How It Works

Boldenone binds to androgen receptors and activates anabolic pathways very similarly to testosterone—boosting nitrogen retention, protein synthesis, and red blood cell production. However, it aromatizes at only 50% the rate of testosterone, meaning users typically see fewer estrogen-related side effects.

The Undecylenate ester slows its release dramatically, leading to a long build-up period but also a smooth, stable blood concentration. This makes it best suited for 12+ week cycles, where it can be allowed to shine over time.

Research Applications & Performance Benefits

- **Steady Lean Mass:** Produces slow, consistent muscle gain without excessive water weight.
- **Enhanced Endurance:** Boosts RBC count and oxygen delivery—great for conditioning athletes.
- **Increased Vascularity:** Promotes a dry, hard appearance when diet is in check.
- **Low Aromatization Risk:** Estrogenic sides like gyno or bloating are uncommon at moderate doses.

Who Uses It and Why

EQ is a favorite among classic physique athletes, MMA fighters, and bodybuilders looking for sustainable gains without the side effects of harsher compounds. It's often chosen for bridge cycles, recomp plans, and aesthetic builds where quality over quantity is the goal.

It's also a go-to for users seeking to enhance their aerobic output, appetite, and training recovery, especially when paired with low-dose testosterone for hormonal balance.

Stacking Strategies

EQ is one of the most versatile compounds—able to fit into bulks, cuts, and maintenance phases with ease:

For Lean Mass or Recomp:

- Boldenone Undecylenate: 600mg/week
- Testosterone Enanthate: 300mg/week
- Optional: Oral Turinabol or Anavar (first 4–6 weeks)
→ **Results:** Clean, steady size gains with excellent strength and minimal bloat.

For Endurance and Conditioning:

- EQ: 400mg/week
- Testosterone Cypionate: 200mg/week
- GW-501516: 20mg/day
→ **Results:** Elevated work capacity, stamina, and performance without size excess.

Cutting Stack:

- EQ: 400–500mg/week
- Tren Ace or Masteron: 300–400mg/week
- Testosterone Propionate: 100mg EOD
→ **Results:** Dry, grainy muscle and enhanced vascularity deep into contest prep.

Potential Side Effects

EQ is relatively mild, but long-term use at high doses or improper stacking can bring issues:

- **Elevated RBC Count:** Can increase blood viscosity—donate blood and monitor hematocrit.
- **Mild Estrogenic Effects:** Possible at higher doses (800mg+)—use AI only if symptoms occur.
- **Anxiety or Restlessness:** Rare, but some users report mental overstimulation.
- **Slow Clearance:** Due to the Undecylenate ester, side effects may linger post-cycle.
- **Appetite Surge:** While often helpful, can be problematic during cutting phases.

Monitor blood pressure and cholesterol, and adjust your AI protocol based on bloodwork—not guesswork.

Final Thoughts

Boldenone Undecylenate is the definition of reliable—a no-frills compound that builds real, sustainable mass with low toxicity and minimal bloat. It's not flashy like Tren or explosive like Anadrol, but it's smooth, steady, and strategic—ideal for those playing the long game.

For endurance athletes, physique competitors, or anyone trying to hold a lean look while still progressing, EQ is a solid choice. Just be patient—it's a slow cooker, not a microwave. The users who respect the timeline are the ones who reap the best rewards.

TESTOSTERONE

Platinum Testobol (Testosterone Enanthate) 250mg/mL



Sparta Testosterone Enanthate 250mg/mL



Alias: Test E

Category: Injectable Anabolic Steroid (Base Hormone)

Half-Life: ~7–10 days

Anabolic / Androgenic Ratio: 100 / 100

Typical Dosage: 250–750mg per week

Detection Time: ~3 months

Testosterone Enanthate is the foundation compound in anabolic steroid use—trusted, time-tested, and often the very first injectable steroid introduced in beginner cycles. It's a slow-release testosterone ester that delivers steady blood levels, strong anabolic effects, and a well-understood side effect profile that's easily managed with proper support and post-cycle therapy.

Originally developed for testosterone replacement therapy (TRT), Test E quickly gained favor in the bodybuilding world for its ability to promote size, strength, libido, recovery, and overall vitality—making it the baseline of nearly every successful cycle.

How It Works

Testosterone Enanthate mimics the body's natural male hormone, binding to androgen receptors to stimulate protein synthesis, nitrogen retention, red blood cell production, and IGF-1 release.

It also aromatizes into estrogen, which plays a dual role: promoting muscle fullness and strength, but also requiring estrogen control via AI (aromatase inhibitor) if side effects arise. This estrogen conversion is what makes Test E powerful—but also a compound that needs to be respected and monitored.

Research Applications & Performance Benefits

- **Muscle Mass:** The gold standard for building size.
- **Strength Gains:** Rapid power increases through neurological and muscular adaptation.
- **Recovery:** Speeds up healing and reduces muscle soreness post-training.
- **Libido and Mood:** Testosterone supports mental drive, confidence, and sexual performance.
- **Base for Stacking:** Works synergistically with nearly every other anabolic compound.

Who Uses It and Why

Everyone from first-time users to IFBB pros uses Testosterone Enanthate. It's the anchor compound in mass-building stacks, TRT protocols, or recomp cycles. Its predictable nature and smooth action make it the go-to choice for users looking for consistent results without daily injections.

For those not on TRT, it's cycled for 10–16 weeks to build and maintain a strong anabolic environment. It's also used as cruise therapy between blasts in long-term PED plans.

Stacking Strategies

Test E is the most versatile steroid on the map—here's how it fits into various cycle types:

Classic Bulk:

- Testosterone Enanthate: 500mg/week
- Deca Durabolin: 400mg/week
- Dianabol: 30–50mg/day (Weeks 1–6)
- **Results:** Explosive size, joint comfort, and recovery.

Lean Mass or Recomp:

- Test E: 300mg/week
- Masteron E: 400mg/week
- Tren E: 300–400mg/week
- **Results:** Balanced, hard gains with minimal water retention.

Cutting Stack (Low Test):

- Test E: 150mg/week
- Winstrol or Anavar (oral): 50mg/day
- Tren Ace or Primo: 400–600mg/week
- **Results:** Preserves muscle while burning fat and drying out.

Potential Side Effects

Because it aromatizes, Testosterone Enanthate's side effects are estrogen and DHT related, but they're manageable:

- **Estrogenic Sides:** Water retention, bloating, gynecomastia (use an AI like Arimidex or Aromasin).
- **Androgenic Sides:** Acne, oily skin, aggression, hair loss (especially in those predisposed to MPB).
- **Suppression of Natural Test:** PCT is mandatory unless you're on TRT.
- **Elevated Hematocrit:** Check blood regularly—donate if needed.
- **Test-Flu (Rare):** Mild flu-like symptoms during early weeks as body adjusts to synthetic hormone.

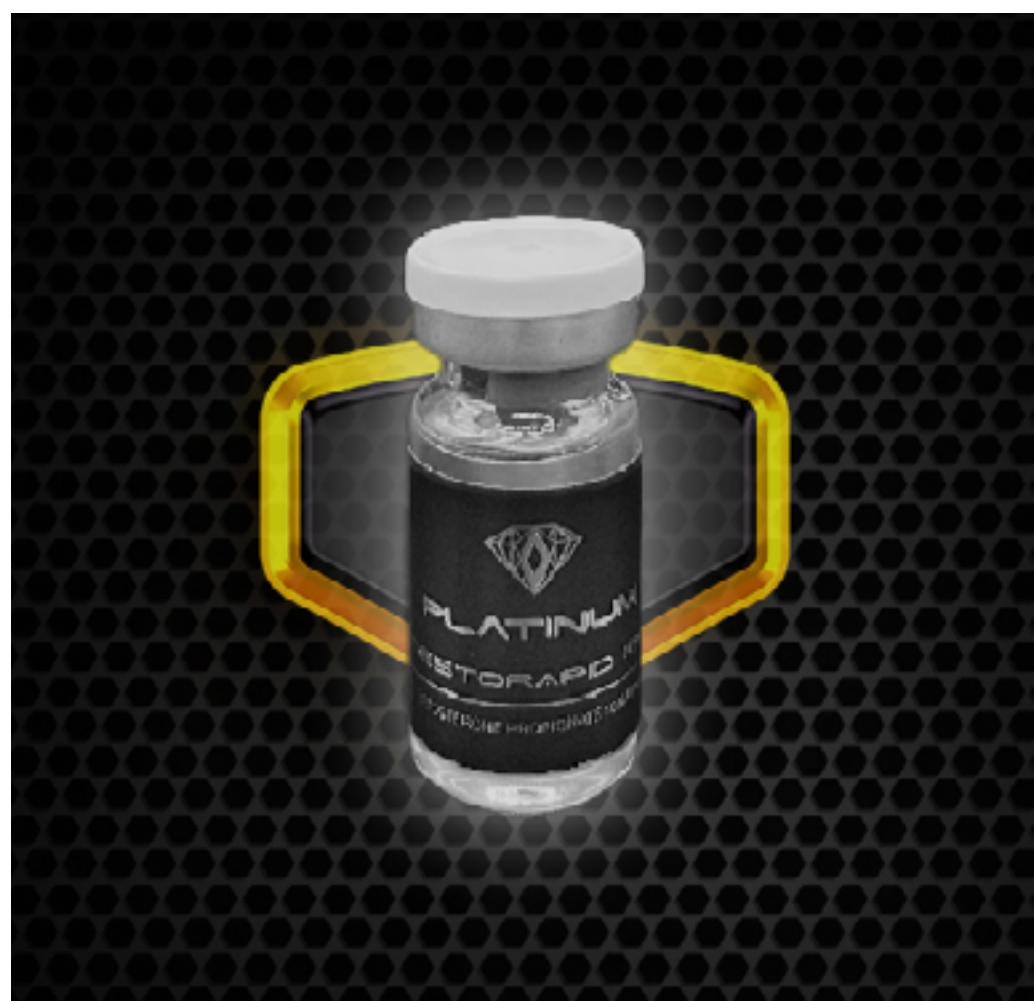
Prepare for PCT with Clomid and/or Nolvadex after the cycle ends.

Final Thoughts

Testosterone Enanthate is where it all begins—and what keeps it all running. If you're only using one compound, this is the one. If you're stacking five, Test E still sits at the core. Its predictability, availability, and synergistic nature make it essential for beginners and pros alike.

It's not flashy. It's not exotic. But it's the hormonal backbone of performance enhancement—bringing you size, power, libido, and confidence when you dial it in right. Keep your AI on point, monitor your health, and Test E will never let you down.

**Platinum Testorapid
(Testosterone Propionate)**



**Sparta Testosterone Propionate
100mg/mL**



Alias: Test Prop

Category: Injectable Anabolic Steroid (Base Hormone)

Half-Life: ~2–3 days

Anabolic / Androgenic Ratio: 100 / 100

Typical Dosage: 300–600mg per week (split into frequent injections)

Detection Time: ~2–3 weeks

Testosterone Propionate is the fast-acting ester version of testosterone—known for delivering the same powerful anabolic and androgenic benefits as other test esters, but with quicker onset and tighter control. Originally introduced for medical use, it became popular in bodybuilding for users who want rapid results, less water retention, and frequent injection flexibility.

Compared to Testosterone Enanthate or Cypionate, Test Prop kicks in faster, clears quicker, and causes fewer estrogenic fluctuations, making it a favorite for cutting cycles, short blasts, and advanced users fine-tuning their hormone levels.

How It Works

Test Prop binds to androgen receptors just like any testosterone variant—enhancing muscle protein synthesis, nitrogen retention, red blood cell count, libido, and recovery. Its short ester chain means the hormone is released quickly, reaching peak levels within 24–48 hours of injection.

This makes it easier to adjust dosages, manage side effects, and exit the cycle rapidly if needed. It also reduces the chance of excessive water bloat compared to longer esters, assuming proper estrogen management.

Research Applications & Performance Benefits

- **Fast Onset:** Noticeable increases in energy, aggression, and strength within days.
- **Lean Muscle Gains:** Builds size without the soft, watery look.
- **Dryer Look:** Easier to control estrogen; preferred for contest prep.
- **Flexible Dosing:** Great for short cycles, trial stacks, or hormone testing phases.
- **Sexual Performance:** Immediate boost in libido, mood, and alpha drive.

Who Uses It and Why

Test Prop is used by intermediate to advanced users who want more precise control over their cycles. It's popular during cutting phases, photo shoot prep, or short “blast” cycles where fast results and rapid recovery are the goal.

It's also commonly used by first-time injectors who want to test testosterone sensitivity without committing to a 12-week enanthate run. The quick in and out makes it perfect for “start low, adjust fast” strategies.

Stacking Strategies

Testosterone Propionate works well in any stack where fast action and dry results are needed:

Short-Term Lean Blast (6–8 Weeks):

-Test Prop: 100mg EOD

-NPP: 100mg EOD

-Anavar: 50mg/day

→ **Results:** Rapid size and strength with minimal water retention.

Cutting Stack:

-Test Prop: 75mg EOD

-Tren Acetate: 75mg EOD

-Masteron Propionate: 100mg EOD

→ **Results:** Shredded physique, hardness, and aggressive output.

SARM/Peptide Bridge:

-Test Prop: 50mg EOD

-MK-677: 25mg daily

-Cardarine (GW-501516): 20mg/day

→ **Results:** Maintains test levels while bridging into recovery or SARMs use.

Potential Side Effects

Though it's testosterone and well understood, the frequent injections and rapid action bring specific risks:

- **Injection Site Pain:** One of the most painful esters—requires rotation and clean technique.
- **Estrogenic Sides:** Gyno, bloating, mood swings (use AI as needed—Aromasin or Arimidex).
- **Androgenic Sides:** Acne, aggression, hair loss in MPB-prone users.
- **Suppression:** Natural testosterone shutdown is guaranteed—PCT is mandatory.
- **Frequent Pinning Stress:** Injections every other day (or even daily) required for stable levels.

TESTOSTERONE

Check your estradiol levels mid-cycle, and prepare a PCT protocol using Clomid/Nolvadex or Enclomiphene to restore baseline testosterone.

Final Thoughts

Testosterone Propionate is for the dialed-in user who values control, precision, and speed. It's not as convenient as Test E or Cyp, but when you want fast results with clean gains and minimal water, Prop delivers.

It's the testosterone of choice for cutting, for bridging, or for advanced users who want to customize their weekly hormone response. If you're not afraid of frequent injections and know how to manage estrogen, Test Prop belongs in your arsenal.

Platinum Testocyp (Testosterone Cypionate) 200mg/mL



Alias: Test C / Cyp Test

Category: Injectable Anabolic Steroid (Base Hormone)

Half-Life: ~8–12 days

Anabolic / Androgenic Ratio:
100 / 100

Typical Dosage: 300–750mg per week

Detection Time: ~3 months

Testosterone Cypionate is one of the most widely used long-acting injectable esters of testosterone. Originally developed and FDA-approved for testosterone replacement therapy (TRT), Test C has become a cornerstone anabolic in both beginner and advanced cycles. It offers the same benefits as Enanthate with nearly identical structure and release curve—making it interchangeable with Test E, though it tends to hold slightly more water in some users.

Its long ester chain makes it ideal for weekly injections, offering consistent blood levels, easy recovery management, and a proven track record for bulking, recomping, and even cutting when dosed appropriately.

How It Works

As a bioidentical form of testosterone, Cypionate binds directly to androgen receptors, stimulating muscle protein synthesis, nitrogen retention, red blood cell production, and IGF-1 signaling. It also elevates libido, energy, mood, and motivation—especially in hypogonadal individuals or those recovering from suppression.

However, like all testosterone esters, Test C aromatizes into estrogen, which means it can promote water retention, acne, or gynecomastia without a proper estrogen management plan.

Research Applications & Performance Benefits

- **Muscle Mass Growth:** Excellent compound for mass-building at moderate to high doses.
- **Strength & Aggression:** Boosts gym performance and neurological drive.
- **Recovery:** Supports faster healing, improved sleep, and reduced DOMS.
- **Sexual Health:** Improves libido, erectile function, and overall sense of well-being.
- **Flexible Use:** Effective for bulking, cruising, or foundational hormone support.

Who Uses It and Why

Test C is commonly used by TRT patients, first-time steroid users, and advanced bodybuilders alike. Its predictable nature and long duration make it ideal for 10–16 week cycles where consistency and stability are key.

It's especially favored in the United States, where it's the most commonly prescribed injectable testosterone ester for medical use. Among bodybuilders, it serves as a base compound for nearly every type of cycle—mass, recomp, or contest prep.

Stacking Strategies

Cypionate is incredibly versatile and stacks smoothly with both bulking and cutting compounds:

Classic Mass Stack:

- Testosterone Cypionate: 500mg/week
- Deca Durabolin: 400mg/week
- Dianabol: 30–50mg/day (Weeks 1–6)

→ **Results:** Rapid strength and size increases with solid recovery and joint support.

Lean Recomp:

- Test C: 300mg/week
- EQ (Equipoise): 600mg/week
- Masteron Enanthate: 400mg/week
- **Results:** Quality lean gains, improved vascularity, and moderate fat loss.

TRT-Level Base with Hardeners:

- Test Cyp: 200mg/week
- Primo, Masteron, or Anavar stacked for dryness
- **Results:** Maintains hormonal baseline while enhancing physique aesthetics.

Potential Side Effects

Though well-tolerated, Cypionate's longer half-life means side effects can build gradually if not properly managed:

- **Estrogenic Effects:** Bloating, gynecomastia, or mood swings—use AI if needed.
- **Androgenic Effects:** Oily skin, hair loss (in MPB-prone users), acne.
- **Suppression:** Full shutdown of natural testosterone—PCT or TRT required post-cycle.
- **Increased RBC/Hematocrit:** Monitor bloodwork and consider blood donation.
- **Injection Volume:** High milligram-per-ml solutions may cause post-injection soreness in some users.

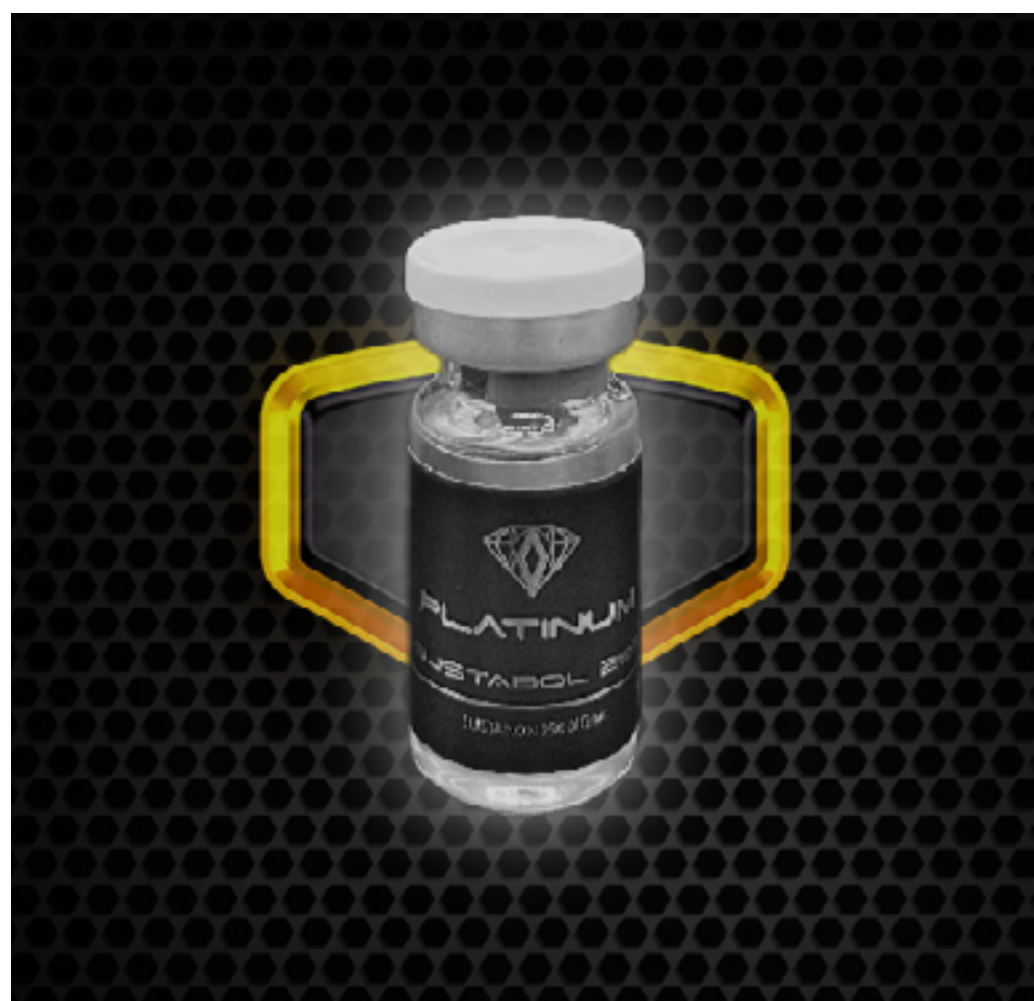
Follow with a proper PCT using Clomid/Nolva or Enclomiphene, unless on TRT.

Final Thoughts

Testosterone Cypionate is the workhorse of the anabolic world—dependable, powerful, and well-studied. It provides steady, clean gains, solid strength, and full hormonal support throughout any cycle or bridge phase. Whether you're bulking, cutting, or cruising, Test C gives you the foundation you need to progress with confidence.

If you're building your first cycle—or your fiftieth—Cypionate is a no-brainer inclusion. It's the ultimate “always works” compound. Just dial in your dose, watch your estrogen, and let it do what it's been doing for decades: deliver results.

Platinum Sustabol (Sustanon 250) 250mg/mL



Sparta Sustanon 250mg/mL



Alias: Sust / Sust 250

Category: Injectable Anabolic Steroid (Testosterone Blend)

Half-Life: Mixed (Varies by ester; full release curve ~3 weeks)

Anabolic / Androgenic Ratio: 100 / 100

Typical Dosage: 250–750mg per week

Detection Time: Up to 3 months

Sustanon 250 is a blend of four testosterone esters, engineered for rapid onset and extended release. Originally developed by Organon for testosterone replacement therapy, it has become a popular choice in bodybuilding for those seeking stable testosterone levels with fewer injections.

The formulation includes:

- 30mg Testosterone Propionate (fast-acting)
- 60mg Testosterone Phenylpropionate
- 60mg Testosterone Isocaproate
- 100mg Testosterone Decanoate (long-acting)

This design ensures both an immediate hormonal spike and long-lasting levels, making Sustanon versatile for both performance enhancement and long-term hormone

How It Works

Like all testosterone compounds, Sustanon 250 activates androgen receptors and enhances protein synthesis, nitrogen retention, red blood cell production, and IGF-1 signaling. The multi-ester profile creates a staggered release curve, allowing for relatively consistent serum levels when injected 2–3 times per week.

However, its longer esters dominate the profile after the first few days, so don't expect it to "clear quickly" like short esters unless front-loaded. It aromatizes into estrogen, so AI management may be needed.

Research Applications & Performance Benefits

- **Steady Hormonal Coverage:** Supports long cycles with fewer dips and spikes.
- **Increased Lean Mass:** Testosterone is the baseline for hypertrophy and strength.
- **Improved Mood & Libido:** Elevates dopamine, sex drive, and cognitive focus.
- **Enhanced Recovery:** Reduces inflammation and speeds up repair.
- **Flexible Dosing Options:** Can be used for both bulking and cutting phases.

Who Uses It and Why

Sustanon is often chosen by users looking for a more stable long-term testosterone base, or by those who want to reduce pinning frequency. It's a favorite among TRT users outside the U.S., and in the bodybuilding world it's popular for both off-season bulks and contest prep stacks.

Because of the mixed ester load, it's also favored by those who want a "hybrid" release profile—fast enough to feel within days, long enough to cruise comfortably for 10–16 weeks.

Stacking Strategies

Sustanon 250 stacks just like any other testosterone—but its blend works especially well in cycles that benefit from hormonal stability:

Lean Bulk Stack:

- Sustanon 250: 500mg/week
- Deca Durabolin: 400mg/week
- Dianabol: 30mg/day (Weeks 1–6)

→ **Results:** Fast gains in size and strength, good joint support, manageable water retention.

Cutting Cycle:

- Sustanon 250: 300mg/week
- Tren Acetate: 75mg EOD
- Masteron Propionate: 100mg EOD

→ **Results:** Dry muscle preservation, enhanced aggression and density.

Cruise with Kick:

- Sustanon 250: 250mg/week
- Anavar: 40–60mg/day
- Cardarine or SR-9009 for fat-burning support

→ **Results:** Maintain muscle, burn fat, and keep hormonal performance high.

Potential Side Effects

While it's just testosterone, Sustanon's blend requires careful timing and AI use to avoid sides:

- **Estrogenic Issues:** Water retention, bloating, and gyno (manage with Aromasin or Arimidex).
- **Androgenic Sides:** Acne, aggression, oily skin, and potential hair loss.
- **Suppression of Natural Testosterone:** Full shutdown occurs—PCT required post-cycle.
- **Injection Site Pain:** Propionate and phenylpropionate esters may cause PIP (post-injection pain).
- **Estrogen Fluctuations:** Due to mixed esters, estrogen spikes may require fine-tuned AI dosing.

Follow up with a PCT protocol (Clomid, Nolvadex, or Enclomiphene) unless on TRT.

Final Thoughts

Sustanon 250 delivers the best of both worlds—fast-acting test to get you going, long esters to carry you through the cycle. It's not “better” than single ester options like Enanthate or Cypionate, but it's different, and for many users, that difference adds stability, flexibility, and smoother results.

Whether you're bulking, cutting, or cruising between blasts, Sustanon is a tried-and-true base compound that never stops delivering. Just manage your injections, stay on top of estrogen, and let the blend do what it was designed to do—keep you anabolic, round the clock.

MASTERON (DROSTANOLONE)

UNDERGROUND LABS AUSTRALIA

Platinum Mastebol (Masteron Enanthate) 200mg/mL



Alias: Drostanolone Enanthate / Mast E

Category: Injectable DHT-Derived Anabolic Steroid

Half-Life: ~7–10 days

Anabolic / Androgenic Ratio: 62 / 25

Typical Dosage: 400–600mg per week

Detection Time: ~3 months

Masteron Enanthate is the long-estered version of Drostanolone, a DHT-based anabolic steroid known for its drying, hardening, and anti-estrogenic effects. While Masteron Propionate is used in short, fast-acting cycles, Masteron Enanthate is preferred for longer runs due to its slower release profile and less frequent injection schedule. This compound has become a cutting staple among advanced users, especially in contest prep or lean recomp phases. It won't pack on mass—but it will shrink your waist, sharpen your muscle detail, and lower systemic estrogenic effects when stacked intelligently.

How It Works

Drostanolone Enanthate is a non-aromatizing DHT derivative that binds to the androgen receptor, enhancing muscle hardness, density, and dryness without contributing to water retention or estrogenic fat gain.

It also acts as a mild estrogen antagonist, reducing estrogenic side effects by competing at receptor sites—making it a natural AI companion in stacked cycles. Its longer ester means slower blood-level spikes, ideal for 10–12 week cutting cycles or as a secondary anabolic in TRT-based enhancement.

Research Applications & Performance Benefits

- **Physique Refinement:** Brings out striations and definition at low body fat.
- **Dry, Dense Muscle:** Great for hardening without adding subcutaneous water.
- **Anti-Estrogenic Support:** Reduces reliance on aromatase inhibitors in stacked cycles.
- **Enhanced Vascularity:** Promotes a dry, veiny look when body fat is under control.
- **Lean Mass Preservation:** Helps maintain size during aggressive cutting or deficit.

Who Uses It and Why

Masteron Enanthate is used by serious athletes, physique competitors, and TRT-enhanced lifters looking to refine their look over longer cycles without frequent injections. It's less harsh than Tren, safer than Superdrol, and stacks beautifully with low or moderate-dose testosterone.

It's not a bulker. It's not for fluffy mass. It's a refining agent—used when body fat is already sub-10% and you want to bring out dryness, density, and sharpness.

Stacking Strategies

Masteron Enanthate works best in longer cutting or recomp cycles when paired with other clean, non-bloating compounds:

12-Week Lean Recomp:

-Mast E: 400mg/week

-Testosterone Enanthate: 300mg/week

-Primo E or Equipoise (optional): 400–600mg/week

→ **Results:** Dry, steady gains with low estrogen, high visual polish.

MASTERON (DROSTANOLONE)

Cutting Cycle (Cruise + Cosmetic Enhancer):

- Mast E: 500mg/week
 - TRT-dose Test Cyp: 150–200mg/week
 - Anavar: 50mg/day
- **Results:** Fat loss with strength retention and a sharp, veiny appearance.

Contest Prep Stack:

- Mast E: 500mg/week
 - Tren E: 300mg/week
 - Test E: 200–300mg/week
- **Results:** Full, grainy muscle, dry skin, and reduced estrogen side effects.

Potential Side Effects

Masteron Enanthate is very mild for most users, but it's still a DHT-derived steroid and should be respected:

- **Hair Loss Risk:** Accelerates MPB in predisposed individuals.
- **Androgenic Effects:** Possible acne, aggression, or oily skin at higher doses.
- **Suppression:** Despite its mild profile, it shuts down natural testosterone—PCT or TRT required.
- **Injection Volume:** Long-estered, requires large weekly injections or splitting doses.
- **Limited Bulking Use:** Not useful for significant size increases—strictly cosmetic and anti-estrogenic.

Include a proper PCT unless you are cruising on TRT.

MASTERON (DROSTANOLONE)

Final Thoughts

Masteron Enanthate is the long-term physique polisher—a dry, clean, DHT-based compound that rewards users with a sharper, leaner look over 10–14 weeks. It’s for athletes who are already dialed-in and want to peel back the final layer—whether for stage, beach, or photo shoot.

It’s not going to make you huge. But it will make you hard, vascular, and next-level refined—especially when stacked with testosterone and run during a properly structured diet and training protocol.

If you’re lean, disciplined, and ready to turn “fit” into shredded, Masteron Enanthate is a smart, stealthy weapon in your enhancement arsenal.

Platinum Masteril (Masteron Propionate) 100mg/mL



Sparta Drostanolone Propionate (Masteron Propionate) 100mg/



Alias: Drostanolone Propionate / Mast P

Category: Injectable DHT-Derived Anabolic Steroid

Half-Life: ~2–3 days

Anabolic / Androgenic Ratio: 62 / 25

Typical Dosage: 300–500mg per week (split into EOD injections)

Detection Time: ~3 weeks

Masteron Propionate (Drostanolone Propionate) is a fast-acting, DHT-derived anabolic steroid known for its drying, hardening, and anti-estrogenic effects. Originally developed as a treatment for breast cancer, Masteron has become a favorite in contest-prep cycles, recompositions, and any phase where cosmetic enhancement is the goal.

Unlike most anabolic steroids, Masteron has mild anabolic activity, strong anti-estrogenic properties, and zero aromatization. This makes it ideal for achieving a grainy, dense, and dry physique when body fat is already low.

How It Works

Masteron binds to the androgen receptor and exerts a strong anti-estrogenic effect—not by blocking the aromatase enzyme, but by competing for receptor sites and inhibiting estrogenic activity at the cellular level. This means it can help tighten the physique, reduce water retention, and enhance the effects of other compounds when stacked properly.

Because it's a DHT derivative, Masteron doesn't convert to estrogen, making it one of the cleanest steroids in terms of water retention and gynecomastia risk.

Research Applications & Performance Benefits

- **Hardening Effect:** Enhances muscular detail, density, and definition.
- **Anti-Estrogen Support:** Can reduce estrogenic side effects in a stack.
- **Muscle Preservation:** Excellent for holding size in a calorie deficit.
- **Mild Strength Gains:** Solid improvement in aggression and performance.
- **No Water Retention:** Ideal for contest prep, photo shoots, and lean aesthetics.

Who Uses It and Why

Masteron Propionate is used almost exclusively by lean, advanced users. It doesn't build mass—it refines what's already there. For this reason, it's found in nearly every cutting or contest-prep cycle, especially stacked with other DHTs, Testosterone Propionate, or short-acting Trenbolone.

Male physique competitors, classic bodybuilders, and models turn to Masteron when they want to go from “lean” to stage-ready.

Stacking Strategies

Masteron Propionate is a polishing agent—it works best in stacks that aim to strip fat, preserve muscle, and enhance vascularity:

Contest Prep Stack:

-Masteron Prop: 100mg EOD

-Tren Ace: 75mg EOD

-Testosterone Propionate: 75mg EOD

→ **Results:** Dry, dense, stage-ready look with sharp muscular separation.

Summer Shred Stack:

-Mast Prop: 100mg EOD

-Anavar: 50mg/day

-Winstrol: 50mg/day

→ **Results:** Vascular, veiny, hard physique with a boosted metabolism.

Anti-Estrogenic Lean Recomp:

-Mast Prop: 100mg EOD

-Test Prop: 100mg EOD

-Equipoise or Primo (optional for volume)

→ **Results:** Dry gains with enhanced recovery and zero bloat.

Potential Side Effects

Masteron is mild in most users but still demands respect—especially due to its DHT nature:

- **Hair Loss:** Accelerates MPB in genetically susceptible individuals.
- **Androgenic Sides:** Acne, oily skin, aggression (though less than Tren or Test).
- **No Estrogenic Effects:** No gyno or bloat—but also no joint lubrication from estrogen.
- **Suppression:** Despite its mild profile, it still shuts down natural testosterone—PCT is required.
- **Injection Frequency:** Requires every-other-day injections for stable levels due to short ester.

Prepare a PCT protocol unless you're running TRT.

MASTERON (DROSTANOLONE)

Final Thoughts

Masteron Propionate isn't for bulking—and it's not for beginners. It's a refinement compound—a finishing touch that enhances muscle detail, controls estrogen, and transforms a lean body into a shredded one. When body fat is already low, Masteron brings out the grain, the cuts, and the vascular roadmap.

Whether stacked with Test Prop, Tren Ace, or oral dry compounds, Mast Prop delivers sharpness, polish, and presentation. It's the secret weapon for athletes looking to peel back that final layer and let the work underneath shine.

NANDROLONE

UNDERGROUND LABS AUSTRALIA

Platinum Nandrol (NPP)
100mg/mL



Sparta Nandrolone
Phenylpropionate (NPP) 100mg/



Alias: NPP / Short-Deca

Category: Injectable 19-Nor Anabolic Steroid

Half-Life: ~2–4 days

Anabolic / Androgenic Ratio: 125 / 37

Typical Dosage: 300–600mg per week (split into EOD injections)

Detection Time: ~2–3 months

Nandrolone Phenylpropionate—known as NPP—is the short-acting ester version of Nandrolone, the same active compound found in Deca Durabolin (Nandrolone Decanoate). While Deca is known for its long half-life and delayed onset, NPP kicks in faster, clears quicker, and allows for tighter side effect control.

NPP provides all the benefits of Deca—joint support, lean tissue gain, enhanced recovery—but in a format more suitable for shorter cycles, faster exits, or users who want better feedback and control during their run.

How It Works

NPP is a 19-nor compound, meaning it's structurally altered from testosterone to remove the 19th carbon. This change gives it powerful anabolic properties, minimal androgenic side effects, and a strong collagen synthesis and joint-lubricating effect. It binds well to androgen receptors, enhances muscle protein synthesis, improves nitrogen retention, and increases red blood cell count. It does not aromatize heavily, but it can increase prolactin levels, which requires special management.

Research Applications & Performance Benefits

- **Lean Mass Builder:** Quality muscle gain with minimal water retention.
- **Joint Relief:** Reduces pain, increases comfort under heavy loads.
- **Fast-Acting:** Noticeable results in the first 1–2 weeks.
- **Improved Recovery:** Excellent for high-volume training or older lifters.
- **Lower Bloat Than Deca:** Easier to control aesthetics when dieting or recomposing.

Who Uses It and Why

NPP is the go-to nandrolone for lifters who want the benefits of Deca without the long-term commitment. It's ideal for short-to-mid-length bulking or recomp cycles, and especially popular in joint-focused healing stacks and body recomposition plans where user feedback and side effect response matter.

Advanced users also run NPP as part of aggressive stacks with fast esters like Tren Ace and Test Prop when size and recovery need to stay high under stress.

Stacking Strategies

NPP stacks beautifully with both fast- and medium-acting compounds. It enhances other anabolics by amplifying protein utilization, preserving tissue, and protecting joints.

Lean Bulk Stack:

- NPP: 400mg/week
- Testosterone Enanthate: 500mg/week
- Dianabol: 30–50mg/day (Weeks 1–6)
- **Results:** Full, strong growth with enhanced joint comfort.

Recomp / Performance Stack:

- NPP: 300–400mg/week
- Testosterone Propionate: 100mg EOD
- Masteron Propionate: 100mg EOD
- **Results:** Dry lean mass, strength, and improved mobility.

Healing / Joint Support Stack:

- NPP: 300mg/week
- TRT-dose Testosterone: 125–200mg/week
- BPC-157 + TB-500 (peptides)
- **Results:** Tendon, ligament, and joint relief during intense training.

Potential Side Effects

NPP is smoother than most bulking injectables, but it has its quirks—mainly around progestin-related activity:

- **Prolactin-Related Gyno:** Use Cabergoline or Pramipexole if sensitivity develops.
- **Mild Water Retention:** Less than Deca, but can still soften the look if diet is off.
- **Androgenic Sides:** Low, but possible—acne, oily skin, hair loss in some users.
- **Injection Frequency:** EOD injections recommended to maintain stable levels.
- **Test Suppression:** Strong shutdown—run with a base of testosterone and follow with PCT.

Monitor prolactin and estrogen with bloodwork, and always plan a proper post-cycle therapy unless cruising.

Final Thoughts

NPP is Deca done smarter—fast-acting, responsive, and cleaner. It gives you the same joint relief, muscle gain, and recovery edge that made Deca famous, but with none of the baggage that comes from waiting 4–6 weeks for effects to show or 5+ weeks for levels to drop post-cycle.

Whether you're recomping, blasting lean mass, or just training hard and need some extra cushion for your joints, NPP is a refined, versatile choice that fits into nearly any goal-driven protocol.

Platinum Durabol (Nandrolone Decanoate) 200mg/mL



Sparta Nandrolone Decanoate 200mg/mL



Alias: Deca / Deca Durabolin

Category: Injectable 19-Nor Anabolic Steroid

Half-Life: ~10–14 days

Anabolic / Androgenic Ratio: 125 / 37

Typical Dosage: 300–600mg per week

Detection Time: Up to 18 months

Nandrolone Decanoate—marketed as Deca Durabolin—is one of the most classic injectable anabolic steroids of all time. Known for its joint-soothing properties, lean muscle support, and low androgenic side effects, Deca has been a staple in off-season bulking stacks for decades.

Unlike NPP (its short-ester cousin), Deca is a long-acting compound that builds slowly but delivers thick, full gains with enhanced recovery and improved connective tissue health. Its decanoate ester makes it ideal for long cycles—usually 12 to 16 weeks or more.

How It Works

Nandrolone is a 19-nor testosterone derivative that binds powerfully to androgen receptors, increasing nitrogen retention, protein synthesis, IGF-1 expression, and collagen production. It also enhances bone mineral content and joint lubrication, making it a favorite for lifters who want to push heavy without joint flare-ups.

It aromatizes at a lower rate than testosterone, but raises prolactin, which can lead to gynecomastia and sexual side effects if not managed properly.

Research Applications & Performance Benefits

- **Joint Support:** Reduces pain and inflammation under load.
- **Lean Muscle Growth:** Slow, clean tissue gains with less water than testosterone.
- **Recovery Enhancement:** Speeds up repair of muscle and connective tissues.
- **Low Estrogenic Impact:** Bloat is less pronounced than with Test or Dbol.
- **Long-Lasting Effects:** Maintains steady blood levels with weekly injections.

Who Uses It and Why

Deca is a favorite of older lifters, strength athletes, and offseason bodybuilders looking for durable gains with minimal stress on joints. It's ideal for long cycles where joint resilience and recovery matter more than immediate size or aggression. It's also a core compound for mass cycles—often paired with high-dose testosterone or orals to create an anabolic environment that's powerful, forgiving, and sustainable.

Stacking Strategies

Deca works best in longer bulking cycles or moderate-dose blends where volume and recovery are prioritized over dryness or cutting.

Classic Mass Stack:

- Nandrolone Decanoate: 400mg/week
- Testosterone Enanthate: 500–600mg/week
- Dianabol: 30–50mg/day (Weeks 1–6)
- **Results:** Full, round mass with enhanced strength and minimal joint pain.

Lean Gain Stack:

- Deca: 300–400mg/week
- Test Cyp: 300mg/week
- Primo or EQ (optional): 400–600mg/week
- **Results:** Steady, moderate growth with endurance and joint protection.

TRT-Based Blast:

- Deca: 200–300mg/week
- TRT-dose Test: 150–200mg/week
- Optional: Cardarine for lipids, Cabergoline for prolactin
- **Results:** Smooth, manageable size boost without excessive suppression symptoms.

Potential Side Effects

While Deca is considered mild in some areas, its side effect profile is unique due to its progestin nature:

- **Prolactin-Related Sides:** Gyno, low libido, erectile dysfunction (“Deca dick”). Use Cabergoline or Prami as needed.
- **Androgenic Sides:** Acne, oily skin, and hair loss (mild compared to other compounds).
- **Test Suppression:** Deca shuts down natural testosterone hard—always run it with a test base.
- **Slow Clearance:** Lingers in the body for weeks after last injection—can delay recovery.
- **Bloat (at high doses):** Low aromatization, but still can soften the physique without proper estrogen management.

Plan for an extended PCT window due to its long half-life.

Final Thoughts

Deca Durabolin is the foundation of old-school size cycles—steady, strong, and joint-friendly. It's not flashy like Tren or dry like Masteron, but it builds real tissue, protects your joints, and supports high-volume training without wrecking your recovery.

If you want strength, durability, and size with minimal toxicity, Deca remains one of the most trusted and proven compounds in the entire PED world. Just watch your prolactin, run a test base, and don't be afraid to ride it for 12+ weeks to get the full payoff.

PRIMOBOLAN (METHENOLONE)

UNDERGROUND LABS AUSTRALIA

Platinum Primobol (Primobolon Enanthate) 200mg/mL



Alias: Methenolone Enanthate / Primo E

Category: Injectable DHT-Derived Anabolic Steroid

Half-Life: ~7–10 days

Anabolic / Androgenic Ratio:
88 / 44

Typical Dosage: 400–800mg per week

Detection Time: ~4–5 weeks

Primobolan Enanthate is the injectable long-estered version of Methenolone, one of the cleanest, safest, and most cosmetic-focused anabolic steroids on the market. Derived from DHT, Primo E is known for zero water retention, hardening effects, and excellent muscle preservation during cutting or recomposition phases.

While it's often overshadowed by more aggressive compounds, serious athletes and elite bodybuilders use Primo when they want refined muscle tissue, minimal side effects, and long-term physique control. It's not for dirty bulks—it's for long, clean gains and maintenance under calorie restriction.

How It Works

Primobolan binds to androgen receptors to stimulate protein synthesis, nitrogen retention, and fat oxidation. It does not aromatize into estrogen, making it perfect for maintaining a dry, aesthetic physique.

It's mildly anabolic, with minimal suppression at lower doses, and supports a steady anabolic environment over long cycles without disrupting hormonal balance. Unlike most injectables, Primo can actually enhance immune function and reduce systemic inflammation, making it ideal for long-term use.

Research Applications & Performance Benefits

- **Hard, Dry Muscle:** Adds quality lean tissue with no water gain.
- **Safe for Long Cycles:** Low hepatotoxicity, minimal suppression, and mild side effect profile.
- **Muscle Preservation:** Primo shines during calorie deficits—preserving tissue under intense stress.
- **Aesthetic Enhancer:** Improves muscle tone, vascularity, and skin tightness.
- **Excellent Tolerability:** Suitable even for cautious or first-time users.

Who Uses It and Why

Primobolan Enanthate is used by bodybuilders, models, fighters, and longevity-focused athletes who want results without the baggage. It's ideal for:

- Cutting cycles where you want to stay dry and maintain lean mass
- Bridges between blasts or light enhancement phases
- Users who are sensitive to estrogenic compounds
- Women (at lower doses) who need an injectable with a low virilization risk

It's also a TRT add-on for cosmetic effect, as it won't spike estrogen or bloat like other anabolics.

Stacking Strategies

Primobolan is incredibly versatile—its low toxicity and clean profile make it easy to stack in almost any cycle:

Dry Recomp Stack:

-Primo E: 600mg/week

-Testosterone Enanthate: 200mg/week

-Masteron Enanthate: 400mg/week

→ **Results:** Lean mass gain with zero bloat and full muscular detail.

Cutting Cycle (12–16 Weeks):

- Primo E: 500mg/week
- Tren Enanthate: 300mg/week
- Test E or C: 150–200mg/week

→ **Results:** Extreme dryness, retention of size, and fat loss synergy.

Longevity or Bridge Stack:

- Primo E: 400mg/week
- TRT-dose Testosterone: 125–150mg/week
- MK-677 or GH: Optional for recovery and nutrient repartitioning

→ **Results:** Hormonal balance, physique maintenance, zero estrogen spike.

Potential Side Effects

Primobolan is one of the safest steroids, but higher doses or stacking with harsher compounds can still bring issues:

- **Mild Androgenic Sides:** Possible acne or oily skin at high doses.
- **Hair Loss Risk:** DHT-based—can accelerate MPB in genetically predisposed users.
- **Low Natural Suppression (at moderate doses):** Still requires PCT unless on TRT.
- **Slow Gains:** Users looking for fast size or dramatic effects will be disappointed.
- **Injection Volume:** Often requires multiple shots due to lower mg/ml concentration.

Plan a PCT (Clomid, Nolvadex, or Enclomiphene) unless you're cruising.

Final Thoughts

Primobolan Enanthate is pure class—a premium compound for those who understand that aesthetic results come from clean tissue, low water, and long-term consistency. It's not cheap, and it won't turn you into a mass monster—but it will sculpt your physique like a statue if you're already lean and dialed-in.

Whether you're bridging, cutting, or simply want to elevate your look without wrecking your hormones, Primo delivers dry gains with surgical precision. It's not the loudest compound in your stack—but it might just be the smartest.

BLENDS

Platinum Rip Blend (Test P 50mg/Tren A 75mg/ Mast P 75mg) 200mg/mL



Alias: Tren/Test/Mast Blend, “Cut Mix,” “Hardening Stack”

Category: Injectable Multi-Compound Blend (Fast-Acting Esters)

Half-Life: ~1–3 days (driven by Propionate and Acetate esters)

Typical Dosage: 0.5–1.5mL EOD (100–300mg total)

Detection Time: ~3–4 months (based on Trenbolone)

This high-performance blend of Testosterone Propionate (50mg), Trenbolone Acetate (75mg), and Masteron Propionate (75mg) per mL is often referred to as a “Cut Mix”—a fast-acting, dry, hardening trifecta designed for lean gains, contest prep, and aggressive recomposition.

Each compound brings a unique effect:

- Test P** supports strength, mood, and hormonal function.
- Tren A** delivers unmatched power, fat loss, and muscle density.
- Mast P** polishes the physique and lowers estrogenic activity.

Together, this combo hits all angles—hormonal balance, muscle gain, fat loss, and aesthetics—in one concentrated, fast-clearing formula.

How It Works

This stack targets androgen receptors, fat metabolism, and anabolic signaling from multiple pathways simultaneously:

- Test Prop ensures androgen support, libido, and baseline hormone stability.
- Tren Ace delivers powerful nitrogen retention, nutrient repartitioning, and CNS-driven strength.
- Mast Prop binds to SHBG and weakens estrogenic effects, helping create a dry, detailed look.

Because all three esters are short-acting, blood levels spike fast and clear quickly—ideal for users who want tight control over hormone levels, fast results, and the ability to exit the cycle quickly if needed.

Research Applications & Performance Benefits

- **Extreme Recomposition:** Burns fat while building or preserving lean mass.
- **Hardening & Drying:** Brings out vascularity and skin-tightening effects.
- **Strength Boost:** Trenbolone and Test P drive rapid increases in gym performance.
- **Estrogen Control:** Low total aromatization with built-in anti-bloat properties.
- **Fast Feedback:** Great for short cycles, trial runs, or contest prep phases.

Who Uses It and Why

This blend is designed for advanced users, physique competitors, and hardcore athletes looking for fast, visible results with complete hormonal support and cosmetic refinement.

It's perfect for:

- 4–8 week pre-contest phases.
- Recomp cycles where body fat is already under 12%.
- Photo shoot prep, summer shreds, or “get right quick” plans.
- Aggressive mini-blasts for experienced users.

Stacking Strategies

Because this blend is already stacked, additional compounds should be kept minimal and strategic:

4–6 Week Blast (EOD Protocol):

- 1mL EOD of Test P / Tren A / Mast P blend (700mg total weekly)
- Optional: Anavar 50mg/day
- **Results:** Elite-level transformation—dry, vascular, dense muscle in weeks.

Lean Recomp Stack (Extended 8 Weeks):

- Primo E: 400mg/week
- TRT-dose Testosterone: 125–150mg/week
- MK-677 or GH: Optional for recovery and nutrient repartitioning
- **Results:** Hormonal balance, physique maintenance, zero estrogen spike.

Low-Dose Bridge Between Cycles (Risky but used by vets):

- 0.5mL EOD
- MK-677 for GH axis stimulation
- **Results:** Hormonal activity maintained without full-blown suppression recovery.

Potential Side Effects

Due to the presence of Trenbolone, this blend comes with real risks and should not be underestimated:

- **Tren Sides:** Night sweats, insomnia, elevated BP, aggression, anxiety.
- **Estrogenic Effects (from Test P):** Gyno or water retention if not balanced—use AI if needed.
- **Androgenic Issues:** Oily skin, hair loss, acne from all three compounds.
- **Suppression:** Very suppressive—must be followed with PCT unless on TRT.
- **Injection Frequency:** EOD minimum; some users pin daily for stable levels.

- **CNS Fatigue:** Can hit hard if not managed with sleep, carbs, and stress reduction.

Use Cabergoline or Pramipexole for prolactin, and bloodwork is non-negotiable during and after cycle. Post-cycle therapy is mandatory unless cruising.

Final Thoughts

Test P / Tren A / Mast P is a lethal combination for those who are already lean, disciplined, and cycle-savvy. This isn't a beginner's blend—it's a precision-engineered tool for rapid transformation.

If you're chasing a dry, grainy, shredded physique, and you've got your diet, sleep, and support supplements dialed in, this stack delivers stage-ready results in a fraction of the time. Just don't skip the support—the power is real, and so are the risks.



PEPTIDES

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BACTERIOSTATIC WATER (BAC)

UNDERGROUND LABS AUSTRALIA

SHOGUN Bacteriostatic (BAC) Water X 10mL



Alias: BAC Water / Sterile Water with Benzyl Alcohol

Category: Injection Preparation & Peptide Reconstitution Solvent

Active Compound: Sterile Water + 0.9% Benzyl Alcohol

Usage Frequency:

Multi-dose vial, good for up to 28 days after first puncture

Storage: Refrigerated (2–8°C) after opening

Volume Options: 10mL / 30mL / 50mL vials

Bacteriostatic Water (commonly referred to as BAC water) is a non-active injectable solvent used to reconstitute lyophilized peptides, hormones, and drugs before injection. It's simply sterile water infused with 0.9% benzyl alcohol to prevent bacterial growth—allowing for multiple withdrawals from a single vial over time.

Unlike sterile water (which is single-use), BAC water stays viable for up to 28 days after opening, making it a must-have for anyone using peptides, HGH, or similar compounds.

How It Works

BAC water acts as a medium to mix with freeze-dried (lyophilized) powders—turning them into injectable solutions. The benzyl alcohol content is what gives it its “bacteriostatic” effect, meaning it inhibits the growth of bacteria, preventing contamination when a vial is punctured multiple times.

It does not impact the potency or stability of peptides if stored correctly and used with proper technique.

BACTERIOSTATIC WATER (BAC)

Research Applications & Performance Benefits

- **Peptide Reconstitution:** Used for compounds like BPC-157, TB-500, CJC-1295, HGH, and more.
- **Multi-Use Injections:** Can be drawn from repeatedly with sterile technique.
- **Preservative Action:** Benzyl alcohol keeps vials sterile for weeks after first use.
- **Extended Shelf Life:** Reduces waste and improves convenience for researchers.
- **Versatility:** Can be used to dilute injectable compounds for precise dosing.

Who Uses It and Why

BAC water is essential for anyone working with reconstitutable injectables, including:

- Peptide researchers who use compounds like BPC-157, Semaglutide, TB-500, HGH Fragment.
- Bodybuilders and anti-aging clinics using HGH or growth factor protocols.
- Clinicians and hobbyists needing a sterile, preserved medium for multiple doses.
- DIY compounding practitioners seeking safe reconstitution of lyophilized products.

If you're injecting anything that starts as a powder, you need BAC water to do it right.

Stacking Strategies

While not stacked in the traditional sense, BAC water is the foundation for preparing injectable compounds. Typical applications include:

BACTERIOSTATIC WATER (BAC)

Reconstitution Example:

-BPC-157 (5mg vial) + 2mL BAC = 250mcg per 0.1mL

-TB-500 (2mg vial) + 1mL BAC = 200mcg per 0.1mL

-HGH (10IU vial) + 1mL BAC = 1IU per 0.1mL

Multi-Vial Rotation: Use separate insulin syringes per peptide, always draw with alcohol swabs and sterile technique.

Storage Note: Reconstituted peptides must be refrigerated and used within 2–4 weeks. Discard if cloudy or contaminated.

Potential Side Effects

BAC water is generally well tolerated, but there are a few things to keep in mind:

- **Injection Site Irritation:** Rare, but some may react to benzyl alcohol
- **Allergic Reaction (Extremely Rare):** Hypersensitivity to benzyl alcohol can occur
- **Contamination Risk:** Only if sterile technique is not followed
- **Expiration:** Discard 28 days after first puncture even if some remains

Always use a sterile needle, clean vials with alcohol, and never reuse needles or mix with tap water.

Final Thoughts

Bacteriostatic water might not be sexy—but it's absolutely essential. Without it, your peptides, HGH, and research compounds are useless. It's the unsung hero of any serious enhancement protocol, allowing for safe, sterile, multi-dose peptide use without risk of infection or degradation.

Always keep extra BAC vials on hand, store them cold, and make sure your peptide game is tight from the first mix to the last dose. If you're serious about performance or recovery—this is your foundation.

TB-500

SHOGUN TB-500 2mg



Alias: Thymosin Beta-4 Acetate

Category: Peptide / Healing Agent / Regenerative Compound

Half-Life: ~2–3 days

Molecular Weight: ~4963 Da

Typical Dosage:

Loading Phase: 2–2.5mg 2x/week for 4–6 weeks

Maintenance: 2–4mg/month

Reconstitution: Mix with BAC water (1–2mL per 5mg vial)

Administration: Subcutaneous or intramuscular injection

Storage: Refrigerate after reconstitution

TB-500 is a synthetic version of a naturally occurring peptide called Thymosin Beta-4, which plays a key role in tissue repair, inflammation control, and cell migration. Originally researched for cardiac protection, it gained traction in the performance world for its ability to speed up healing of soft tissues, tendons, ligaments, and muscle fibers.

Unlike anabolic steroids that build tissue via hypertrophy, TB-500 works at the cellular level, encouraging regeneration, angiogenesis (new blood vessels), and reduced inflammation.

How It Works

TB-500 promotes actin regulation, which is essential for cell movement and repair. By increasing angiogenesis, it improves blood flow to injured areas. It also stimulates stem cell differentiation, enhancing recovery from injury.

Its systemic nature allows it to travel throughout the body, targeting areas in need of repair—even those you didn't realize were damaged. It's especially useful for chronic soft tissue damage that doesn't respond to conventional rehab.

Research Applications & Performance Benefits

- **Accelerated Soft Tissue Healing:** Ligaments, tendons, fascia, and muscle.
- **Anti-Inflammatory Effects:** Reduces swelling and pain at injury sites.
- **Improved Flexibility & Mobility:** Helps loosen tight or scarred tissue.
- **Cardioprotective Effects:** Researched for myocardial repair.
- **Synergy with BPC-157:** Together they form the ultimate healing stack.

Who Uses It and Why

TB-500 is favored by bodybuilders, MMA fighters, athletes, and biohackers seeking faster recovery, reduced injury downtime, and restoration of mobility.

Use it if:

- You're rehabbing chronic tendon or ligament issues
- You've got nagging joint or muscle injuries
- You're recovering from surgery or a torn muscle
- You want a non-steroidal healing agent with systemic reach
- You stack it with BPC-157 to accelerate tissue regeneration

Stacking Strategies

TB-500 stacks perfectly with healing and recovery compounds:

The Gold Standard Stack:

- TB-500: 2mg 2x/week
- BPC-157: 250–500mcg daily
- MK-677 (optional): 10–25mg/day
- Speeds up healing, restores connective tissue, improves flexibility

Post-Surgery or Injury Stack:

- TB-500: 2.5mg 2x/week
- HGH: 2–4 IU/day
- Collagen Peptides + Vitamin C orally
- Maximum tissue regeneration during rehab

Joint Health Support Stack:

- TB-500: 2mg/week
- Nandrolone Decanoate: 200–300mg/week (if enhanced user)
- Omega-3s + Glucosamine + Curcumin
- For structural joint health and connective tissue integrity

Potential Side Effects

TB-500 is generally very well tolerated, but consider:

- **Lethargy or Headache:** Rare, usually dose-dependent.
- **Temporary Injection Site Irritation.**
- **Unregulated Quality:** Always verify peptide source and purity.
- **Increased Hair Growth (Anecdotal):** Some users report faster growth due to increased blood flow and healing.

No suppression, no PCT needed, no known liver or kidney stress. Ideal for both enhanced and natural users.

Final Thoughts

TB-500 isn't about muscle size—it's about staying in the game. Whether you're battling a torn rotator cuff, chronic elbow tendonitis, or just want to bounce back faster from grueling training, this healing peptide is a game-changer.

Run it on its own or stack with BPC-157 for next-level recovery, joint resilience, and performance longevity. It's not flashy, but when you're hurt and nothing else works—this is the needle that saves your cycle.

BPC-157

UNDERGROUND LABS AUSTRALIA

SHOGUN BPC-157 5mg



Alias: Body Protection Compound-157

Category: Peptide / Healing Agent /
Cytoprotective Compound

Half-Life: ~4–6 hours (biological
activity may extend longer)

Molecular Weight: ~1419 Da

Typical Dosage:

Injury Protocol: 250–500mcg daily (split
AM/PM), subcutaneously near injury

Systemic Healing: 500–750mcg/day
via subcutaneous injection (abdomen)

Reconstitution: Mix with 1–2mL BAC
water per 5mg vial

Administration: Subcutaneous
(preferred), intramuscular (site-
specific), or oral (less effective but GI-
focused)

Storage: Refrigerate after reconstitution

BPC-157 (Body Protection Compound-157) is a synthetic peptide derived from a protective protein found in human gastric juice. It has powerful healing and regenerative effects on soft tissues, tendons, ligaments, nerves, muscles, and even the gastrointestinal system.

Originally researched for treating ulcers and intestinal damage, BPC-157 became a favorite among athletes, bodybuilders, and biohackers for its ability to repair injuries, reduce inflammation, and accelerate recovery—all without hormonal suppression or toxicity.

How It Works

BPC-157 promotes healing by upregulating angiogenesis (new blood vessel formation) and enhancing the production of growth factors like VEGF, FGF, and TGF- β . It also interacts

with the nitric oxide pathway, improving blood flow and reducing oxidative stress at injury sites.

Additionally, BPC-157 has shown strong neuroprotective and gut-protective properties, making it effective for issues ranging from tendonitis to IBS to nerve regeneration.

Research Applications & Performance Benefits

- **Accelerated Injury Healing:** Especially tendons, ligaments, joints, and muscle tears
- **Anti-Inflammatory Effects:** Reduces swelling, pain, and stiffness in chronic injury sites
- **Gastrointestinal Repair:** Shown to heal ulcers, leaky gut, and Crohn's-related lesions
- **Neural Recovery:** Promotes nerve regeneration and functional recovery after injury
- **Wound Healing & Skin Regeneration:** Improves tissue repair and blood supply
- **No Suppression:** Does not affect testosterone or require PCT

Who Uses It and Why

BPC-157 is used by a wide range of performance-minded individuals:

- Bodybuilders and powerlifters with tendon or ligament strain
- Combat athletes rehabbing connective tissue or nerve injuries
- Biohackers optimizing recovery and gut health
- Natural athletes looking for repair without hormonal risk
- Aging lifters trying to stay injury-free and mobile

Whether you're recovering from surgery or dealing with chronic inflammation, BPC-157 is a non-toxic, fast-acting healing solution that works well both alone and in peptide stacks.

Stacking Strategies

BPC-157 can be run solo, but it pairs extremely well with other regenerative agents:

Ultimate Injury Healing Stack:

- BPC-157: 500mcg/day (split AM/PM)
- TB-500: 2mg 2x/week
- Collagen peptides + Vitamin C
- **Results:** Rapid tendon, ligament, and muscle recovery with enhanced tissue integrity.

GI Repair Stack (for Gut Health):

- BPC-157: 500–750mcg/day (oral or subQ)
- Glutamine: 10–15g/day
- Zinc Carnosine, Probiotics, and Bone Broth
- **Results:** Reversal of intestinal inflammation, ulcer healing, and gut lining repair.

Nerve Regeneration Stack:

- BPC-157: 500mcg/day
- Lion's Mane Mushroom: 1–2g/day
- Alpha-GPC: 300mg/day
- **Results:** Enhanced neurological recovery and nerve signal restoration.

Potential Side Effects

BPC-157 is extremely well tolerated, even at high doses. Still, users should be aware of:

- **Injection Site Irritation:** Rare, but possible with poor technique.
- **Dizziness or Fatigue:** Occasionally reported with high systemic doses.
- **Peptide Quality Variance:** Poor-quality peptides are common—always vet your supplier.
- **No Known Toxicity:** No liver, kidney, or hormonal impact reported in animal or human studies.

No PCT required. Safe for both short- and long-term use. Can be cycled or run continuously depending on goals.

Final Thoughts

BPC-157 is one of the most versatile healing peptides available. Whether you're managing chronic inflammation, recovering from injury, or just trying to stay functional under heavy training volume, BPC-157 delivers next-level recovery without side effects or hormonal disruption.

It's the ideal foundation for any peptide healing stack, and it works even better when paired with TB-500, GH, or supportive compounds. For natural athletes, it's a game-changer. For enhanced users, it's cycle insurance.

SEMAGLUTIDE

UNDERGROUND LABS AUSTRALIA

SHOGUN Semaglutide (Ozempic) 5mg



Alias: Ozempic / Wegovy / GLP-1 Analog

Category: Peptide Hormone / GLP-1 Receptor Agonist

Half-Life: ~7 days

Molecular Weight: ~4113 Da

Typical Dosage:

Fat Loss: 0.25–1.0mg per week (titrated up)

Therapeutic Range (FDA Approved): Up to 2.4mg/week (Wegovy)

Reconstitution: Mix with BAC water (if in lyophilized form)

Administration: Subcutaneous injection (1x per week)

Storage: Refrigerated after reconstitution or opening

Semaglutide is a GLP-1 receptor agonist, originally developed to treat type 2 diabetes under the name Ozempic, and later FDA-approved for medical weight loss as Wegovy. Its primary mechanism? Mimicking the natural hormone GLP-1, which slows gastric emptying, reduces appetite, and regulates blood sugar levels.

In the performance world, Semaglutide has quickly become a cutting-edge fat-loss agent—helping users drastically reduce calorie intake, control cravings, and drop body fat without stimulants or crash diets.

How It Works

Semaglutide binds to GLP-1 receptors, triggering:

- Slower gastric emptying → Keeps you full longer.
- Appetite suppression → Reduced hunger and portion size.

- Improved insulin sensitivity → Lower post-meal blood sugar spikes.
- Reduced glucagon secretion → Enhanced glucose utilization and storage.

These combined effects lead to effortless caloric restriction, allowing users to maintain a sustainable deficit without stimulants or crash dieting.

Research Applications & Performance Benefits

- **Dramatic Fat Loss:** Real-world users report 10–20 lbs+ reductions in 8–12 weeks
- **Craving Control:** Breaks binge/reward eating cycles
- **Improved Insulin Sensitivity:** Supports better carb handling and nutrient partitioning
- **Cardiometabolic Health:** Lowers blood pressure, A1C, and inflammation markers
- **No Stimulants:** No jitteriness, no crashes—ideal for stimulant-intolerant users

Who Uses It and Why

Semaglutide is used by:

- Bodybuilders in off-season trying to control weight without sacrificing mass
- Physique athletes who want a soft-cut aid without harsh stims
- General population dieters who struggle with appetite and binge cycles
- Biohackers optimizing metabolic control and longevity
- Enhanced and natural users looking for a pharmaceutical-grade fat loss solution

It's especially effective for users with high body fat, poor appetite control, or emotional eating habits.

Stacking Strategies

Semaglutide plays well in fat loss, recomp, or metabolic health stacks:

Fat Loss Stack (Low-Stim):

- Semaglutide: Start at 0.25mg/week, titrate to 1.0mg+
 - Cardarine (GW-501516): 20mg/day
 - Yohimbine HCL: 5mg AM fasted (optional)
- **Results:** Powerful appetite suppression, endurance, and metabolic boost.

Recomp Stack:

- Semaglutide: 0.5–1.0mg/week
 - Testosterone (TRT to moderate dose)
 - Primobolan or EQ for lean tissue support
- **Results:** Reduced fat gain during clean bulk or fat loss without catabolism.

Glucose Optimization Stack:

- Semaglutide: 0.25–1.0mg/week
 - Berberine or Metformin (as tolerated)
 - MK-677 (for muscle retention during deficit)
- **Results:** Stable blood sugar, reduced cravings, improved body comp in insulin-resistant users.

Potential Side Effects

Semaglutide is well tolerated when dosed properly—but some users will experience:

- **Nausea (Common):** Usually resolves after 2–4 weeks; reduce dose if severe
- **Constipation or Diarrhea:** GI system adjusting to slowed digestion
- **Headache, Fatigue:** Often due to low food intake—monitor electrolytes

- **Muscle Loss Risk:** If calories drop too hard—counter with resistance training and protein
- **Injection Site Reactions:** Mild irritation or bumps in some cases

Titrate slowly to avoid GI distress. Do not combine with other GLP-1 agonists. Avoid in those with personal or family history of medullary thyroid carcinoma or pancreatitis.

Final Thoughts

Semaglutide is a revolutionary tool for fat loss—especially for users who struggle with portion control, binge eating, or simply hate feeling hungry. Unlike stims or crash diets, it rewires your appetite from the inside out, allowing for sustainable, side-effect-free weight loss over time.

It's not magic—you still need training, protein, and some discipline—but if you've ever said, "I know what to do—I just can't stop eating," Semaglutide might be your answer.

CJC-1295 (DAC)

UNDERGROUND LABS AUSTRALIA

SHOGUN CJC-1295 (DAC) 2mg



Alias: CJC-1295 DAC / Modified GRF 1-29 with Drug Affinity Complex

Category: Peptide / Growth Hormone Releasing Hormone (GHRH) Analog

Half-Life: ~6–8 days

Molecular Weight: ~3367 Da

Typical Dosage:

1–2mg, 1–2x per week

Storage: Refrigerate after reconstitution

Reconstitution: 1–2mL BAC water per 2mg vial

Administration: Subcutaneous injection

CJC-1295 with DAC (Drug Affinity Complex) is a long-acting growth hormone-releasing hormone (GHRH) analog. It was designed to stimulate the pituitary gland to increase natural GH production, leading to elevated IGF-1 levels, enhanced recovery, fat loss, and cellular repair—all without shutting down your body's own production.

The DAC modification extends its half-life dramatically, making it ideal for low-frequency dosing—unlike its shorter-acting cousin, Modified GRF (CJC-1295 no DAC), which requires multiple daily injections.

How It Works

CJC-1295 DAC binds to GHRH receptors on the pituitary gland, triggering pulsatile release of natural growth hormone. The DAC component binds to albumin in the bloodstream, protecting the peptide from rapid degradation and allowing continuous GH stimulation for up to a week per injection.

This creates a natural, steady elevation of GH and IGF-1 without the suppression seen with exogenous HGH, preserving your endocrine feedback loop.

Research Applications & Performance Benefits

- **Fat Loss:** Elevates GH and IGF-1 to improve lipolysis and metabolic rate
- **Muscle Recovery:** Enhances protein synthesis and speeds tissue repair
- **Sleep Quality:** Promotes deeper REM cycles and recovery hormones
- **Joint & Skin Health:** Increases collagen production and cellular regeneration
- **Low Frequency Dosing:** Only 1–2 injections per week needed for consistent results

Who Uses It and Why

CJC-1295 DAC is favored by:

- Bodybuilders and athletes looking for GH-like effects without daily pinning
- Biohackers seeking anti-aging and longevity benefits from sustained IGF-1 elevation
- Injury recovery patients looking for faster tendon, ligament, and soft tissue repair
- Enhanced users stacking with other peptides like Ipamorelin or MK-677
- Natural athletes wanting to optimize GH without suppression or exogenous hormone use

It's a go-to peptide for long-term growth hormone optimization without committing to costly pharma-grade HGH.

Stacking Strategies

CJC-1295 DAC pairs incredibly well with other GH secretagogues and recovery-focused protocols:

GH-Optimization Stack:

- CJC-1295 DAC: 2mg once weekly
- Ipamorelin: 100mcg 2–3x daily (if stacking with fast-acting GHRP)
- MK-677: 10–20mg/day (optional for oral boost)
→ **Results:** Elevated GH/IGF-1 24/7, improved sleep, fat loss, and recovery.

Fat Loss Stack:

- CJC-1295 DAC: 2mg/week
- Cardarine: 20mg/day
- Yohimbine HCL: 5mg fasted (optional)
→ **Results:** Enhanced lipolysis, energy, and recovery during cutting phase.

Healing & Anti-Aging Stack:

- CJC-1295 DAC: 1mg/week
- TB-500: 2mg 2x/week
- BPC-157: 250–500mcg/day
→ **Results:** Faster joint/tissue regeneration, reduced inflammation, improved vitality.

Potential Side Effects

CJC-1295 DAC is well-tolerated but may cause mild side effects in some users:

- **Mild Water Retention:** Due to elevated GH/IGF-1
- **Headaches or Lethargy:** From elevated systemic GH levels
- **Numbness or Tingling:** GH-related peripheral nerve effects (rare)
- **Injection Site Reactions:** Redness, swelling, or itching
- **Possible GH Oversaturation:** When stacked improperly or overdosed with other secretagogues

Always use pharmaceutical-grade or third-party tested peptides. No PCT is required. Monitor IGF-1 via bloodwork if running long term.

Final Thoughts

CJC-1295 DAC is a long-acting GH booster for those who want the benefits of HGH without daily injections or endocrine shutdown. Whether your goal is fat loss, recovery, or long-term performance, it offers a powerful, low-maintenance peptide protocol that fits seamlessly into a weekly routine.

It's ideal for anyone who values growth hormone elevation without the commitment, expense, or legal concerns of synthetic HGH. Stack it smart, cycle it clean, and watch your recovery and body composition evolve week by week.

IPAMORELIN

UNDERGROUND LABS AUSTRALIA

SHOGUN Ipamorelin 5mg



Alias: Selective GHRP / Growth Hormone Releasing Peptide-Ipamorelin

Category: Peptide / GH Secretagogue / GHRP Class

Half-Life: ~2 hours

Molecular Weight: ~711.9 Da

Typical Dosage:

Standard Protocol: 100–300mcg 2–3x/day

Advanced Protocol: Up to 500mcg/day in divided doses

Reconstitution: 1–2mL BAC water per 2mg vial

Administration: Subcutaneous injection (preferably fasted)

Storage: Refrigerate after reconstitution

Ipamorelin is a selective growth hormone releasing peptide (GHRP) that stimulates the pituitary gland to increase natural growth hormone output with minimal side effects. Unlike older GHRPs like GHRP-6 or GHRP-2, Ipamorelin causes no significant spike in cortisol or prolactin, making it the cleanest and most tolerable GHRP available.

Favored for its gentle side effect profile and steady GH pulse, Ipamorelin has earned a reputation as the ideal peptide for lean growth, recovery, and anti-aging protocols.

How It Works

Ipamorelin binds to the ghrelin receptor (GHS-R1a) in the hypothalamus and pituitary gland, mimicking the hunger hormone ghrelin and triggering a pulse of growth hormone release from the pituitary.

When combined with a GHRH (like CJC-1295 no DAC), Ipamorelin amplifies the GH pulse, creating a synergistic effect for elevated IGF-1, recovery, and fat-burning. Because it avoids triggering cortisol or prolactin, it's ideal for longer-term use without endocrine backlash.

Research Applications & Performance Benefits

- **Elevated GH & IGF-1:** Promotes lean tissue growth, fat loss, and cellular repair.
- **Accelerated Recovery:** Reduces soreness, improves sleep, and speeds up injury healing.
- **Fat Loss & Lipolysis:** Supports body recomposition through GH modulation.
- **Joint & Skin Health:** Enhances collagen production and connective tissue integrity.
- **Minimal Side Effects:** No ghrelin-induced hunger, cortisol, or prolactin elevation.

Who Uses It and Why

Ipamorelin is used by:

- Bodybuilders seeking GH benefits without committing to exogenous HGH
- Athletes recovering from injury or seeking recovery enhancement
- Biohackers and longevity seekers targeting anti-aging and cellular health
- Natural users wanting a safe, non-suppressive performance edge
- Enhanced users pairing it with CJC-1295 or MK-677 for sustained growth

It's ideal for those who want multi-daily GH pulses, clean results, and no endocrine disruption.

Stacking Strategies

Ipamorelin pairs best with GHRHs or other growth pathway compounds:

GH Pulse Stack (Daily Use):

- Ipamorelin: 100–200mcg 2–3x/day (AM, post-workout, pre-bed)
- CJC-1295 no DAC: 100–200mcg per Ipamorelin injection
 - **Results:** Consistent GH pulses, improved body composition, better sleep.

Recovery Stack:

- Ipamorelin: 300mcg pre-bed
- BPC-157: 250–500mcg/day
- TB-500: 2mg/week
 - **Results:** Enhanced healing of soft tissues, tendons, and inflammation management.

Fat Loss Stack:

- Ipamorelin: 100mcg pre-cardio AM fasted
- CJC-1295 (no DAC or DAC 1x/week)
- Yohimbine or Cardarine (optional)
 - **Results:** Elevated lipolysis, increased energy expenditure, improved recovery.

Potential Side Effects

Ipamorelin is extremely well tolerated, but some users may experience:

- **Mild Headache or Dizziness:** Usually dose-related and temporary
- **Injection Site Irritation:** Use proper needle gauge and rotate sites
- **Lethargy:** From GH pulse or IGF-1 elevation—more likely at high doses
- **Temporary Hunger Spike:** Rare, but possible when stacked with GHRHs

There is no impact on cortisol, prolactin, or blood glucose. No PCT required. Safe for men and women.

Final Thoughts

Ipamorelin is the cleanest GHRP on the market—a reliable, side-effect-free way to harness your body's natural growth hormone axis for fat loss, muscle recovery, and improved well-being. Whether you're a first-time peptide user or a seasoned biohacker, Ipamorelin delivers powerful benefits with none of the hormonal baggage of earlier peptides or HGH.

If you're serious about long-term recovery, lean gains, and anti-aging, this is your daily-use peptide.

MELANOTAN-II

UNDERGROUND LABS AUSTRALIA

SHOGUN Melanotan-II (MT2) 10mg



Alias: MT2 / Melanotan 2

Category: Peptide / Tanning Agent / Libido Enhancer

Half-Life: ~33 hours (effective biological activity up to several days)

Molecular Weight: ~1024 Da

Typical Dosage:

Loading Phase: 250–500mcg daily

Maintenance: 500–1000mcg every 3–4 days

Reconstitution: 1–2mL BAC water per 10mg vial

Administration: Subcutaneous injection (preferably evening or pre-UV exposure)

Storage: Refrigerate after reconstitution

Melanotan-II (MT2) is a synthetic melanocortin peptide that mimics the action of alpha-melanocyte-stimulating hormone (α -MSH)—a key regulator of melanin production, libido, and energy balance. Originally developed to protect against skin cancer by stimulating natural tanning, it's now widely used in the fitness and lifestyle world for sunless tanning, fat loss enhancement, and sexual performance.

Beyond bronzed skin, users report increased libido, spontaneous erections, and mild appetite suppression, making MT2 a multifaceted tool for both aesthetic enhancement and functional performance.

How It Works

Melanotan-II activates MC1R receptors in melanocytes, stimulating melanin production, which darkens the skin as a protective response. It also interacts with MC3R and MC4R, which are linked to libido, appetite, and sexual arousal.

These multi-receptor actions make MT2 effective not just as a tanning agent, but as a mood and performance-enhancing peptide—especially during cutting phases when energy and libido often crash.

Research Applications & Performance Benefits

- **Deep, Natural Tan:** Even with limited sun exposure; reduces sunburn risk
- **Enhanced Libido:** Known for spontaneous arousal and improved erectile quality
- **Improved Sexual Stamina:** Useful for both enhanced and natural users experiencing PCT crashes
- **Appetite Suppression:** Mild, synergistic effect during cutting phases
- **Photoprotection:** Reduces risk of sun damage by boosting skin's UV resistance

Who Uses It and Why

Melanotan-II is popular among:

- Physique athletes and bodybuilders preparing for photoshoots or competitions.
- Recreational users seeking a natural tan without extended sun exposure.
- Men with sexual performance issues, especially post-cycle or during high-stress phases.
- Cutting-phase lifters who benefit from appetite control and mood support.
- Anyone looking for aesthetic enhancement without UV damage.

It's particularly valuable for fair-skinned users who tan poorly and burn easily.

Stacking Strategies

Melanotan-II can be run solo or integrated into aesthetic, fat loss, or PCT protocols:

Tanning Stack (Summer Protocol):

- MT2: 250mcg daily (Week 1), then 500mcg EOD
- Light sun exposure or tanning bed 2–3x/week
- **Results:** Deep, even tan in 2–3 weeks with minimal UV exposure

PCT Libido Recovery Stack:

- MT2: 500mcg EOD
- HCGenerate: 5 caps/day
- Cabergoline (optional): 0.25mg 2x/week
- **Results:** Boosts mood, libido, and sexual performance during hormonal rebound

Cutting Stack Enhancement:

- MT2: 250–500mcg daily
- Semaglutide: 0.25–1.0mg/week
- Yohimbine HCL: 5–10mg fasted (optional)
- **Results:** Appetite control, aesthetic enhancement, libido support under caloric restriction

Potential Side Effects

Melanotan-II is generally safe but can cause dose-dependent side effects:

- **Nausea:** Most common early on—reduce dose or inject at night
- **Facial Flushing / Warmth:** Temporary and harmless
- **Increased Libido / Erections:** Can be excessive or inconvenient early on
- **Mole / Freckle Darkening:** UV-exposed skin may develop darker pigmentation
- **Appetite Loss / Dry Mouth:** More common at higher doses
- **Injection Site Redness or Lumps:** Avoid injecting in the same spot repeatedly

To minimize sides, start with 100–250mcg and slowly titrate up. Nausea typically subsides after 3–5 doses.

Final Thoughts

Melanotan-II is more than just a tanning peptide—it's an aesthetic and performance enhancer with real versatility. From glowing skin and boosted confidence to revived sex drive and mild fat-burning support, MT2 is a low-dose, high-impact compound that blends form and function in a single weekly injection.

Use it smart—hydrate, rotate sites, avoid overdosing, and combine with a smart UV plan—and you'll not only look your best, but feel like it too.

HUMAN GROWTH HORMONE (HGH)



SHOGUN HGH (100iu kit)



Alias: Somatropin / Recombinant hGH / rHGH

Category: Peptide Hormone / Anabolic & Regenerative Agent

Half-Life: ~2–3 hours (biological activity persists via IGF-1 for 20–30 hours)

Molecular Weight: ~22 kDa

Typical Dosage:

Fat Loss & Anti-Aging: 2–3 IU/day

Performance & Muscle Growth: 4–6 IU/day

Advanced Protocols (Pro-Level): 8–12 IU/day

Administration: Subcutaneous injection (morning or pre-bed)

Reconstitution: Mix 1–2mL BAC water per 10 IU vial

Storage: Refrigerate before and after reconstitution

Human Growth Hormone (HGH), also known as somatropin, is a bioidentical synthetic version of the hormone naturally produced by the pituitary gland. It plays a vital role in growth, cell repair, metabolism, and recovery. In performance enhancement, HGH is used to stimulate fat loss, enhance recovery, promote lean muscle gains, and slow the aging process.

Unlike anabolic steroids that act via androgen receptors, HGH works by increasing insulin-like growth factor-1 (IGF-1) levels, which promotes tissue growth, regeneration, and nutrient partitioning on a systemic level.

How It Works

Once injected, HGH signals the liver to produce IGF-1, which mediates most of its anabolic effects. It also acts directly on fat cells to promote lipolysis (fat burning), increases protein synthesis, enhances collagen production, and accelerates tissue repair.

The result? Leaner, denser muscle, reduced recovery times, and rejuvenated skin, joints, and hair over long-term use. Unlike secretagogues, HGH provides a consistent, supraphysiological elevation of growth hormone.

Research Applications & Performance Benefits

- **Fat Loss:** Mobilizes stubborn fat, especially abdominal and visceral fat.
- **Lean Muscle Gains:** Improves nutrient partitioning and muscle fiber growth.
- **Tissue Repair:** Accelerates healing of joints, tendons, skin, and bone.
- **Anti-Aging:** Enhances skin elasticity, sleep quality, and overall vitality.
- **Recovery & Performance:** Shortens recovery time between sessions; improves work output.

Who Uses It and Why

HGH is utilized by:

- Bodybuilders and enhanced athletes for fat loss and muscle preservation.
- Anti-aging clinics and TRT patients to restore vitality and reverse age-related decline.
- Injured athletes needing accelerated recovery post-surgery or trauma.
- Fitness models during photoshoot prep for cosmetic refinement and fullness.
- Biohackers seeking cognitive, skin, and metabolic enhancement.

HUMAN GROWTH HORMONE (HGH)

It's especially valuable during cutting cycles, recomps, or when joint health and recovery are high priorities.

Stacking Strategies

HGH serves as a foundation to multiple stack types—cutting, growth, or healing:

Fat Loss Stack:

- HGH: 2–4 IU/day (AM fasted)
 - Clenbuterol or Yohimbine (optional)
 - Semaglutide: 0.25–1mg/week
- **Results:** Max fat mobilization, hunger control, lean tissue retention.

Muscle Growth Stack:

- HGH: 4–6 IU/day (split AM + pre-bed)
 - Testosterone: 500–600mg/week
 - Insulin (advanced users): 4–6 IU post-workout
- **Results:** Increased muscle fullness, faster recovery, enhanced partitioning.

Joint & Healing Stack:

- HGH: 3–4 IU/day
 - TB-500: 2mg 2x/week
 - BPC-157: 250–500mcg/day
- **Results:** Rapid recovery from injuries, improved mobility, reduced inflammation.

Potential Side Effects

Though well tolerated, HGH can cause side effects—especially at higher doses:

- **Water Retention:** Puffy look, especially in hands/feet (often dose-dependent).
- **Carpal Tunnel Syndrome:** Numbness or tingling in fingers—resolves with dose adjustment.
- **Insulin Resistance:** Monitor glucose levels; use metformin or berberine if needed.

HUMAN GROWTH HORMONE (HGH)

- **Joint Pain or Stiffness:** Common during loading phase.
- **Injection Site Lumps:** Rotate sites and use proper technique.

Rare but serious risks at high doses or abuse levels include organ growth and increased cancer risk (due to IGF-1 elevation). Regular bloodwork is highly recommended.

Final Thoughts

HGH is the gold standard in body recomposition and anti-aging enhancement. It delivers cosmetic, metabolic, and regenerative benefits that no steroid or SARM can replicate. Whether your goal is fat loss, lean mass, joint health, or total body optimization, HGH is a long-game solution with powerful, cumulative effects.

When used smart—with proper cycling, stacking, and lifestyle alignment—HGH becomes one of the most versatile and transformative tools in the performance arsenal.

HCG (HUMAN CHORIONIC GONADOTROPIN)



SHOGUN HCG (Human Chorionic Gonadotropin) 5000iu



Alias: HCG / Pregnyl / Novarel

Category: Peptide Hormone / LH Mimetic

Half-Life: ~2–3 days

Molecular Weight: ~36.7 kDa

Typical Dosage:

On-Cycle Support: 250–500 IU 2–3x/week

Blast for PCT Prep: 1000–2000 IU 2–3x/week (short-term, 2–3 weeks max)

Reconstitution: Mix with 1–2mL BAC water per 5000 IU vial

Administration: Subcutaneous or intramuscular injection

Storage: Refrigerate after reconstitution

Human Chorionic Gonadotropin (HCG) is a peptide hormone that mimics luteinizing hormone (LH)—the key signal your pituitary sends to the testes to produce testosterone and sperm. Originally developed to support pregnancy, it is widely used in performance enhancement to maintain testicular function and fertility during or after anabolic steroid cycles.

Unlike SERMs, which block estrogen to elevate LH, HCG directly stimulates the Leydig cells—making it fast-acting and effective for combating testicular shrinkage, maintaining natural testosterone output, and preparing for PCT.

How It Works

HCG binds to LH receptors in the testes, triggering endogenous testosterone production. It helps prevent testicular atrophy,

HCG (HUMAN CHORIONIC GONADOTROPIN)

preserves spermatogenesis, and maintains intra-testicular hormone levels that are often suppressed during AAS use.

By keeping the testes “awake,” HCG reduces the hormonal crash post-cycle and supports a smoother recovery into post-cycle therapy (PCT). It can be used both on-cycle and during a PCT prep phase before SERMs are introduced.

Research Applications & Performance Benefits

- **Testicular Maintenance:** Prevents shrinkage and functional shutdown on-cycle
- **Natural Testosterone Support:** Maintains baseline production during suppression
- **Fertility Preservation:** Stimulates sperm production; often used in TRT fertility protocols
- **Improved PCT Success:** “Wakes up” the testes before Clomid/Nolvadex therapy begins
- **Mood, Libido, & Energy:** Helps maintain wellbeing and hormonal balance on-cycle

Who Uses It and Why

HCG is used by:

- Steroid users running long or suppressive cycles
- TRT patients seeking to maintain fertility and testicular size
- Bodybuilders prepping for PCT after a blast
- Males trying to conceive while on or recovering from hormone protocols
- Enhanced lifters who want to avoid hormonal crashes post-cycle

It is a critical support tool in long-term enhancement strategies—not optional if fertility, natural recovery, or endocrine balance matters to the user.

HCG (HUMAN CHORIONIC GONADOTROPIN)

Stacking Strategies

HCG is not stacked for performance—it's integrated for support and recovery:

On-Cycle Testicular Support:

- HCG: 250 IU 2x/week (beginning Week 2 of cycle)
- Testosterone: 300–600mg/week
- AI (Aromasin/Arimidex): Only if needed based on estrogenic symptoms
 - **Results:** Maintains baseline testicular activity, smooths transition into PCT.

Pre-PCT “Blast”:

- HCG: 1000 IU EOD for 10 days
- Begin SERM (Clomid/Nolva) 4–5 days after last HCG shot
 - **Results:** Restores testicular function prior to SERM initiation for stronger PCT outcome.

Fertility Protocol (TRT Users):

- HCG: 500 IU 2–3x/week
- Enclomiphene or low-dose Clomid (optional)
 - **Results:** Supports spermatogenesis while on TRT.

Potential Side Effects

While well tolerated, HCG can cause issues—especially if overused or poorly timed:

- **Estrogenic Effects:** Increased E2 due to aromatization from stimulated test output—manage with AI if needed.
- **Desensitization Risk:** Very high or long-term dosing may reduce LH receptor sensitivity.
- **Water Retention / Mood Swings:** Estrogen-related, especially during PCT blasts.
- **Injection Site Irritation:** Use proper dilution and rotate sites.
- **Gynecomastia:** Especially if AI isn't properly managed during use.

HCG (HUMAN CHORIONIC GONADOTROPIN)

Always monitor estradiol and LH/FSH via bloodwork, and cycle HCG responsibly to avoid receptor downregulation.

Final Thoughts

HCG is the backbone of responsible enhancement. It doesn't build muscle or burn fat—but it protects everything that keeps you healthy, fertile, and functional underneath your cycle.

Use it to keep the boys online, preserve fertility, and make sure your transition into post-cycle life doesn't leave you flatlined. Whether you're blasting, cruising, or coming off, HCG is a non-negotiable tool in a serious protocol.



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CARDARINE (GW-501516)

UNDERGROUND LABS AUSTRALIA

SHOGUN GW-501516 (Cardarine) 10mg X 60 Units



Alias: GW501516 / Endurobol

Category: PPAR δ Agonist / Metabolic Modulator (NOT a SARM)

Half-Life: ~16–24 hours

Molecular Weight: ~453.5 Da

Typical Dosage: 10–20mg/day

Administration: Oral (once daily, ideally pre-cardio or pre-meal)

Cycle Length: 6–12 weeks

Storage: Room temperature, away from light and moisture

Cardarine (GW-501516) is a PPAR δ receptor agonist, not a SARM, originally developed to treat obesity, metabolic syndrome, and cardiovascular disease. It became highly sought after in the performance world for its ability to increase endurance, enhance fat oxidation, and boost metabolic efficiency—all with no hormonal suppression.

Unlike anabolic agents that work via androgen pathways, Cardarine works on gene expression, making it a powerful, non-stimulant fat loss and performance enhancer that doesn't shut down testosterone or require PCT.

How It Works

Cardarine activates the Peroxisome Proliferator-Activated Receptor delta (PPAR δ) pathway, which regulates fat metabolism, glucose uptake, and energy output. This leads to:

CARDARINE (GW-501516)

- Increased fatty acid oxidation in muscle tissue.
- Improved insulin sensitivity and nutrient utilization.
- Elevated VO_2 max and stamina.
- Enhanced recovery and performance, especially in endurance-focused athletes.

Because it doesn't bind to androgen receptors, Cardarine is non-suppressive and safe for both men and women.

Research Applications & Performance Benefits

- **Increased Endurance:** Extends time to exhaustion and improves cardiovascular output
- **Enhanced Fat Loss:** Mobilizes fatty acids and increases mitochondrial efficiency
- **Improved Insulin Sensitivity:** Ideal for recomp or anti-diabetic stacks
- **No Suppression:** Doesn't affect natural testosterone or estrogen production
- **Perfect for Cutting & Fasted Cardio:** Enhances fat burning without muscle loss

Who Uses It and Why

Cardarine is favored by:

- Bodybuilders and physique athletes in cutting or contest prep phases.
- CrossFitters, cyclists, and MMA fighters for cardio performance.
- Natural athletes and first-timers seeking fat loss without endocrine disruption.
- Enhanced users looking for a non-hormonal stack enhancer.
- Biohackers targeting metabolic health, blood glucose control, and stamina.

It's particularly valuable during fasted cardio, low-calorie dieting, or high-output endurance training.

Stacking Strategies

Cardarine stacks extremely well with both hormonal and non-hormonal compounds:

Fat Loss & Endurance Stack (Natural Friendly):

- Cardarine: 20mg/day (AM or pre-cardio)
 - Yohimbine HCL: 5mg fasted (optional)
 - Semaglutide or Berberine for glucose control
- **Results:** Fat shredding with elevated energy and no hormonal suppression.

Cutting Cycle Add-On:

- GW-501516: 20mg/day
 - Winstrol or Anavar: 30–50mg/day
 - Testosterone Prop: 75–100mg EOD
- **Results:** Hard, dry look with increased endurance and fat loss synergy.

Recomp Stack:

- Cardarine: 20mg/day
 - RAD-140: 10–20mg/day
 - MK-677 (optional): 10–25mg/day
- **Results:** Lean gains with stamina, improved partitioning, and metabolic support.

Potential Side Effects

Cardarine is generally well tolerated, but note:

- **Mild Headache or Nausea:** Rare, usually dose-related
- **Possible Lethargy at High Doses:** Reduce to 10–15mg if needed
- **Unfounded Cancer Concerns:** Based on extremely high-dose rodent studies (300x human equivalent); no confirmed human risk at standard doses
- **No Suppression:** No PCT needed
- **No Liver or Kidney Toxicity:** Safe for organ health at normal dosages

CARDARINE (GW-501516)

Always verify product purity—under-dosed or mislabeled Cardarine is common in unregulated markets.

Final Thoughts

Cardarine is the ultimate performance enhancer for endurance, fat loss, and metabolic health—especially for users who want results without hormonal disruption. Whether you're a bodybuilder deep into a cut, a combat athlete preparing for war, or a weekend warrior looking to shred fat while staying sharp, GW-501516 delivers clean energy, stamina, and fat-burning power without suppression or stimulant crash.

Stack it smart, use it strategically, and watch your endurance and body comp transform.

LGD-4033 (LIGANDROL)

UNDERGROUND LABS AUSTRALIA

SHOGUN LGD-4033 (Ligandrol) 10mg X 60 Units



Alias: Ligandrol / Anabolicum / VK5211

Category: Selective Androgen Receptor Modulator (SARM)

Half-Life: ~24–36 hours

Molecular Weight: ~338.25 Da

Typical Dosage:

Men: 5–10mg/day

Women: 1–5mg/day

Administration: Oral, once daily (with or without food)

Cycle Length: 6–12 weeks

Storage: Cool, dry place—out of direct sunlight

LGD-4033, commonly known as Ligandrol, is a powerful non-steroidal SARM originally developed for muscle-wasting diseases and osteoporosis. It binds selectively to androgen receptors in muscle and bone tissue, triggering anabolic activity without affecting the prostate or other androgenic-sensitive areas.

In the performance world, Ligandrol is prized for its ability to deliver clean, lean muscle gains, strength increases, and bone density improvements with far less suppression and no aromatization compared to traditional anabolic steroids.

How It Works

Ligandrol works by selectively activating androgen receptors in skeletal muscle and bone, enhancing protein synthesis, nitrogen retention, and muscle fiber regeneration—without converting to estrogen or DHT.

It is considered one of the most potent SARMs for muscle growth, with clinical studies showing significant lean mass gain in as little as 3 weeks at low doses.

Research Applications & Performance Benefits

- **Lean Muscle Growth:** Comparable to mild anabolic steroids but without the same androgenic impact
- **Strength Increases:** Rapid improvements in performance, especially in compound lifts
- **Enhanced Recovery:** Improves tissue regeneration post-training
- **Bone Strength Support:** Clinically studied for bone mineral density and fracture prevention
- **No Estrogenic Side Effects:** No conversion to estrogen; no risk of gyno or bloat

Who Uses It and Why

LGD-4033 is popular with:

- Natural athletes looking for a powerful edge without jumping to steroids
- Enhanced lifters during bridge or cruise phases
- Bodybuilders in lean bulking or recomp cycles
- Aesthetic-focused users seeking quality mass without fat or water
- Injury recovery athletes needing strength and tissue repair without inflammation

It's ideal for users who want visible gains, strength, and tight muscular fullness, especially in calorie-controlled or moderate-surplus environments.

Stacking Strategies

Ligandrol is extremely versatile and works well in bulking, recomposition, or recovery setups:

Lean Bulk Stack:

-LGD-4033: 10mg/day

-MK-677: 25mg/day

-RAD-140 or Testosterone base (optional)

→ **Results:** Full, lean gains with elevated GH/IGF-1 and no bloat.

Recomp Stack (Natural-Friendly):

-LGD-4033: 5mg/day

-Cardarine (GW-501516): 20mg/day

-NAC or TUDCA: Liver and lipid support

→ **Results:** Simultaneous fat loss and lean muscle gain with endurance and recovery.

Bridge Between Cycles:

-LGD-4033: 5mg/day

-Enclomiphene: 12.5mg/day (if recovering)

-L-Carnitine or TRT base (optional)

→ **Results:** Maintains fullness and strength between steroid cycles with minimal suppression.

Potential Side Effects

While SARMs are generally milder than steroids, LGD-4033 can still cause suppression and other issues at higher doses:

- **Testosterone Suppression:** Not as harsh as steroids but noticeable above 5mg—PCT often required
- **Mood Changes / Libido Drop:** Common if natural T levels drop too low
- **Mild Water Retention:** Less than orals, but possible in some users
- **Headache or Lethargy:** Dose-related in sensitive users
- **Liver Enzyme Elevation:** Rare, but possible—monitor with bloodwork

LGD-4033 (LIGANDROL)

Always run bloods pre-, mid-, and post-cycle. Consider Clomid, Nolvadex, or Enclomiphene for proper recovery.

Final Thoughts

LGD-4033 is one of the most effective SARMs for serious lean mass and strength development, sitting right between prohormones and mild injectables in terms of results. If you want a dry, tight, and strong physique without hormonal chaos, Ligandrol is the go-to.

It's a smart step for naturals looking to level up or enhanced users wanting a break from injectables while maintaining an edge.

MK-2866 (OSTARINE)

UNDERGROUND LABS AUSTRALIA

SHOGUN MK-2866 (Ostarine) 10mg X 60 Units



Alias: Ostarine / Enobosarm / GTx-024

Category: Selective Androgen Receptor Modulator (SARM)

Half-Life: ~24 hours

Molecular Weight: ~389.33 Da

Typical Dosage:

Men: 10–30mg/day

Women: 5–10mg/day

Administration: Oral, once daily

Cycle Length: 6–12 weeks

Storage: Store in a cool, dry place away from light

MK-2866, widely known as Ostarine, is a mild yet effective SARM originally developed to treat muscle wasting, osteoporosis, and age-related sarcopenia. It binds selectively to androgen receptors in muscle and bone, stimulating anabolic activity without impacting the prostate, hairline, or HPTA (at lower doses).

Ostarine is often considered the “entry-level” SARM due to its safety profile, minimal suppression, and balanced muscle-building and fat-burning effects, making it ideal for both men and women.

How It Works

Ostarine activates androgen receptors in a tissue-selective manner, triggering muscle protein synthesis, improving nitrogen retention, and enhancing bone density—all without converting to estrogen or DHT.

Its unique balance of anabolism and safety makes it a go-to choice for cutting, recomposition, and muscle preservation phases.

Research Applications & Performance Benefits

- **Lean Muscle Gain:** Excellent for beginners or those looking for modest, clean size
- **Muscle Preservation:** Extremely effective during cuts or calorie restriction
- **Injury Recovery: Supports tendon and joint repair while minimizing atrophy**
- **Improved Strength & Endurance:** Noticeable within 10–14 days of starting
- **No Aromatization:** No water retention, gyno, or estrogenic side effects

Who Uses It and Why

Ostarine is popular with:

- First-time PED users looking for a safe, non-suppressive anabolic edge
- Bodybuilders cutting or recomping who want to retain lean tissue
- Athletes in weight-class sports needing strength without added mass
- Women seeking improved tone, recovery, and metabolism without masculinizing effects
- Injury recovery patients looking to maintain or rebuild muscle

It's one of the most versatile SARMs, often used as a bridge, a cutting agent, or as a gateway compound before exploring more suppressive cycles.

Stacking Strategies

Ostarine can be used solo or stacked for targeted goals:

Cutting Stack (Minimalist):

- Ostarine: 20mg/day
- Cardarine (GW-501516): 20mg/day
- NAC or TUDCA for liver and lipid support
- **Results:** Fat loss, lean muscle preservation, and metabolic endurance.

Recomp Stack (Natural-Friendly):

- MK-2866: 25mg/day
- LGD-4033: 5mg/day
- Creatine + L-Carnitine + High-protein diet
- **Results:** Moderate strength/mass increase while leaning out.

Female Tone & Recovery Stack:

- Ostarine: 5–10mg/day
- BPC-157: 250mcg/day (joint/tendon support)
- **Results:** Improved recovery, firmness, and mild body recomposition.

Potential Side Effects

Ostarine is one of the safest SARMs—but it's not side-effect free:

- **Mild Suppression:** Especially above 20mg/day or cycles longer than 6 weeks—PCT may be required
- **Testicular Sensitivity:** Rare but possible in men
- **Temporary Libido Changes:** Especially during off-cycle rebound
- **Mild Water Retention:** Uncommon but possible at high doses
- **Dry Joints:** May occur if running in a strict deficit or without support.

No aromatization. No hepatotoxicity. No estrogen or progesterone impact. But bloodwork is still encouraged for extended cycles.

Final Thoughts

Ostarine is the cleanest and most accessible SARM on the market. It offers a safe, reliable entry into enhanced performance—perfect for those who want to build muscle, burn fat, or recover faster without the risk profile of steroids or high-androgen SARMs.

Whether you're a natural trying to break a plateau, a competitor in a weight class sport, or a recovery-focused lifter, MK-2866 delivers real, sustainable results with almost no downside.

MK-677 (IBUTAMOREN)

UNDERGROUND LABS AUSTRALIA

SHOGUN MK-677 (Ibutamoren) 5mg X 60 Units



Alias: Ibutamoren Mesylate / Nutrobal

Category: Growth Hormone Secretagogue / Ghrelin Receptor Agonist

Half-Life: ~24 hours

Molecular Weight: ~528.7 Da

Typical Dosage: 10–25mg/day

Performance & Growth: 20–30mg/day

Administration: Oral, once daily (AM or PM depending on goals)

Cycle Length: 8–24+ weeks (long-term use preferred)

Storage: Cool, dry place—no need for refrigeration

MK-677 (Ibutamoren) is a non-peptide oral compound that stimulates endogenous growth hormone (GH) and IGF-1 levels by mimicking ghrelin, the hunger hormone. It acts on the ghrelin receptor (GHS-R), promoting natural GH secretion without suppressing natural testosterone or shutting down the pituitary.

It's one of the few compounds that delivers GH-like benefits (fat loss, recovery, improved sleep, anti-aging) without injections or hormonal suppression, making it a go-to for both enhanced and natural athletes.

How It Works

MK-677 binds to ghrelin receptors in the brain, triggering pulsatile GH release from the pituitary gland, which in turn elevates IGF-1—a powerful anabolic and regenerative growth factor. This leads to:

MK-677 binds to ghrelin receptors in the brain, triggering pulsatile GH release from the pituitary gland, which in turn elevates IGF-1—a powerful anabolic and regenerative growth factor. This leads to:

- Increased protein synthesis.
- Enhanced fat metabolism.
- Better tissue healing.
- Improved sleep quality and REM cycles.
- Increased hunger and nutrient partitioning.

Its oral format and long half-life make it ideal for once-daily dosing, with effects building gradually over time.

Research Applications & Performance Benefits

- **GH/IGF-1 Elevation:** Comparable to low-dose HGH, but without injection or shutdown.
- **Fat Loss + Lean Gain Recomp:** Burns fat while preserving or growing muscle.
- **Joint, Skin, and Tendon Repair:** Boosts collagen production and recovery.
- **Sleep Quality:** Enhances deep sleep and growth hormone pulse during rest.
- **Muscle Fullness and Pumps:** GH-induced cellular hydration improves aesthetic and recovery.

Who Uses It and Why

MK-677 is used by:

- Bodybuilders and lifters looking for long-term lean gains or GH-like support.
- Injured athletes seeking tendon, joint, or bone regeneration.
- Biohackers focused on anti-aging, hair quality, and improved sleep.
- Enhanced users bridging between cycles or stacking with anabolic compounds.
- Natural users wanting to boost recovery and growth without suppression.

It's one of the few compounds that benefits aesthetics, performance, and recovery—all without any post-cycle therapy (PCT) requirements.

Stacking Strategies

MK-677 works extremely well in both natural and enhanced stacks:

Recomp Stack (Natural-Friendly):

- MK-677: 20mg/day (AM or PM)
- Cardarine: 20mg/day (for fat loss and endurance)
- High-protein diet with carb cycling
 - **Results:** Recomp body composition, retain muscle, enhance sleep.

Lean Bulk Stack:

- MK-677: 25mg/day
- LGD-4033: 10mg/day
- Testosterone: 300–500mg/week (if enhanced)
 - **Results:** Fullness, strength, lean size gains with easier food intake.

Healing & Anti-Aging Stack:

- MK-677: 20mg pre-bed
- BPC-157: 250–500mcg/day
- TB-500: 2mg 2x/week
 - **Results:** Tissue regeneration, collagen repair, sleep optimization.

Potential Side Effects

MK-677 is non-suppressive but can cause dose-dependent side effects:

MK-677 (IBUTAMOREN)

- **Water Retention / Puffiness:** Due to elevated GH and sodium retention.
- **Increased Hunger:** Powerful appetite stimulation (can be leveraged or become a downside).
- **Mild Lethargy:** Often during first 2 weeks; usually fades.
- **Numbness / Tingling in Extremities:** From elevated IGF-1 (dose-related).
- **Mild Insulin Resistance:** Manage with cardio, berberine, or metformin if needed.
- **Elevated Blood Sugar / GH Sides:** Monitor fasting glucose and adjust dose if necessary.

No testosterone suppression, no aromatization, and no need for PCT. Long-term safe use is supported in clinical trials.

Final Thoughts

MK-677 is the ultimate GH hack—offering injection-free growth hormone support, powerful recovery benefits, and long-term physique enhancement without hormonal suppression. Whether you're trying to grow lean, sleep better, recover faster, or bounce back from injury, Ibutamoren is a cornerstone peptide-mimetic with huge upside and almost zero downside.

Great for long cycles, natural lifters, or anyone who wants the GH benefits without the needle—it's one of the smartest additions to any serious enhancement stack.

RAD-140 (TESTOLONE)

UNDERGROUND LABS AUSTRALIA

SHOGUN RAD140 (Testolone) 10mg X 60 Units



Alias: Testolone / RAD140

Category: Selective Androgen Receptor Modulator (SARM)

Half-Life: ~16–20 hours

Molecular Weight: ~393.83 Da

Typical Dosage:

Men: 10–20mg/day

Women: 5–10mg/day (only for advanced users; risk of virilization)

Administration: Oral, once daily (with or without food)

Cycle Length: 6–12 weeks

Storage: Store in a cool, dry place.

RAD-140, known as Testolone, is one of the strongest SARMs available, delivering steroid-like muscle growth with minimal androgenic side effects. Originally researched as a safer alternative to testosterone replacement therapy (TRT), it quickly became a go-to for athletes and lifters seeking explosive strength, lean muscle gains, and hardening effects without the liver toxicity or estrogen conversion of traditional orals.

Testolone is often compared to Testosterone Propionate in effect—but with zero aromatization and far less suppression when dosed properly.

How It Works

RAD-140 selectively binds to androgen receptors in muscle and bone, triggering anabolic signaling that stimulates muscle protein synthesis, strength gains, and fat oxidation—all while avoiding androgenic action in the prostate, scalp, and skin. It also has neuroprotective effects, with studies showing enhanced cognitive performance and neural recovery after injury.

Research Applications & Performance Benefits

- **Lean Muscle Gain:** Comparable to low-dose Test Prop or Masteron
- **Strength Increases:** Noticeable within 7–10 days
- **Hardening Effects:** Increases muscle density and reduces bloating
- **No Estrogen Conversion:** No risk of gyno, water retention, or aromatization
- **Cognitive Support:** Promotes brain cell regeneration and mental sharpness

Who Uses It and Why

RAD-140 is ideal for:

- Experienced lifters looking to step up from Ostarine or LGD
- Enhanced athletes wanting steroid-like gains without injectables
- Bodybuilders during lean bulks or hardening phases
- Recomp-focused users aiming for simultaneous fat loss and strength gain
- Men avoiding testosterone for fertility or health reasons

Its dry, potent anabolic nature makes it a favorite during photoshoot prep, late-stage recomp, or strength phases where size and density matter.

Stacking Strategies

RAD-140 stacks well with other SARMs or anabolics based on goal:

Lean Mass Stack:

-RAD-140: 20mg/day

-MK-677: 25mg/day (pre-bed)

-LGD-4033: 5mg/day (optional)

→ **Results:** Clean size, full muscles, increased strength and GH support.

Recomp Stack:

-RAD-140: 15mg/day

-Cardarine: 20mg/day (AM or pre-cardio)

-MK-2866 (optional): 10mg/day

→ **Results:** Simultaneous strength increase and fat reduction, ideal for metabolic recomp.

Cutting Stack (Hard and Dry):

-RAD-140: 10mg/day

-S-23: 10mg/day

-Yohimbine HCL (optional): 5mg fasted

→ **Results:** Dry gains, vascularity, strength maintenance on deficit.

Potential Side Effects

RAD-140 is more suppressive than milder SARMs—especially above 10mg/day. Monitor for:

- **Testosterone Suppression:** May require PCT with Clomid or Enclomiphene
- **Aggression or Irritability:** From CNS stimulation
- **Insomnia or Jitters:** Reduce dose or dose earlier in the day
- **Mild Headaches or Pressure:** Often due to elevated BP or electrolyte shifts
- **Liver Enzyme Elevation:** Rare, but possible—use NAC/TUDCA for support
- **Hair Loss or Acne:** Uncommon, but possible in DHT-sensitive users

No aromatization = no gyno or estrogenic issues. Still, bloodwork before and after is strongly advised.

Final Thoughts

RAD-140 is the closest oral alternative to testosterone we currently have—delivering true performance enhancement, muscle growth, and hardness without injections, estrogen, or heavy suppression when cycled smartly.

If you want a dry, powerful, and transformative SARM that punches way above its dose, Testolone belongs in your arsenal. Just respect its potency—cycle clean, support health, and recover properly.

SR-9009 (STENABOLIC)

UNDERGROUND LABS AUSTRALIA

SHOGUN SR-9009 (Stenabolic) 5mg X 60 Units



Alias: Stenabolic / Rev-ErbA Ligand

Category: Rev-Erb α Agonist / Metabolic Modulator (NOT a SARM)

Half-Life: ~4 hours

Molecular Weight: ~437.94 Da

Typical Dosage: 10–30mg/day

Administration: Oral (split into 2–3 doses daily for stable blood levels)

Cycle Length: 6–12 weeks

Storage: Room temperature, out of direct sunlight

SR-9009, commonly known as Stenabolic, is a Rev-Erb α agonist developed to regulate circadian rhythm, fat metabolism, and endurance capacity. Though often lumped into the SARM category, it is not a SARM—it does not bind to androgen receptors or suppress natural testosterone.

Stenabolic is best known for its ability to enhance fat burning, boost energy, and increase endurance—making it an elite-level addition to cutting stacks, recomp plans, or cardio-intensive performance routines.

How It Works

SR-9009 activates Rev-Erb α , a nuclear receptor that controls genes related to fat storage, mitochondrial function, and glucose metabolism. This leads to:

- Increased basal metabolic rate (BMR)
- Enhanced mitochondrial activity and endurance
- Improved glucose and lipid metabolism
- Decreased fat storage and inflammation markers

SR-9009 (STENABOLIC)

Its fast action and lack of hormonal impact make it an excellent non-suppressive metabolic enhancer.

Research Applications & Performance Benefits

- **Fat Loss:** Elevates calorie burn even at rest, especially when in a deficit
- **Endurance Boost:** Increases stamina and time-to-exhaustion during cardio
- **Non-Stimulant Energy:** No jitters, no crash—ideal for stimulant-intolerant users
- **Circadian Rhythm Optimization:** May improve sleep/wake cycles and mood
- **No Testosterone Suppression:** Zero hormonal impact; no PCT required

Who Uses It and Why

SR-9009 is ideal for:

- Cutting-phase lifters and bodybuilders who want to burn fat without muscle loss
- Cardio-heavy athletes like boxers, runners, and CrossFitters
- Natural users wanting a safe, effective fat burner without suppression
- Enhanced users stacking with SARMs or steroids to accelerate fat loss
- Late-night lifters or shift workers trying to reset circadian rhythm

It's a top-tier choice for metabolic performance, recomposition, and aesthetic refinement.

Stacking Strategies

Because SR-9009 is non-hormonal, it can be stacked with nearly anything:

Cutting Stack (Non-Suppressive):

-SR-9009: 10–20mg/day (split AM + PM)

-Cardarine: 20mg/day

-Semaglutide (optional): 0.25–1.0mg/week

→ **Results:** Maximum fat burning, appetite control, and endurance output.

Recomp Stack:

-SR-9009: 20mg/day

-MK-2866 (Ostarine): 20mg/day

-MK-677: 25mg/day (pre-bed)

→ **Results:** Fat loss, lean gain, better recovery and GH support.

Endurance Performance Stack:

-SR-9009: 10mg pre-workout + 10mg mid-day

-GW-501516: 20mg/day

-Creatine + beta-alanine for output and recovery

→ **Results:** Extended cardio capacity, muscular endurance, fat oxidation.

Potential Side Effects

SR-9009 is very well tolerated, but be aware of the following:

- **Short Half-Life:** Requires 2–3x/day dosing for best results
- **Mild Nausea or GI Upset:** Rare; may occur at higher doses or fasted
- **Insomnia (if taken too late):** Avoid nighttime dosing if sensitive
- **Liver Enzyme Elevation:** Unconfirmed but possible in some users—use support like NAC
- **Underdosed Products:** Common in the market—ensure third-party tested source

No testosterone suppression, no estrogenic effects, no need for post-cycle therapy.

Final Thoughts

SR-9009 is a powerful, side-effect-free weapon for fat loss, energy, and performance enhancement—especially for users who want to stay non-suppressive, lean, and high-output. Whether you're prepping for summer, cutting weight, or looking for an endurance edge without stims, Stenabolic is pure metabolic horsepower in capsule form.

Use it smart—dose consistently, stack clean, and combine with a dialed-in plan—and watch your fat melt and cardio soar.

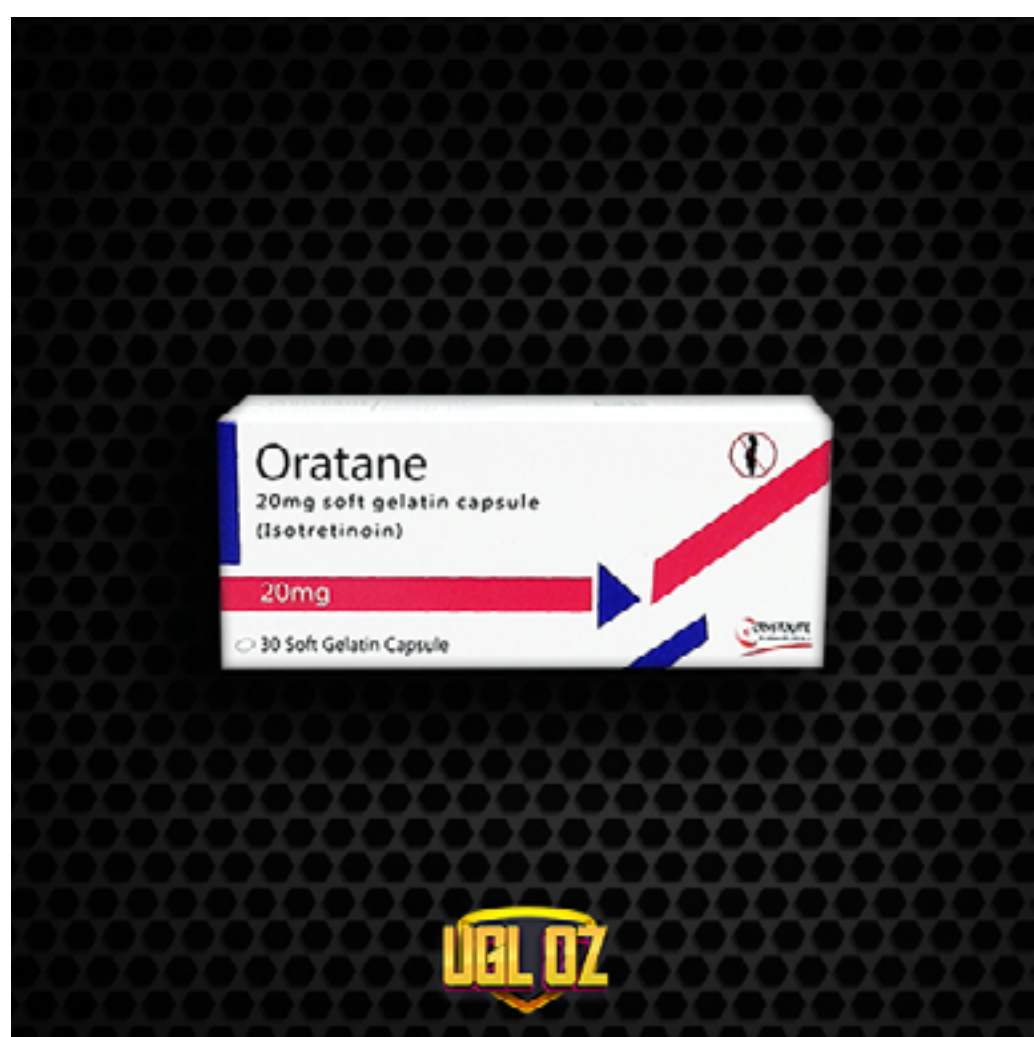
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ROACCUTANE (ISOTRETINOIN)

UNDERGROUND LABS AUSTRALIA

Oratane (Isotretinoin [Roaccutane]) 20mg X 30 Capsules



Alias: Accutane / Isotretinoin / 13-cis-Retinoic Acid

Category: Oral Retinoid / Dermatological Agent

Half-Life: ~10–20 hours

Molecular Weight: ~300.44 Da

Typical Dosage:

Mild Acne: 0.25–0.5mg/kg/day

Severe Acne / Bodybuilding

Protocol: 0.5–1mg/kg/day (short-term)

Administration: Oral, once or twice daily with dietary fat

Cycle Length: 8–20 weeks depending on severity and response

Storage: Room temperature, away from light and moisture

Roaccutane (brand name for Isotretinoin) is a powerful oral retinoid used primarily to treat severe, cystic, or treatment-resistant acne. In the fitness and bodybuilding world, it is commonly used to manage steroid-induced acne, particularly on the shoulders, back, and face during cycles involving androgens like testosterone, trenbolone, or Dianabol. Originally developed for clinical dermatology, it has become a go-to pharmaceutical solution when topicals and antibiotics fail—and is the most effective acne treatment known today.

How It Works

Isotretinoin reduces sebaceous gland size and sebum production, limits keratin buildup, and exerts anti-inflammatory and antibacterial effects by altering skin lipid composition.

ROACCUTANE (ISOTRETINOIN)

It also reduces *P. acnes* colonization and modulates skin cell turnover.

This four-pronged approach targets all root causes of acne—making it highly effective, but also requiring careful use due to potential side effects and long-term impact.

Research Applications & Performance Benefits

- **Eliminates Steroid-Induced Acne:** Effective even when caused by high-androgen AAS use
- **Shrinks Sebaceous Glands:** Less oil = fewer clogged pores and outbreaks
- **Long-Term Remission:** Many users experience permanent or years-long acne clearance
- **Reduces Inflammation:** Helps clear red, swollen, painful cystic breakouts
- **Psychological Relief:** Improves self-esteem and appearance during and post-cycle

Who Uses It and Why

Roaccutane is used by:

- Bodybuilders and enhanced users dealing with AAS-related acne outbreaks
- Models, actors, and physique competitors who need consistently clear skin
- Individuals resistant to antibiotics, benzoyl peroxide, or topical retinoids
- People with scarring cystic acne impacting quality of life or appearance
- High-androgen users (tren, test, DHTs) who need complete acne control

Roaccutane is often a last resort, but when used properly, it's a game-changer for skin clarity.

Stacking Strategies

Roaccutane is a solo-use compound, but smart lifestyle, support, and protective measures are key:

AAS Acne Protocol:

- Roaccutane: 10–20mg/day (mild to moderate AAS acne)

- Zinc: 25–50mg/day

- Omega-3s: 2–3g/day

- Vitamin E: 400 IU/day

- Moisturizer + SPF: Essential to combat dryness and sun sensitivity

→ **Results:** Acne clears in 6–10 weeks; oily skin dramatically reduced.

Dermatologist-Grade Protocol (Severe):

- Roaccutane: 0.5–1mg/kg/day

- Duration: 4–6 months

- Monitoring: Monthly liver panels, lipid tests, pregnancy test for women

→ **Results:** Clinical-grade acne remission; may require only one full course in life.

Post-Cycle Recovery Stack (Skin + Health):

- Roaccutane: 10mg/day for 4–6 weeks

N2Guard or TUDCA (liver protection)

Biotin + Collagen + MSM for skin/hair health

→ **Results:** Clears skin post-cycle, supports liver, improves hair/skin vitality.

Potential Side Effects

Roaccutane is highly effective—but not without risks. Common and serious effects include:

- **Dry Lips and Skin:** Most common—lip balm and moisturizer are mandatory.

ROACCUTANE (ISOTRETINOIN)

- **Nosebleeds, Peeling, Sensitivity to Light.**
- **Elevated Liver Enzymes and Lipids:** Monitor bloodwork monthly.
- **Joint Pain or Stiffness:** Especially during heavy training.
- **Mood Changes or Depression:** Rare, but monitor closely.
- **Hair Thinning or Shedding:** Temporary in some users.
- **Teratogenic:** Absolute no-go for women who may become pregnant.

Supplement with omega-3s, vitamin E, liver support, and hydration. Start at the lowest effective dose, and increase only if necessary.

Final Thoughts

Roaccutane is the nuclear option for acne—and it works. Whether you're on high-test cycles, dealing with persistent post-cycle breakouts, or just want to finally eliminate chronic skin issues, Isotretinoin can reset your skin permanently.

But this isn't something to run casually. It demands respect, support, and monitoring—but for those who commit, it often delivers flawless skin and lifelong acne freedom.

AROMASIN (EXEMESTANE)

Exemestane GH (Aromasin)
25mg X 30 Tablets



Sparta Aromasin
12.5mg X 50 Units



Alias: Exemestane / Aromasin

Category: Aromatase Inhibitor (AI) /
Type I, Steroidal, Irreversible

Half-Life: ~24–27 hours

Molecular Weight: ~296.41 Da

Typical Dosage:

On-Cycle Estrogen Control: 12.5–25mg
every other day (EOD)

Post Cycle Therapy (PCT) Support:
12.5mg/day (short term)

Administration: Oral, once daily or EOD

Cycle Length: As needed (during AAS
cycles or early-stage PCT)

Storage: Room temperature, away from
heat and moisture

Aromasin (Exemestane) is a Type I, steroidal aromatase inhibitor (AI) that works by irreversibly binding to the aromatase enzyme, preventing the conversion of testosterone into estrogen. Unlike other AIs (such as Arimidex or Letrozole), Aromasin is suicidal—meaning once it binds to aromatase, it permanently deactivates that enzyme molecule.

AROMASIN (EXEMESTANE)

In bodybuilding, it's widely used to control estrogen levels during steroid cycles, particularly when running aromatizing compounds like testosterone, Dianabol, or boldenone. It's also occasionally used in PCT protocols to prevent estrogen rebound.

How It Works

Exemestane binds permanently to the aromatase enzyme, halting the conversion of androgens to estrogen. By doing so, it lowers circulating estradiol levels, reduces the risk of gyno, water retention, and high blood pressure, and improves the testosterone to estrogen ratio.

Additionally, Aromasin has been shown to stimulate endogenous testosterone production slightly—making it especially useful in late-cycle or post-cycle settings.

Research Applications & Performance Benefits

- **Estrogen Control:** Prevents bloating, gyno, and estrogenic fat gain during AAS use
- **Improved Vascularity and Hardness:** Reduces subcutaneous water retention
- **Supports Libido and Mood:** Optimizes T:E ratio
- **No Rebound Estrogen Spike:** Irreversible binding prevents sudden E2 spike post-use
- **Mild Testosterone Boosting Properties:** Supports PCT synergy with SERMs

Who Uses It and Why

Aromasin is widely used by:

- Enhanced users running aromatizing compounds (Testosterone, Dbol, Deca, EQ)
- Competitors in prep looking to achieve a dry, hard physique
- Users sensitive to estrogen sides (gyno, mood swings, puffiness)
- PCT protocols to suppress residual aromatase activity and aid recovery
- Men on TRT who experience elevated E2 from exogenous test

AROMASIN (EXEMESTANE)

It's particularly favored for its mild side effect profile and lack of rebound, making it more forgiving than Letrozole and more stable than Arimidex.

Stacking Strategies

Aromasin is rarely “stacked” like PEDs, but used strategically based on hormone load:

On-Cycle Estrogen Management:

-Testosterone (500–750mg/week)

-Aromasin: 12.5mg EOD (adjust based on symptoms or bloodwork)

→ **Results:** Balanced estrogen, minimized bloat, no gyno.

Drying Out for Contest Prep:

-Masteron + Testosterone

-Aromasin: 25mg EOD or daily (last 2–3 weeks)

→ **Results:** Enhanced dryness, vascularity, zero estrogen spillover.

PCT Estrogen Control:

-Clomid + Nolvadex + Aromasin: 12.5mg/day for first 10–14 days

→ **Results:** Prevents estrogen rebound from SERM-induced LH spike.

Potential Side Effects

Aromasin is one of the most tolerable AIs, but overuse or high dosages can cause:

- **Joint Dryness and Aches:** From crashing E2 too low.
- **Mood Swings or Depression:** Estrogen plays a role in serotonin regulation.

AROMASIN (EXEMESTANE)

- **Lethargy or Fatigue:** Usually linked to E2 suppression.
- **Decreased Libido or Erectile Issues:** From estrogen below physiological range.
- **Lowered HDL (Good Cholesterol):** Mild impact, especially with extended use.

Bloodwork is critical. Aim to keep E2 in optimal range (20–35 pg/mL) rather than eliminating it.

Final Thoughts

Aromasin is a powerful but forgiving estrogen control tool. Whether you're blasting test, prepping for stage, or transitioning into PCT, it gives you tight control over estrogen—with less rebound and side effect baggage than other AIs.

Run it with respect, dose based on bloodwork, and treat estrogen like a dial—not an enemy—and Aromasin will keep your gains dry, your nipples safe, and your cycle stable.

ARIMIDEX (ANASTROZOLE)

Anastrozole GH (Arimidex)
1mg X 30 Tablets



Sparta Arimidex
1mg X 50 Units



Alias: Anastrozole / Arimidex

Category: Aromatase Inhibitor (AI) /
Type II, Non-Steroidal, Reversible

Half-Life: ~46–48 hours

Molecular Weight: ~293.37 Da

Typical Dosage:

On-Cycle Estrogen Control: 0.25–0.5mg
every other day (EOD)

High Aromatization Protocols: 0.5mg/day
(short-term use only)

Administration: Oral, once per day or
EOD depending on need

Cycle Length: As needed during
aromatizing anabolic steroid use

Storage: Room temperature, away from

Arimidex (Anastrozole) is a Type II non-steroidal aromatase inhibitor that reversibly binds to the aromatase enzyme, preventing the conversion of testosterone into estradiol. It's widely used in both clinical settings to treat estrogen-sensitive cancers and in performance enhancement to manage estrogen-related side effects during anabolic steroid use.

Unlike Aromasin (exemestane), Arimidex is reversible, meaning once it's cleared from the system, aromatase activity can resume. It is extremely effective at rapidly lowering serum estrogen levels, which can prevent or resolve gynecomastia, water retention, mood swings, and high blood pressure caused by elevated estrogen.

How It Works

Anastrozole works by competitively inhibiting the aromatase enzyme, blocking the conversion of androgens like testosterone and nandrolone into estrogen. This lowers circulating estradiol (E2) levels, creating a more favorable testosterone-to-estrogen ratio and reducing the risk of estrogenic side effects.

Its potency and long half-life allow for efficient dosing with minimal frequency, but also increase the risk of over-suppression if not monitored properly.

Research Applications & Performance Benefits

- **Prevents and Reverses Gyno:** Especially effective during early onset
- **Reduces Bloat and Water Retention:** Enhances vascularity and definition
- **Supports Stable Blood Pressure:** Estrogen-driven fluid retention is managed
- **Improves Testosterone-to-Estrogen Ratio:** Aids libido, energy, and mental clarity
- **Well-Studied and Widely Available:** Easy to dose and monitor

Who Uses It and Why

Arimidex is commonly used by:

- Steroid users running aromatizing compounds like testosterone, Dianabol, or EQ.
- Pre-contest athletes needing dryness and vascularity.
- TRT patients managing elevated estradiol from exogenous testosterone.
- Users sensitive to estrogenic symptoms who need fast suppression.

ARIMIDEX (ANASTROZOLE)

- Post-cycle users dealing with rebound estrogen while tapering off SERMs.

It's a go-to AI for precise estrogen control, especially when rapid correction is needed.

Stacking Strategies

Arimidex isn't "stacked" in the traditional sense but is strategically dosed within a cycle or PCT protocol:

Moderate Test Cycle:

- Testosterone Enanthate: 500mg/week
- Arimidex: 0.25mg EOD
- **Results:** Controlled estrogen, minimized water retention and gyno risk.

High-Aromatization Bulk:

- Testosterone Cypionate: 750mg/week
- Dianabol: 30mg/day
- Arimidex: 0.5mg/day (adjust based on bloodwork/symptoms)
- **Results:** Keeps E2 in check under heavy load, prevents puffiness and mood issues.

TRT Estrogen Management:

- Test Cyp: 100–150mg/week
- Arimidex: 0.125–0.25mg 2x/week (based on E2 labs)
- **Results:** Maintains healthy E2 without over-crashing—ideal for long-term TRT users.

Potential Side Effects

While Arimidex is effective, it's also easy to overdo. Common side effects include:

- **Joint Pain or Stiffness:** From overly suppressed estrogen
- **Mood Suppression / Depression:** Low E2 can affect serotonin and CNS balance

ARIMIDEX (ANASTROZOLE)

- **Dry Skin / Low Libido:** Especially if E2 drops below physiological levels
- **Negative Impact on Lipids:** Can reduce HDL (good cholesterol) at higher doses
- **Delayed Rebound:** Estrogen may surge back post-use if not tapered properly

The key is moderation and bloodwork. Aim for 20–35 pg/mL of estradiol and adjust AI dosing as needed.

Final Thoughts

Arimidex is a clinical-grade estrogen control weapon—fast, effective, and reliable. It's essential for managing aromatization during high-test cycles, preventing gyno, and keeping your physique clean and dry. But with great power comes risk—crashing estrogen is just as bad as letting it run wild.

Use it smart, adjust by labs, and don't chase dryness at the expense of performance, joints, and libido. When dialed in correctly, Arimidex is one of the most valuable tools in your enhancement toolkit.

CLENBUTEROL

UNDERGROUND LABS AUSTRALIA

Sparta Clenbuterol 40mcg X 100 Units



Alias: Clen / Clenbuterol

Hydrochloride / Spiropent

Category: Beta-2 Adrenergic

Agonist / Thermogenic Fat Burner

Half-Life: ~34–36 hours

Molecular Weight: ~277.19 Da

Typical Dosage:

Men: 20–120mcg/day

Women: 10–80mcg/day

Administration: Oral, once or twice daily (AM and mid-day)

Cycle Length: 2–6 weeks (with breaks or tapering)

Storage: Room temperature, away from direct light and moisture

Clenbuterol is a powerful thermogenic agent originally developed as a bronchodilator for asthma treatment, but widely used in the fitness world for rapid fat loss and physique hardening. It is not a steroid or SARM—it's a beta-2 adrenergic agonist that increases body temperature, basal metabolic rate (BMR), and lipolysis.

Its ability to strip fat while preserving muscle, along with intense stimulant properties, makes Clen a popular but aggressive tool in cutting cycles and contest prep.

How It Works

Clenbuterol stimulates beta-2 adrenergic receptors, causing a rise in core temperature, heart rate, and cellular metabolism. This enhances fatty acid mobilization, increasing the rate at which stored body fat is converted to usable energy.

Clen also exhibits anti-catabolic effects, possibly through direct muscle preservation or through CNS stimulation of metabolic output. Over time, users develop tolerance, which is why cycling, tapering, or rotating stimulants is key.

Research Applications & Performance Benefits

- **Rapid Fat Loss:** Increases daily calorie burn by 200–400+ calories at higher doses
- **Muscle Preservation:** Helps retain lean mass in caloric deficits
- **Increased Thermogenesis:** Raises body temperature and promotes harder, drier look
- **Powerful Appetite Suppression:** Beneficial in deep cutting phases
- **Pre-Contest or Photoshoot Use:** Enhances vascularity and cosmetic dryness

Who Uses It and Why

Clenbuterol is commonly used by:

- Competitive bodybuilders during peak fat loss phases
- Models and physique athletes preparing for a shoot
- General gym-goers seeking fast fat loss without muscle sacrifice
- Users stacking with SARMs or AAS for accelerated recomposition
- Women cutting stubborn fat in hips, legs, or glutes (with caution)

Clen is best used short-term for hard cuts, plateau breakers, or last-mile conditioning—not year-round.

Stacking Strategies

Clen is extremely effective on its own but stacks well with synergistic fat burners and anabolics:

Standard Fat Loss Stack:

- Clenbuterol: 20–100mcg/day (tapered)
- Yohimbine HCL: 5–10mg (fasted cardio only)
- Ketotifen: 1mg/night (optional to extend effectiveness)
- **Results:** Maximum thermogenesis, lipolysis, and appetite suppression.

Cutting Cycle (Enhanced):

- Clenbuterol: 40–120mcg/day (2 weeks on / 2 weeks off)
- Winstrol: 50mg/day
- Testosterone Propionate: 100mg EOD
- **Results:** Shredded, dry look with high energy and minimal muscle loss.

SARM-Based Recomp Stack:

- Clenbuterol: 20–60mcg/day
- Cardarine: 20mg/day
- MK-2866: 20mg/day
- **Results:** Fat burn, endurance, and muscle protection for a clean transformation.

Potential Side Effects

Clen is very effective, but the side effects can be intense, especially for new users:

- **Jitteriness / Shaking Hands**
- **Increased Heart Rate / Palpitations**
- **Insomnia (take earlier in the day)**
- **Sweating and Heat Intolerance**
- **Anxiety / Irritability**
- **Muscle Cramps:** Due to electrolyte depletion (use taurine 3–5g/day + potassium)
- **Tachyphylaxis (tolerance):** Limit use to short bursts or use ketotifen to extend

CLENBUTEROL

DO NOT exceed 140mcg/day. Always start low (20–40mcg) and titrate up based on tolerance.

Final Thoughts

Clenbuterol is the most powerful non-hormonal fat burner available, with results you can see within days. It's not for beginners, and it's not subtle—but when used intelligently, it delivers elite-level fat loss and physique refinement in record time.

Think of Clen as your final-cut tool: fast, aggressive, and highly effective—but only if you respect it, hydrate properly, and don't chase the dose.

CABERGOLINE

UNDERGROUND LABS AUSTRALIA

Cabaser Cabergoline
2mg X 10 Tablets



Sparta Cabergoline
0.5mg X 20 Units



Alias: Dostinex / Caber

Category: Dopamine Agonist / Prolactin Inhibitor

Half-Life: ~63–69 hours

Molecular Weight: ~451.6 Da

Typical Dosage:

Prolactin Control (on-cycle): 0.25mg 2x/week

Hyperprolactinemia Management: 0.25–0.5mg 2x/week

Administration: Oral, taken with or without food

Cycle Length: As needed (short-term or throughout cycle)

Storage: Room temperature, away from heat and moisture.

Cabergoline is a dopamine D2 receptor agonist most commonly used to lower prolactin levels in clinical settings, particularly in patients with pituitary tumors or dopamine dysregulation. In the performance enhancement world, Cabergoline is used to prevent or reverse prolactin-related side effects that arise from using 19-nor compounds like Trenbolone and Nandrolone (Deca).

It also offers secondary benefits including improved libido, mood elevation, and neuroprotective effects, making it a multi-faceted support compound for enhanced users.

How It Works

Cabergoline binds to dopamine D2 receptors, which suppresses prolactin secretion from the pituitary gland. Elevated prolactin is a known side effect of 19-nor steroids and can cause gyno, sexual dysfunction, low libido, lethargy, and even lactation in men.

By stimulating dopamine and reducing prolactin, Caber helps maintain sexual performance, neurochemical balance, and mood stability, especially on suppressive compounds like Tren or Deca.

Research Applications & Performance Benefits

- **Blocks Prolactin-Induced Gyno:** Especially when stacking Tren or Deca
- **Restores Libido:** When high prolactin causes erectile dysfunction or low sex drive
- **Elevates Mood:** Dopaminergic stimulation improves mental clarity and motivation
- **Reduces Lethargy:** Counteracts CNS fatigue linked to high prolactin
- **Enhances Orgasm Intensity and Refractory Recovery:** Anecdotally improves sexual satisfaction

Who Uses It and Why

Cabergoline is essential for:

- Users of 19-nor AAS compounds (Trenbolone, Nandrolone, etc.)
- Lifters experiencing “deca-dick” or libido crashes on cycle
- Athletes prone to mood crashes or lethargy during heavy AAS use
- Users managing prolactin-related gynecomastia symptoms
- Competitors optimizing hormonal balance and sexual function during peak training

If prolactin is elevated on bloodwork, or symptoms emerge while using suppressive gear, Cabergoline is a go-to correction tool.

Stacking Strategies

Cabergoline is not “stacked” traditionally but used reactively or preventatively with suppressive PEDs:

Trenbolone or Nandrolone Cycle:

- Tren Ace: 300–400mg/week
 - Testosterone: 300–500mg/week
 - Cabergoline: 0.25mg 2x/week
- **Results:** Estrogen/prolactin kept balanced, no sexual or mood crashes.

Prolactin Gyno Management Protocol:

- Cabergoline: 0.25mg E3D
 - Letrozole or Aromasin (if E2 is also high)
 - Nolvadex: 20mg/day (if gyno symptoms appear)
- **Results:** Prolactin-driven gyno regresses or stabilizes while managing libido/mood.

TRT + Deca Users:

- Deca: 200mg/week
 - Test Cyp: 150mg/week
 - Cabergoline: 0.25mg 2x/week
- **Results:** Fertility, sex drive, and cognitive function stay intact.

Potential Side Effects

Cabergoline is potent and can cause side effects if misused or overdosed:

- **Nausea or Dizziness:** Especially at higher doses—take with food.
- **Low Blood Pressure:** Monitor if stacking with other meds.

- **Insomnia or Restlessness:** From dopamine stimulation.
- **Compulsive Behavior (Rare):** Seen in Parkinson's patients—extremely rare in PED users.
- **Heart Valve Fibrosis (Long-Term High Dose):** Only in megadoses over long periods—safe at performance doses.

Always start with 0.25mg 2x/week, evaluate effects, and adjust based on symptoms or bloodwork.

Final Thoughts

Cabergoline is the dopamine-driven fix for prolactin problems—and every serious user of 19-nor gear should have it on standby. It not only protects against gyno, sexual dysfunction, and mood collapse, but also adds a layer of mental clarity and performance edge that can be felt immediately when prolactin is dialed back.

Keep it dosed low, timed smart, and blood-monitored—and Caber will make even the harshest compound cycles more manageable and sustainable.

CIALIS (TADALAFIL)

UNDERGROUND LABS AUSTRALIA

SHOGUN Cialis (Tadalafil) 10mg X 30 Units



Alias: Tadalafil / Cialis / ADCIRCA

Category: PDE-5 Inhibitor /
Vasodilator

Half-Life: ~17.5 hours

Molecular Weight: ~389.4 Da

Typical Dosage:

Daily Use: 2.5–5mg/day

As-Needed Use: 10–20mg taken
30–60 minutes before activity

Administration: Oral, with or
without food

Cycle Length: Continuous or on-
demand

Storage: Room temperature, dry
and dark place

Cialis (Tadalafil) is a PDE-5 (phosphodiesterase type 5) inhibitor primarily used to treat erectile dysfunction (ED) and benign prostatic hyperplasia (BPH). In the performance world, it's widely used for sexual enhancement, vascular support, and blood pressure regulation—especially during cycles involving androgens like Trenbolone or Nandrolone, which may compromise libido or blood flow.

Unlike Viagra, Cialis has a long half-life—earning it the nickname “the weekend pill”—and provides continuous vasodilation, which also improves muscle pumps and cardiovascular performance.

How It Works

Tadalafil inhibits the PDE-5 enzyme, which breaks down cGMP—a molecule responsible for relaxing smooth muscle and dilating blood vessels. With PDE-5 blocked, nitric oxide-induced vasodilation is enhanced, leading to improved blood flow to the penis, muscles, and throughout the circulatory system.

This not only treats ED but also lowers blood pressure, enhances gym pumps, and improves endothelial function—making it useful far beyond the bedroom.

Research Applications & Performance Benefits

- **Improved Erections and Sexual Performance:** Reliable response and enhanced confidence
- **Blood Pressure Control:** Mild, consistent vasodilation reduces BP—especially helpful on high-dose gear
- **Better Pumps and Vascularity:** More blood flow = fuller look and performance
- **Prostate and LUTS Relief:** Reduces symptoms of benign prostatic hyperplasia
- **Endothelial and Cardiovascular Health:** Long-term use may support arterial elasticity

Who Uses It and Why

Tadalafil is used by:

- Enhanced users experiencing libido or ED issues from compounds like Tren or Deca
- TRT patients managing suppressed function and vascular pressure
- Natural lifters seeking blood flow, pump, and performance benefits
- Men over 30–40 for daily vascular support and sexual optimization
- Physique competitors for improved vascularity and confidence pre-show or photo shoots

It's a staple in many advanced stacks for both aesthetic and functional performance.

Stacking Strategies

Cialis can be used solo or integrated into recovery, support, or peak-performance stacks:

Daily TRT or On-Cycle Support:

-Tadalafil: 5mg/day

-N2Guard or support supps for BP and cholesterol

→ **Results:** Healthy blood pressure, steady libido, pump support year-round.

Performance Enhancement Stack:

-Cialis: 10mg pre-workout

-Arginine / Citrulline / Agmatine stack

-Creatine + GDA + high-carb meal

→ **Results:** Maximum vasodilation, nutrient delivery, skin-splitting pumps.

Sexual Recovery Post-Cycle:

-Cialis: 10mg EOD

-Cabergoline (if prolactin high): 0.25mg 2x/week

-Clomid or Enclomiphene (if suppressed)

→ **Results:** Restoration of natural libido and function after suppressive cycles.

Potential Side Effects

Cialis is generally well tolerated, but possible side effects include:

- **Headache / Lightheadedness** (due to vasodilation)
- **Flushing or Warm Skin Sensation**
- **Back or Muscle Aches** (resolves with adaptation or dose adjustment)
- **Nasal Congestion**
- **Blue-Tinted Vision** (rare; more common with Viagra)
- **Interaction with Nitrates:** DO NOT mix with nitrate medications—risk of fatal drop in BP

Stick to 5–20mg max daily, and hydrate well to reduce vascular side effects.

Final Thoughts

Cialis is more than just a bedroom tool—it's a vascular optimizer, performance enhancer, and blood pressure regulator that can fit into nearly any enhanced or TRT-based protocol. Whether you're chasing dry pumps, combating cycle-induced ED, or optimizing your health markers, Cialis delivers.

It's safe, effective, and versatile—a low-risk, high-reward compound that earns its place in both lifestyle and bodybuilding stacks.

CLOMID (CLOMIPHENE CITRATE)

Sanofi Clomid (Clomifene Citrate)
50mg X 10 Tablets



Sparta Clomid
25mg X 50 Units



Alias: Clomiphene / Clomid

Category: Selective Estrogen Receptor Modulator (SERM)

Half-Life: ~5–7 days (Z-isomer), ~24 hours (E-isomer)

Molecular Weight: ~598.1 Da

Typical Dosage:

PCT Protocol: 25–50mg/day

Fertility Protocols: 12.5–25mg/day (long-term)

Administration: Oral, once daily (preferably in the morning)

Cycle Length: 4–6 weeks during post-cycle therapy or fertility support

Storage: Room temperature, dry and dark environment

Clomid (Clomiphene Citrate) is a selective estrogen receptor modulator (SERM) designed to block estrogen's negative feedback loop at the hypothalamus and pituitary, thereby boosting natural testosterone production. Clinically used to treat female infertility and male hypogonadism, Clomid is a staple of post-cycle therapy (PCT) for enhanced users recovering from anabolic steroid suppression.

CLOMID (CLOMIPHENE CITRATE)

By stimulating luteinizing hormone (LH) and follicle-stimulating hormone (FSH), Clomid helps reignite the hypothalamic-pituitary-gonadal (HPG) axis, prompting the testes to restart natural testosterone production.

How It Works

Clomid competes with estrogen at receptor sites in the hypothalamus, tricking the body into sensing low estrogen levels. In response, the brain increases GnRH (gonadotropin-releasing hormone), which in turn elevates LH and FSH—signaling the testes to resume testosterone and sperm production.

This makes Clomid one of the most effective oral compounds for jump-starting hormonal recovery post-cycle.

Research Applications & Performance Benefits

- **Stimulates Natural Testosterone Production:** Essential during PCT to recover hormonal function
- **Restores Fertility:** Supports sperm count and motility during or post-cycle
- **Reduces Estrogen Feedback Suppression:** Keeps hypothalamic signaling active
- **Safe for Long-Term Use (at Low Dose):** Especially in TRT-exempt fertility regimens
- **Can Improve Mood, Libido, and Energy:** When used properly after suppression

Who Uses It and Why

Clomid is used by:

Steroid users completing suppressive cycles (Test, Tren, Deca, Dbol, etc.).

- TRT patients pausing treatment to restart natural production.
- Men seeking fertility restoration while avoiding testosterone shutdown.
- Enhanced users doing SERM-only recovery when HCG wasn't used on-cycle.
- Younger users or naturals wanting a safer option to revive low test.

CLOMID (CLOMIPHENE CITRATE)

It's a cornerstone PCT drug—almost always included in any serious recovery protocol.

Stacking Strategies

Clomid is most effective when paired with complementary recovery agents in PCT:

Standard PCT Protocol (After AAS Cycle):

- Clomid: 50mg/day (Week 1–2), then 25mg/day (Week 3–4)
- Nolvadex: 20mg/day for 4 weeks
- Optional: DAA, Tongkat Ali, or Ashwagandha
- **Results:** Boosts LH/FSH, supports testicular restart, controls estrogen.

TRT Exit Strategy:

- Clomid: 25mg/day
- Enclomiphene (optional alt): 12.5–25mg/day
- HCG (prior to Clomid, if long shutdown): 1000 IU EOD for 10 days
- **Results:** Helps reactivate natural production after TRT discontinuation.

Fertility Boost (Low Dose):

- Clomid: 12.5–25mg/day
- Vitamin E, CoQ10, Zinc, D-Aspartic Acid
- **Results:** Improves sperm parameters and endogenous testosterone over time.

Potential Side Effects

Clomid is generally well tolerated at proper doses, but side effects may include:

- **Mood Swings / Irritability:** From excessive estrogen receptor modulation
- **Visual Disturbances:** Blurry vision or light sensitivity (rare but serious—discontinue if it occurs)

CLOMID (CLOMIPHENE CITRATE)

- **Libido Fluctuations:** Often depends on dose and timing
- **Gastrointestinal Discomfort or Headaches**
- **Overstimulation of LH/FSH:** Can lead to elevated estrogen if aromatization is not controlled

Keep doses conservative (25–50mg), and avoid stacking with other suppressive compounds during recovery.

Final Thoughts

Clomid is the foundation of hormonal recovery after a cycle—it doesn't build muscle or cut fat, but without it, your gains may vanish and your HPTA may stay dormant. Whether you're blasting heavy or just running a moderate 12-week cycle, Clomid gives you the best shot at bouncing back naturally.

When paired with Nolvadex, HCG, or Enclomiphene in a proper PCT protocol, Clomid maximizes your body's ability to restart testosterone production, retain gains, and avoid post-cycle crashes.

LETROZOLE

UNDERGROUND LABS AUSTRALIA

Letrozole 2.5mg X 30 Tablets



Alias: Femara / Letro

Category: Aromatase Inhibitor (AI) / Type II, Non-Steroidal, Reversible

Half-Life: ~2–4 days

Molecular Weight: ~285.3 Da

Typical Dosage:

On-Cycle Emergency Gyno

Reversal: 1.25–2.5mg/day (short-term only)

Estrogen Management (non-emergency): 0.25–0.5mg EOD

Administration: Oral, once daily or every other day

Cycle Length: As needed (short-term only; very strong AI)

Storage: Room temperature, dry and away from sunlight

Letrozole is a second-generation aromatase inhibitor used in clinical settings to treat estrogen-sensitive breast cancer, but in performance enhancement, it is known for its aggressive estrogen-suppressing power. It is the most potent AI available, capable of driving estradiol to near zero—which makes it ideal for emergency gyno reversal, but too strong for casual estrogen management.

Letro binds reversibly to the aromatase enzyme, making it a Type II non-steroidal AI, like Arimidex—but with significantly greater estrogen suppression (up to 98% at clinical doses).

How It Works

Letrozole inhibits aromatase, the enzyme responsible for converting testosterone and other androgens into estrogen. By blocking this process, Letro drastically reduces serum estradiol (E2) levels.

This makes it extremely effective for reversing estrogen-related side effects such as gynecomastia, water retention, and bloating, especially during cycles with highly aromatizing compounds like Testosterone, Dianabol, or Boldenone.

Research Applications & Performance Benefits

- **Gyno Reversal:** Most effective compound for reversing early-stage gyno.
- **Extreme Estrogen Control:** Eliminates bloat, puffiness, and estrogenic fat gain.
- **Contest Prep Dryness:** Helps achieve razor-sharp physique by stripping sub-Q water.
- **Improved Testosterone-to-Estrogen Ratio:** Can boost libido and energy when E2 is too high.
- **Resets Estrogen Dominance:** Short-term use can correct high-E2 crashes.

Who Uses It and Why

Letrozole is used by:

- Bodybuilders in contest prep needing extreme dryness.
- Enhanced users with sudden gyno flare-ups during high-dose cycles.
- Testosterone users with resistant estrogenic side effects.
- Advanced users who understand AI dosing and monitor bloodwork regularly.
- Emergency PCT correction protocols when estrogen rebounds hard.

It's a powerful tool—but not for casual use. Misuse can result in estrogen crash, joint pain, and libido loss.

Stacking Strategies

Letrozole is used reactively, not proactively. It's often introduced temporarily during estrogen-related issues:

Emergency Gyno Protocol:

- Letrozole: 2.5mg/day for 3 days → taper to 1.25mg/day for 7 days → 0.5mg EOD
- Nolvadex: 20mg/day alongside (to block breast tissue receptor activity)
- **Results:** Gyno swelling reduced or reversed if caught early.

Contest Prep Stack:

- Letrozole: 0.25–0.5mg EOD during final 2–3 weeks
- Masteron, Winstrol, or Anavar base
- **Results:** Extreme dryness, reduced estrogenic water, and enhanced definition.

Advanced Estrogen Control (Last Resort):

- Letrozole: 0.25mg 2x/week
- Test: 500–750mg/week (with elevated aromatization)
- **Results:** Resets bloated cycles and improves T:E balance.

Potential Side Effects

Letrozole is extremely potent, and improper use will cause problems:

- **Estrogen Crash:** Joint pain, depression, low libido, poor recovery
- **Dryness and Stiffness:** From elimination of synovial fluid
- **Fatigue / Mood Swings:** Estrogen is crucial for neurotransmitter balance
- **Headaches or Dizziness**
- **Impaired Cholesterol Profile:** Estrogen is cardioprotective; excessive suppression worsens HDL:LDL ratio

Letro should never be used long-term, and should always be tapered, not stopped cold. Monitor estradiol levels (ideal range: 20–35 pg/mL).

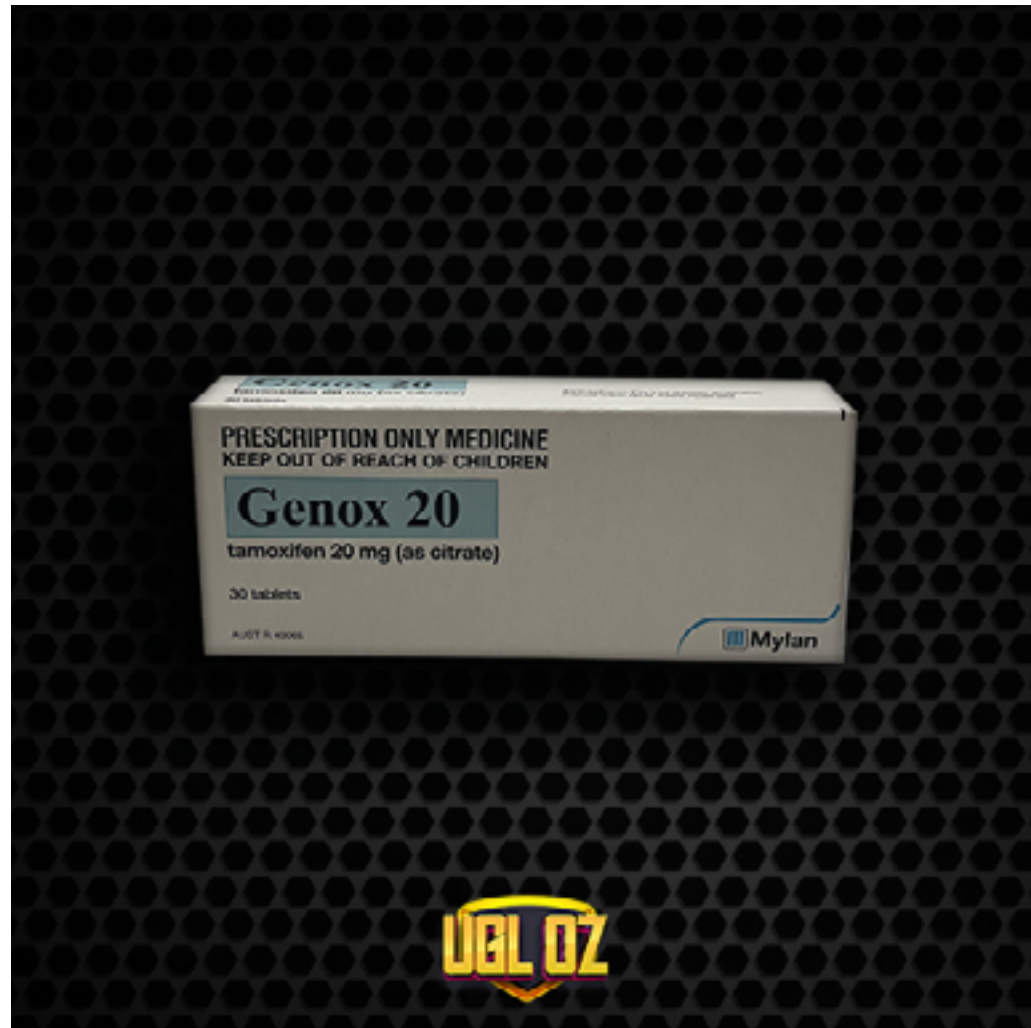
Final Thoughts

Letrozole is not your daily AI—it's a nuclear option for when estrogen gets out of control. Whether you're fighting gyno, prepping for stage, or trying to dry out a bloated look before a photoshoot, Letro is the hammer in the toolbox.

But with great power comes risk. Use Letrozole only when needed, dose conservatively, and always taper off. When handled smartly, it can save a cycle, harden a physique, and rescue you from a full-blown estrogen disaster.

NOLVADEX (TAMOXIFEN CITRATE)

Genox 20 (Tamoxifen)
20mg X 30 Tablets



Sparta Nolvadex
20mg X 50 Units



Alias: Tamoxifen / Nolva

Category: Selective Estrogen Receptor Modulator (SERM)

Half-Life: ~5–7 days

Molecular Weight: ~563.64 Da

Typical Dosage:

Post Cycle Therapy (PCT): 20–40mg/day

Gyno Prevention or Reversal: 10–20mg/day

Administration: Oral, once daily

Cycle Length: 4–6 weeks (PCT) or as needed during on-cycle use

Storage: Room temperature, away from light and moisture

Nolvadex (Tamoxifen Citrate) is a selective estrogen receptor modulator (SERM) used both medically and in performance enhancement to block estrogen receptors, particularly in breast tissue. It is a critical compound in PCT (post-cycle therapy) protocols due to its ability to stimulate natural testosterone production by suppressing estrogen's negative feedback on the hypothalamus.

NOLVADEX (TAMOXIFEN CITRATE)

In bodybuilding, Nolvadex is used to combat gynecomastia, prevent rebound estrogen after AI use, and kickstart the hypothalamic-pituitary-gonadal (HPG) axis following suppressive anabolic cycles.

How It Works

Nolvadex binds to estrogen receptors in select tissues (like the hypothalamus and breast tissue) and prevents estrogen from activating them. In the hypothalamus, this trickery causes the body to perceive low estrogen, which leads to increased GnRH, and subsequently LH and FSH—triggering the testes to produce more testosterone.

In breast tissue, it prevents estrogen from binding, protecting against and sometimes reversing early gyno caused by aromatizing steroids.

Research Applications & Performance Benefits

- **Supports Natural Testosterone Recovery:** Boosts LH/FSH post-cycle.
- **Prevents and Treats Gyno:** Competes with estrogen in breast tissue.
- **Controls Estrogen Without Suppression:** Doesn't crash E2 or require tapering.
- **Essential for PCT:** Restores hormonal balance and libido after AAS use.
- **Synergizes with Clomid or Aromasin:** Enhances HPTA restart and estrogen control.

Who Uses It and Why

Nolvadex is a go-to for:

- Steroid users coming off suppressive cycles.
- Men developing early-stage gyno symptoms during or after cycle.
- Users wanting a mild, effective PCT compound.
- TRT exit protocols where a temporary restart is desired.
- Enhanced users who need to keep estrogen receptor activity under control.

NOLVADEX (TAMOXIFEN CITRATE)

It's a backbone of post-cycle therapy, often paired with Clomid or Aromasin for maximum effect.

Stacking Strategies

Nolvadex is best used in conjunction with other PCT agents or on-cycle as a gyno countermeasure:

Standard PCT Stack (Post Cycle):

- Clomid: 50/50/25/25mg (Weeks 1–4)
- Nolvadex: 40/40/20/20mg (Weeks 1–4)
 - **Results:** Strong stimulation of LH/FSH, estrogen control, smooth recovery.

On-Cycle Gyno Control:

- Nolvadex: 10–20mg/day
- Aromasin or Arimidex (as primary estrogen control)
 - **Results:** Prevents gyno flare-ups from high-E2 cycles or AI rebound.

TRT Exit Protocol:

- Nolvadex: 20mg/day for 4–6 weeks
- HCG (optional before starting Nolva): 1000 IU EOD for 10 days
 - **Results:** Reactivates the HPTA and restarts natural test production.

Potential Side Effects

Nolvadex is generally well tolerated, but may cause:

- Hot Flashes or Sweating
- Mood Swings or Irritability
- Nausea or Stomach Discomfort
- Visual Disturbances (rare)
- Reduced IGF-1 Levels (long-term use)
- Liver Enzyme Elevation (very high doses)

NOLVADEX (TAMOXIFEN CITRATE)

Avoid using during cycles unless absolutely necessary for gyno control. Use only for 4–6 weeks post-cycle to prevent overuse and hormone imbalance.

Final Thoughts

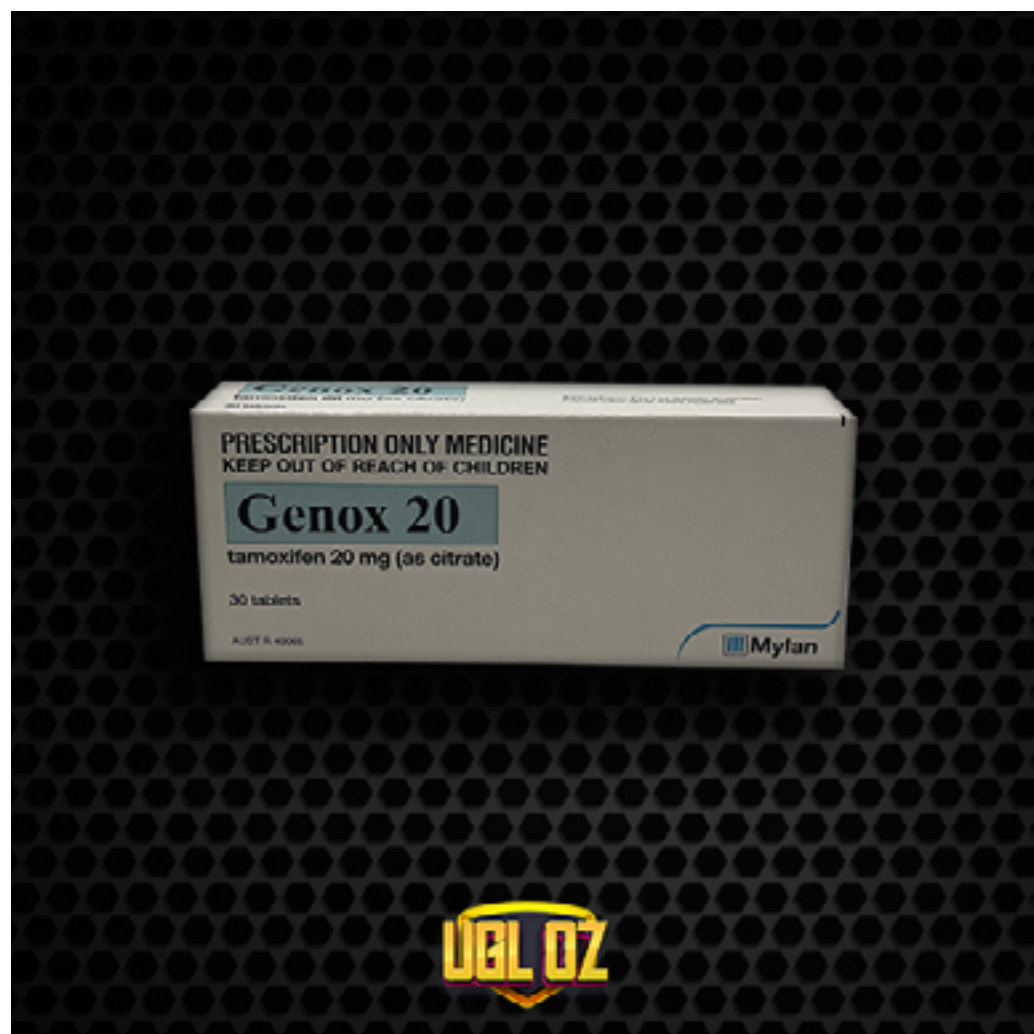
Nolvadex is a tried-and-true post-cycle therapy cornerstone—it's clean, effective, and essential for preserving gains after a suppressive cycle. While it doesn't build muscle, it protects everything you built, restoring hormonal function, libido, and vitality.

If you're cycling gear and don't have Nolvadex in your recovery plan, you're leaving your body vulnerable. When paired with Clomid, it forms the most proven PCT duo in enhanced performance history.

T3 (LIOTHYRONINE SODIUM)



Tertroxin (T3) liothyronine sodium
20mcg X 100 Tablets



Sparta T3
25mcg X 100 Units



Alias: Cytomel / T3 / Triiodothyronine Sodium

Category: Thyroid Hormone / Metabolic Enhancer

Half-Life: ~1 day

Molecular Weight: ~650.97 Da

Typical Dosage:

Fat Loss Protocols: 25–75mcg/day

Advanced Users (Short-Term Prep): Up to 100mcg/day (not recommended long term)

Administration: Oral, taken in 1–3 divided doses throughout the day

Cycle Length: 4–8 weeks (max 12 weeks with tapering)

Storage: Cool, dry place away from light and humidity

T3 (Liothyronine Sodium) is a synthetic form of the active thyroid hormone triiodothyronine, used medically to treat hypothyroidism and thyroid suppression. In the performance world, it's a potent metabolic accelerator, capable of increasing fat loss, energy output, and nutrient turnover.

Unlike most fat burners that stimulate the CNS, T3 works on a hormonal level, elevating mitochondrial activity and cellular

T3 (LIOTHYRONINE SODIUM)

metabolism—making it a powerful weapon during contest prep, cutting cycles, or aggressive recomposition phases.

How It Works

T3 replaces or enhances your body's own thyroid hormone levels, increasing metabolic rate, thermogenesis, and carbohydrate and fat utilization at the cellular level. It binds to thyroid receptors and upregulates numerous metabolic processes, including protein turnover, fat oxidation, and mitochondrial function.

Because exogenous T3 suppresses natural thyroid production, smart dosing and tapering are essential to avoid long-term shutdown.

Research Applications & Performance Benefits

- **Extreme Fat Loss:** Elevates BMR and calorie expenditure across all tissues.
- **Improved Nutrient Partitioning:** Helps shuttle nutrients toward muscle vs fat storage.
- **Enhanced Energy Turnover:** Increases body temperature and metabolic speed.
- **Synergistic with Anabolics:** Prevents catabolism when stacked with AAS.
- **Appetite Control in Some Users:** While others may experience increased hunger.

Who Uses It and Why

T3 is favored by:

- Bodybuilders and physique competitors prepping for shows or shoots.
- Enhanced users running long or heavy cycles that suppress thyroid function.
- Fat-loss focused athletes seeking a hormonal edge beyond traditional stimulants.
- Advanced cutters who've plateaued on diet and cardio alone.
- Users stacking GH or Clenbuterol who want to boost synergy.

It's best for short bursts of aggressive fat loss when precision and timing are everything.

Stacking Strategies

T3 is extremely powerful and synergizes best with anti-catabolic compounds or thermogenic stacks:

Classic Cutting Stack:

- T3: 25–50mcg/day (start low, titrate)
- Clenbuterol: 40–100mcg/day (split dose)
- Anabolic base: Testosterone or Winstrol
- **Results:** Fast, dry, shredded look—best used in final weeks of cut.

Anti-Catabolic Stack:

- T3: 50mcg/day
- Trenbolone: 300–400mg/week
- GH or MK-677: optional for further synergy
- **Results:** Burns fat aggressively while preserving or growing lean mass.

Advanced Recomp Stack:

- T3: 25mcg/day
- Anavar: 50mg/day
- Cardarine: 20mg/day
- **Results:** Simultaneous fat loss and strength maintenance without CNS overload.

Potential Side Effects

T3 is highly effective—but also highly dose-sensitive. Risks include:

- **Muscle Loss:** Especially when not stacked with AAS or taken at high doses.
- **Thyroid Suppression:** Natural TSH production may halt—tapering is critical.
- **Fatigue / Weakness:** From excessive caloric turnover or muscle breakdown.

T3 (LIOTHYRONINE SODIUM)

- **Heart Palpitations / Anxiety:** Especially when stacked with other stimulants.
- **Insomnia / Heat Intolerance / Sweating.**
- **Increased Hunger or Mood Swings.**

Always start at 25mcg/day, increase gradually, and taper down at the end to avoid a thyroid crash. Never stop abruptly from high doses.

Final Thoughts

T3 is the hardest-hitting fat-loss hormone outside of DNP or extreme stimulant stacks—but it's also one of the most powerful tools when used strategically. If you're entering deep prep, stuck in a fat-loss plateau, or optimizing every last metabolic variable, T3 is the nuclear option for rapid fat cutting.

But it demands respect. Cycle it wisely, stack it smart, and never run it without a plan for thyroid recovery—or risk turning a tool into a problem.

NOVORAPID FLEXPEN (INSULIN ASPART)

UNDERGROUND LABS AUSTRALIA

NovoRapid FlexPen 100 U/mL x 3mL (300iu)



Alias: NovoRapid / Novolog (US brand) / Insulin Aspart

Category: Rapid-Acting Insulin / Anabolic Hormone

Half-Life: Onset: 10–20 min | Peak: 1–3 hours | Duration: 3–5 hours

Molecular Weight: ~5823 Da

Typical Dosage:

Beginners: 3–5 IU post-workout (with simple carbs)

Advanced Users: 5–10 IU post-workout or pre-meal (strict carb control required)

Administration: Subcutaneous injection via FlexPen (pre-filled insulin pen)

Cycle Length: Short-term use in bulking or recomposition phases

Storage: Refrigerate unused pens; store opened pens at room temperature (up to 28 days)

NovoRapid FlexPen is a rapid-acting insulin analog, designed to mimic the body's natural insulin response to food intake. In clinical settings, it's used for blood sugar control in diabetics. In bodybuilding, it's utilized as an anabolic transport hormone—maximizing glycogen replenishment, nutrient shuttling, and muscle fullness.

Because insulin is one of the most anabolic hormones in the body, it's used post-workout or pre-meal to drive glucose, amino acids, and creatine directly into muscle cells, creating a super-compensated, growth-prone environment.

NOVORAPID FLEXPEN (INSULIN ASPART)

How It Works

NovoRapid mimics endogenous insulin by binding to insulin receptors on muscle and fat cells, promoting glucose uptake, glycogen storage, and protein synthesis. It blunts cortisol and shuttles nutrients into muscle tissue, creating a powerful recovery and growth window post-exercise.

Because it rapidly lowers blood sugar, timing and carb intake are critical to avoid hypoglycemia.

Research Applications & Performance Benefits

- **Increases Nutrient Uptake:** Maximizes glycogen storage and amino acid delivery.
- **Enhances Muscle Fullness and Vascularity:** Promotes “loaded” look when combined with carbs.
- **Boosts Recovery:** Rapid nutrient partitioning and insulin spike post-workout.
- **Improves Anabolic Environment:** Works synergistically with GH and AAS.
- **Reduces Catabolism:** Suppresses cortisol and muscle breakdown post-training.

Who Uses It and Why

NovoRapid is used by:

- Bodybuilders in lean bulking or offseason phases looking to maximize size.
- Enhanced users stacking with GH, which raises blood sugar and increases insulin demand.
- Strength athletes needing rapid post-training recovery.
- High-carb dieters or recompers who want to partition nutrients more effectively.
- Advanced users who want to avoid oral carbs spilling into fat gain.

Insulin is not for beginners, but in experienced hands, it’s a game-changer for growth and recovery.

Stacking Strategies

NovoRapid stacks best with GH, carbs, and fast-acting protein sources:

GH + Insulin Stack (Anabolic Window):

- HGH: 4–6 IU pre-workout or morning
- NovoRapid: 5 IU post-workout
- Carbs: 50–75g dextrose or high-GI carbs
- Protein: 25–50g whey isolate

→ **Results:** Explosive fullness, reduced DOMS, rapid nutrient refueling.

Lean Bulk Insulin Protocol:

- NovoRapid: 5 IU pre-meal (2x/day max)
- Complex carbs: ~1g per IU of insulin
- Lean protein: ~0.5g per IU

→ **Results:** Improved partitioning with minimal fat gain when diet is clean and timed.

Recomp Stack (With AAS + GH):

- Test E: 500mg/week.
- GH: 4 IU/day.
- NovoRapid: 5–7 IU post-lifting.
- Cardarine: 20mg/day (optional for endurance/fat burn)

→ **Results:** Lean tissue gain, harder pumps, minimal fat gain even in caloric surplus.

Potential Side Effects

Improper insulin use can be dangerous. Main risks include:

- **Hypoglycemia (Low Blood Sugar):** Dizziness, sweating, shaking, loss of consciousness—must carry fast carbs.
- **Fat Gain:** From poor carb timing or insulin use without activity.
- **Insulin Resistance:** With chronic use and excessive carb intake.

NOVORAPID FLEXPEN (INSULIN ASPART)

- **Brain Fog / Lethargy:** From blood sugar crashes.
- **Dependency Risk:** Psychological reliance on “insulin pumps” post-lifting.

Must always be paired with fast-digesting carbs, and blood glucose monitoring is highly advised. Start with 3 IU max, test carefully, and titrate only with experience.

Final Thoughts

NovoRapid FlexPen isn't just a diabetic tool—it's an advanced nutrient shuttle system that can transform the way your body uses carbs and protein. When paired with GH, AAS, or high-carb bulks, it becomes a physique-altering asset that delivers size, strength, and recovery advantages no oral supplement can match.

But make no mistake—this is a professional-level compound. Used wrong, it can ruin your day. Used right, it can blow up your physique like nothing else.

MODURETIC

UNDERGROUND LABS AUSTRALIA

Moduretic 5mg X 50 Tablets

Alias: Amiloride/

Hydrochlorothiazide (HCTZ)

Category: Potassium-Sparing
Diuretic / Thiazide Diuretic Combo

Half-Life: ~6–9 hours

Molecular Weight: ~297.7 Da

Typical Dosage:

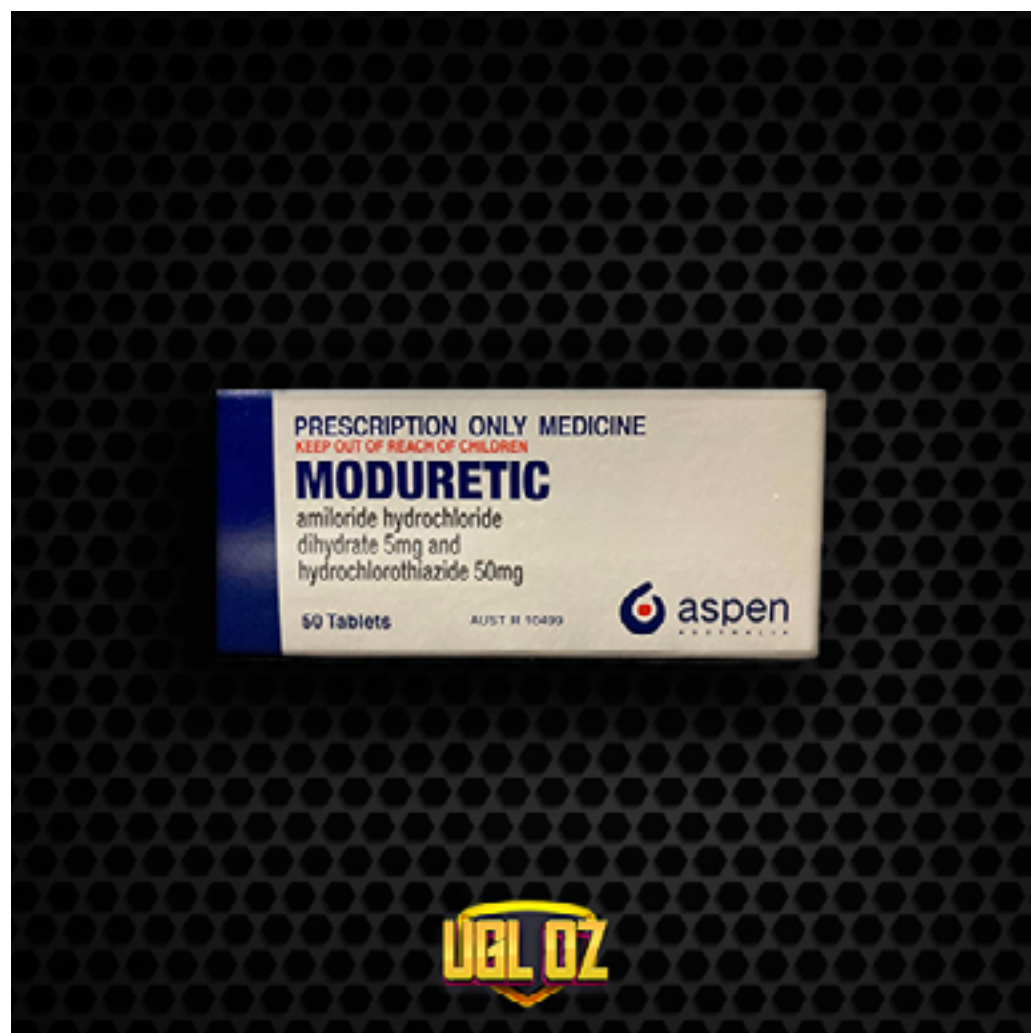
Standard Dose: 1 tablet/day
(typically 5mg amiloride + 50mg
HCTZ)

Contest Prep (Advanced): ½ to 1
tablet 1–2 days pre-show (under
supervision)

Administration: Oral, with or
without food

Cycle Length: Short-term use (1–
10 days for physique purposes) or
as prescribed

Storage: Room temperature, keep
dry and away from light.



Moduretic is a combination diuretic that merges amiloride (a potassium-sparing diuretic) with hydrochlorothiazide (HCTZ) (a thiazide diuretic). This dual action targets water retention while preserving electrolyte balance, making it highly useful in both clinical and performance enhancement settings—particularly in final-week contest prep, photoshoots, or temporary water manipulation. Unlike loop diuretics like Lasix, Moduretic is milder and less likely to cause dangerous electrolyte crashes, making it a preferred first-line water-cutting agent.

How It Works

- Hydrochlorothiazide (HCTZ) promotes sodium and water excretion by inhibiting reabsorption in the distal tubules of the kidney.
- Amiloride blocks sodium channels in the same area, but prevents potassium loss, balancing the electrolyte shift caused by HCTZ.

Together, they eliminate subcutaneous water without flattening out the muscles as aggressively as stronger diuretics—making Moduretic a “smoother” hardening compound for cosmetic prep.

Research Applications & Performance Benefits

- **Reduces Water Retention:** Especially subcutaneous (under-skin) fluid that blurs definition.
- **Maintains Muscle Fullness:** Less risk of cramping or flatness compared to loop diuretics.
- **Improves Vascularity & Dry Look:** Ideal for stage, shoots, or peaking events.
- **Preserves Electrolytes (K+):** Safer profile when used properly.
- **Smooth Contest Prep Agent:** Easy to control, mild onset, predictable effects.

Who Uses It and Why

Moduretic is widely used by:

- Physique and bodybuilding competitors in peak week.
- Models and influencers before photoshoots needing a dry, tight look.
- Advanced lifters or TRT users struggling with mild bloating or BP spikes.
- Users avoiding harsh loop diuretics like Lasix or Bumex.
- Athletes under coaching needing mild diuresis without potassium depletion.

This is the entry-level cutting diuretic of choice for aesthetic refinement without risk.

Stacking Strategies

Moduretic is often used as part of final week or water-cutting stacks for maximum control:

Peak Week Contest Stack:

- Moduretic: ½ tab AM and ½ tab PM (Day before show)
- Water: High early in the week, taper last 1–2 days
- Sodium: Moderate until 24–48 hours out, then reduced slightly
→ **Results:** Dry, tight skin, no cramping or dangerous dehydration.

Photoshoot Prep Stack:

- Moduretic: 1 tab the day prior, with mild carb load
- Dandelion root (optional): 500–1000mg natural diuretic support
- Vitamin C: 1000–2000mg for further water shedding
→ **Results:** Subtle water drop, skin-tight physique with preserved fullness.

Cycle Bloat Management (Mild Use):

- Moduretic: ½ tab as needed (1–2x/week max)
- Electrolytes maintained (magnesium, potassium, sodium balance)
→ **Results:** Reduces facial and ankle bloating from estrogenic or high-sodium compounds.

Potential Side Effects

While safer than loop diuretics, Moduretic can still cause:

- **Dehydration or Dizziness:** Especially if water or electrolytes are restricted too aggressively
- **Headache or Fatigue:** Usually tied to low sodium or dehydration

MODURETIC

- **Electrolyte Imbalance:** Hyperkalemia possible if dietary potassium is high
- **Muscle Cramps or Flatness:** Rare, but dose-dependent
- **Dry Mouth or Increased Urination**

DO NOT stack with potassium supplements, ACE inhibitors, or other potassium-sparing agents without medical supervision. Monitor hydration and electrolytes closely.

Final Thoughts

Moduretic is the go-to mild diuretic for those who want a dry, sharp look without flatness or extreme risk. Whether you're stepping on stage, cutting water for a shoot, or just tightening up before vacation, Moduretic gives you control, subtlety, and safety that harsher drugs don't.

If Lasix is a chainsaw, Moduretic is a scalpel—and when used smart, it carves out a drier, tighter, show-ready physique with far fewer risks.

MODAFINIL

UNDERGROUND LABS AUSTRALIA

Modafinil 100mg X 10 Tablets



Alias: Provigil / Modalert / Waklert

Category: Eugeroic / Wakefulness-Promoting Agent / Cognitive Enhancer

Half-Life: ~12–15 hours

Molecular Weight: ~273.35 Da

Typical Dosage:

Focus & Productivity: 100–200mg/day

Cutting Phase (appetite/crash control): 100mg fasted

Administration: Oral, once daily (morning or early afternoon)

Cycle Length: As needed (daily use, alternating days, or short cognitive cycles)

Storage: Cool, dry place away from light

Modafinil is a non-stimulant cognitive enhancer originally developed to treat narcolepsy, shift work sleep disorder, and sleep apnea-induced fatigue. In the performance and productivity world, it's prized for its alertness, focus, and mental endurance benefits—all with minimal crash, low dependency risk, and excellent wakefulness support. Unlike traditional stimulants (e.g., amphetamines or caffeine), Modafinil works through targeted neurochemical modulation without excessive dopamine spikes or jittery side effects.

How It Works

Modafinil selectively activates regions of the brain tied to wakefulness, attention, and motivation, including the hypothalamus and orexin pathways. It increases levels of dopamine, histamine, norepinephrine, and orexin, which results in enhanced mental clarity, mood, memory, and stamina.

It also reduces impulse fatigue, making it ideal for intense work periods, long study sessions, or appetite management during cutting.

Research Applications & Performance Benefits

- **Promotes Alertness Without Jitters:** Perfect for long-duration focus.
- **Improves Cognitive Function:** Boosts executive processing, working memory, and task persistence.
- **Suppresses Appetite:** Helpful during cutting or fasted cardio.
- **Enhances Mood and Motivation:** Supports productivity during hard cycles or low-calorie phases.
- **Reduces Perceived Effort:** Commonly used by elite professionals, military, and competitors.

Who Uses It and Why

Modafinil is popular among:

- Physique athletes cutting or prepping while maintaining mental sharpness.
- Enhanced users running Trenbolone or stimulants who need daytime clarity.
- Executives, students, and creatives needing long work blocks without crash.
- Biohackers and nootropic users who want a clean, sustained focus agent.
- Night-shift or jet-lagged athletes maintaining performance on little sleep.

Modafinil is the “smart energy” option when caffeine stops working or crashes become intolerable.

Stacking Strategies

Modafinil works great solo or as part of a stimulant-free focus and fat-loss stack:

Fat Loss & Focus Stack:

- Modafinil: 100–200mg fasted AM
 - Yohimbine HCL: 5–10mg (fasted cardio)
 - T3 or Clenbuterol (optional for advanced users)
- **Results:** Extreme focus, suppressed hunger, and clean fat burn.

Nootropic Performance Stack:

- Modafinil: 100mg in AM
 - Alpha-GPC: 300–600mg
 - L-Theanine: 100–200mg (to smooth energy if needed)
- **Results:** Laser focus, enhanced memory, no crash or anxiety.

Prep Survival Stack:

- Modafinil: 100mg/day
 - Tadalafil: 5mg/day (vascularity + BP support)
 - Electrolytes + 5HTP (mood and hydration)
- **Results:** Clear head during peak week, crushed cardio, stable energy.

Potential Side Effects

Modafinil is well tolerated, but effects can vary. Watch for:

- **Headache or Light Sensitivity:** Common early on; hydrate and supplement choline
- **Insomnia:** Avoid late-day dosing; stick to AM
- **Mild Irritability or Anxiety:** Rare—reduce dose if needed
- **Dry Mouth or Dehydration**
- **GI Upset:** Take with food if sensitive
- **Dopamine Crash (with long-term use):** Cycle or limit to 3–5 days/week

Unlike Adderall or other stimulants, Modafinil does not significantly spike dopamine, has low addiction potential, and won't crash testosterone or thyroid.

Final Thoughts

Modafinil is the underground focus enhancer of choice—used by everyone from bodybuilders and executives to Silicon Valley coders and elite soldiers. Whether you're cutting hard, grinding through prep, or pushing brain and body to the limit, Modafinil provides clean mental energy, laser-sharp focus, and zero-crash productivity.

It's not just for brainpower—it's a powerful tool for physique athletes staying lean, alert, and locked in when everything else fades.

METFORMIN

UNDERGROUND LABS AUSTRALIA

Metformin 1000mg X 90 Tablets

Alias: Glucophage / Dimethylbiguanide

Category: Insulin Sensitizer /
Antihyperglycemic Agent / AMPK
Activator

Half-Life: ~4–8.7 hours (IR); ~17 hours
(ER)

Molecular Weight: ~129.2 Da

Typical Dosage:

General Use: 500–1000mg/day (split
dose)

Performance Use: 1000–2000mg/day
(titrated)

Administration: Oral, with meals (to
reduce GI side effects)

Cycle Length: Ongoing or during
specific phases (cutting, recomposition,
glucose control)

Storage: Room temperature, dry and
dark place



Metformin is a first-line treatment for type 2 diabetes, but its insulin-sensitizing and metabolic-enhancing properties have earned it a place in the enhancement community. It lowers blood glucose, improves nutrient partitioning, and activates AMPK, making it a potent tool for fat loss, longevity, and glucose management during bulking or GH use.

Unlike insulin or aggressive fat burners, Metformin is non-stimulant, non-suppressive, and well tolerated with long-term use.

How It Works

Metformin reduces hepatic glucose production and increases insulin sensitivity in peripheral tissues. It enhances muscle glucose uptake, lowers fasting insulin, and improves carbohydrate utilization, which supports leaner gains, reduced fat gain during bulk, and enhanced fat loss during deficit.

It also activates AMP-activated protein kinase (AMPK), a metabolic master switch that enhances fat oxidation, glucose uptake, and cellular cleanup—making it a metabolic optimizer and anti-aging compound.

Research Applications & Performance Benefits

- **Improves Nutrient Partitioning:** Directs carbs to muscle, not fat.
- **Reduces Fat Gain in Surplus:** Especially useful during insulin-sensitive bulks.
- **Supports Fat Loss:** Via AMPK activation and reduced insulin resistance.
- **Enhances GH + Insulin Synergy:** Helps control glucose and lipids during enhanced cycles.
- **Longevity & Anti-Aging:** Shown to reduce inflammation, oxidative stress, and cancer risk markers.
- **Helps Combat GH-Induced Insulin Resistance.**

Who Uses It and Why

Metformin is used by:

- Enhanced bodybuilders and athletes using growth hormone, insulin, or high-carb diets.
- Physique athletes during recomposition or cutting phases.
- Aesthetic-minded lifters looking to stay lean in surplus.
- Older lifters or TRT users needing glucose management or insulin control.
- Biohackers and longevity-focused users interested in anti-aging protocols.

It's especially valuable in carb-heavy phases, GH-based stacks, and insulin-sensitive recomp cycles.

Stacking Strategies

Metformin is best used with carb-heavy cycles, GH, or during recomp for insulin optimization:

GH + Carb Stack (Mass Phase):

- HGH: 4–6 IU/day
 - Metformin: 1000mg/day (split AM/PM with meals)
 - Insulin (optional advanced users): 5–10 IU post-workout
- **Results:** Better glucose disposal, leaner bulk, minimized insulin resistance.

Fat Loss or Recomp Stack:

- Metformin: 500–1000mg/day
 - Cardarine: 20mg/day
 - Clenbuterol (optional): 40–80mcg/day
- **Results:** Improved glucose metabolism, sustained fat loss, reduced crash.

Longevity + Anti-Aging Stack:

- Metformin: 1000mg/day
 - Berberine or Inositol: optional support
 - NAD+, resveratrol, or senolytic agents
- **Results:** Cellular cleanup, improved insulin sensitivity, long-term health focus.

Potential Side Effects

Metformin is generally safe, but improper use or poor titration can cause:

- **Gastrointestinal Upset:** Nausea, bloating, diarrhea—start low and increase gradually
- **Lactic Acidosis (Rare):** Avoid in those with impaired kidney or liver function
- **Flatness or Reduced Pumps:** May limit glucose availability temporarily
- **Reduced Appetite:** Can be useful during cuts, but challenging when bulking
- **Low B12 (long-term use):** Consider supplementing if used year-round

Always start at 500mg/day with food, and titrate slowly. ER (extended release) versions offer better GI tolerance.

Final Thoughts

Metformin is one of the most underrated tools in enhanced performance and longevity circles. Whether you're running growth hormone, bulking with high carbs, or just trying to stay lean and healthy, Metformin gives you better nutrient control, cleaner energy, and long-term metabolic protection—without harsh side effects or suppression.

It's not flashy, it doesn't stimulate—but it reshapes how your body handles food, stores fat, and fuels training. Smart users know: Metformin is a foundation drug, not a filler.

AUSTRALIAN LABS

UNDERGROUND GUIDE 2025

About the Author:

If you're reading this, you already know: we don't live like everyone else.

We train different. We recover different. We chase a standard that the average man can't even comprehend. This handbook wasn't written for the masses—it was written for you.

I'm George Spellwin, and I've spent the last 20+ years at the center of the underground performance game. Not on the sidelines. Not playing coach. But right there in the mix—helping lifters build smarter cycles, recover with precision, and navigate this world with clarity, confidence, and respect for the compounds.

My roots run deep in the forums—[EliteFitness.com](https://www.elitefitness.com) was where it started. It was one of the first real strongholds of underground knowledge, where we decoded black market vials, dissected user logs, and built protocols that spread across the world. And now, with [IronGorillas.com](https://www.irongorillas.com), I've expanded the mission—offering raw, uncensored education for the next generation of enhanced athletes.

This guide? It's not fluff. It's not theory. It's a battle-tested manual for anyone using what [UGLOZ.is](https://www.ugloz.is) provides. You'll find real compound profiles, smart stack strategies, and the kind of cycle intel that only comes from experience—not guesswork.

I wrote this because I've seen what works. I've seen what fails. And I've seen what happens when someone takes this lifestyle seriously—and refuses to settle for average. This isn't just about steroids or peptides or fat burners. This is about owning your biology. Rewriting your limits. And earning the body and mindset that come with walking the enhanced path.

If you're here, it means you're one of us.

Train hard. Run smart. Stay dangerous.

—George Spellwin

Founder, [IronGorillas.com](https://www.irongorillas.com), [EliteFitness.com](https://www.elitefitness.com)