

THE SECRET SUPPLEMENT GUIDE



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Nothing is more frustrating than spending your hard earned dollars on shit that just DOES... NOT... WORK.

What I will share with you **DOES ACTUALLY WORK** and I'll give you my **TOP 5** and share with you other **GEMS** you can select if you're curious.

If you stick with what I'm sharing with you, you can rest assured you'll be **Good To Go** and you can focus on your training. **Not some stupid new fad.**

I am sharing this as of 2025. I have no idea what the future will bring. **But as of NOW this SHIT WORKS.** And you can **SAVE THOUSANDS** not wasting your money on other BS.

I'm going to focus on over the counter supplements however I will be diving deeper into PEDs so if that is something you decide for yourself you'd like to do and make that very personal decision, I'll be continuing my review on part 2.

WHO AM I?

I'm an ex **"skinny kid"** born in the 70s and was told ***"just give up, you'll never have muscle"***.

I proved them so, so, wrong.

The money I have wasted over the years **could have bought many homes.** And I'm not kidding.

Though trial and error I found out the hard way what works and what is total nonsense. I will share with you what I've learned so you don't have to waste your time and money on BS.

I'm going to label them from most important to least.

That way if you are on a budget (and most bodybuilders are) you can prioritize them as needed.

This is **the same list** I give to people I've trained so they know what to grab at the store or online.

Ready? Let's go...

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
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YOU ARE ENTERING THE NO BS ZONE



OUR TOP 5 DO NOT REST ON THESE!!

1. LEUCINE

This is always my top pick and I'll explain why. When I was told BCAAS (Branch Chain Amino Acids) where they KEY in building muscle I was all in. I bought bottle after bottle, huge powder containers just like most of you have. Then a famous bodybuilder told me one day.. "Hey you know the most important one is Leucine right"? Ah... no I didn't know that... He told me "look at the label... there is the LEAST amount of Leucine in the mix."

So I did.. and he was right.

He told me just get Leucine ONLY, and take it all day long.

5 grams at a time throughout the day.

Let me tell you I was **ALL OVER THAT**.

I did, and I saw an **IMMEDIATE DIFFERENCE**.

So without the fluff here's how to do it.

You don't need to eat with it you can still do this if you are fasting.

Take 5 grams of Leucine in the AM to start your day (or whatever your schedule is) and every 2-3 hours take another dose.

During the day you can take up to 7 doses.

See what happens.

TIP: I have seen certain brands mess with peoples stomachs. If that happens change brands, don't just deal with it. Also start small. Do a few does per day and when you know you can tolerate it up the dose. Trust me on this one. This can make people think you're on gear.

2. CREATINE MONOHYDRATE

This just simply works. Sorry to all the gear heads putting it down out there. The science isn't behind you and the results are staggering.

I heard of this back in the early 90s and when I tried it people thought I was on steroids but I was just taking creatine. And I'm not over exaggerating either.

At just 5 grams per day you can save a **TON** of money you would have wasted on other "supplements" and put on some **REAL** size and get strong relatively fast.

TIP: There was an old rule that you needed to "load" by taking large amounts during the first week or two. **Forget that.** Just start doing 5 grams a day. And if you are starting to get cramps or look puffy?

1. Check your diet reduce carbs, fat, and sodium intake.
2. Reduce your intake. Take the does down to half the scoop if necessary.
3. Switch brands. This may be the only reason you are having an issue. Some people just don't give a shit and put all kinds of fillers in their products. So beware.

3. ZINC

Testosterone balance and immune function are massively important no matter if your bodybuilding or not. Zinc is **ALWAYS** on my must haves list not only to promote muscle growth and recovery but for overall health reasons. **DON'T SKIP IT.**

TIP: Having ED issues? Zinc may be what you're missing. In fact some men who have complained of ED have been able to reverse it simply by adding Zinc supplementation into their diet.

4. VITAMIN D3

This supplement wont sound sexy to the YouTube addicted bodybuilder, however it is essential part of a well-balanced nutrition foundation. Vitamin D3 Supports testosterone production, immune health, and bone strength.

TIP: D3 has been found to help learning and brain function. So **GET ON IT.**

5. SUPER GREENS

I know right? **EXCITING**... Let me tell you something... People complain about their gains but have **HORRIBLE DIETS**. When you fix your diet, you will grow. And one of my all day long go-to's is Super Greens. I'm not a huge salad guy... most bodybuilders I know aren't either.

Super Greens are a massive part of my diet and if you are consistent your body will function like a well-oiled machine.

TIP: One scoop per day with your post workout shake will go a **LONG** way. Don't skip it because it doesn't excite you. Please hear me, nutrition truly is the **KEY** to gains.

Those are my TOP 5 however, below continued, I give a TON of valuable information on my TOP RECOMMENDED SUPPLEMENTS both over the counter and yes the “Grey Market”.

Bodybuilding Supplement Guide Continued: Natural, Enhanced, and Vegan Approaches



Natural Bodybuilder Support

For hormone optimization, recovery, and general health without steroids.

- **Magnesium (ZMA):** Promotes deep sleep, muscular recovery, and hormonal balance.
- **Ashwagandha:** Adaptogen that reduces cortisol, boosts testosterone, and improves stress tolerance.
- **Omega-3 (Fish Oil):** Reduces systemic inflammation, supports joints and cardiovascular health.
- **Protein Powder (Whey, Casein):** Enhances muscle recovery and supports lean muscle growth.
- **Vitamin C:** Antioxidant that supports immune system and lowers post-exercise cortisol.
- **B-Complex Vitamins:** Aids in energy metabolism and stress resilience.
- **Glutamine:** Helps with gut health and speeds up recovery post-training.
- **Joint Support (e.g., Collagen, MSM):** Supports joint, tendon, and ligament integrity during heavy lifting cycles.

Enhanced (On-Cycle) Bodybuilder Support

For those using anabolic steroids or SARMS and seeking health protection.

Liver Protection

- **NAC (N-Acetylcysteine)**: Boosts glutathione; protects liver during oral steroid cycles.
- **TUDCA**: Powerful bile acid that aids in preventing liver toxicity.
- **Milk Thistle (Silymarin)**: Herbal antioxidant that regenerates liver cells.

Kidney Support

- **Astragalus Root**: Protects kidney filtration, used widely in advanced bodybuilding.

Cardiovascular & Blood Pressure Support

- **CoQ10 (Ubiquinol)**: Supports heart function and energy at the cellular level.
- **Hawthorn Berry**: Natural vasodilator that supports healthy blood pressure.
- **Garlic Extract**: Promotes cardiovascular health and reduces blood pressure.

Cholesterol Management & Artery Health

- **Fish Oil (High EPA/DHA)**: Reduces triglycerides and systemic inflammation.
- **Vitamin K2 (MK-7)**: Directs calcium away from arteries and into bones.
- **Red Yeast Rice**: Natural compound that lowers LDL cholesterol.
- **Bergamot Extract**: Citrus-based antioxidant that improves cholesterol profiles.

Blood Clot Prevention

- **Nattokinase**: Breaks down fibrin and helps prevent dangerous blood clots.
- **Serrapeptase**: Anti-inflammatory enzyme that complements nattokinase for vascular health.

Hormonal Balance & Estrogen Management

- **DIM (Diindolylmethane)**: Supports estrogen metabolism during aromatizing steroid cycles.
- **Chrysin + Piperine**: Blocks conversion of testosterone to estrogen.
- **Stinging Nettle Root**: Frees up bound testosterone; supports prostate health.
- **Vitamin B6 (High Dose)**: Regulates prolactin levels (especially with 19-nor steroids).
- **Vitex (Chasteberry)**: Balances prolactin and supports healthy hormone rhythms.

Testosterone & Post-Cycle Recovery

- **D-Aspartic Acid:** Boosts luteinizing hormone (LH) to kickstart testosterone.
- **Fenugreek:** Increases libido, insulin sensitivity, and may aid testosterone recovery.
- **Cycle Support Stacks (e.g., N2Guard):** Full-spectrum products for liver, kidney, heart, and hormonal health.

Vegan Bodybuilder Essentials

For plant-based athletes focused on building muscle, energy, and recovery.

- **Pea Protein Isolate:** High-quality, complete protein source rich in BCAAs.
- **Rice Protein:** Pairs well with pea protein to form a complete amino acid profile.
- **Hemp Protein:** Rich in omega fats and fiber; contains all essential amino acids.
- **Pumpkin Seed Protein:** Nutrient-dense, high in magnesium, iron, and zinc.
- **Creatine Monohydrate (Vegan-sourced):** Boosts strength and muscle mass in vegan athletes.
- **Beta-Alanine:** Buffers lactic acid buildup and enhances endurance.
- **B12 (Methylcobalamin):** Essential for red blood cell formation and energy metabolism.
- **Vitamin D3 (Vegan Lichen-Derived):** Supports bone health and hormone function.
- **Algae Omega-3 (EPA/DHA):** Vegan alternative to fish oil for inflammation and heart health.
- **Iron (Bisglycinate or Ferrous Fumarate):** Supports oxygen transport and prevents fatigue.
- **Zinc & Magnesium:** Often low in vegan diets—vital for recovery, hormone balance, and sleep.
- **Adaptogens (e.g., Ashwagandha, Rhodiola):** Help manage stress, improve energy, and support hormonal balance.

Pro Tip: No matter your enhancement status or diet, regular bloodwork (at least twice a year) and cardiovascular screening can save your life. Adjust your stack based on lab results, not guesswork.

Core Amino Acids & Foundational Supplements

Basic but powerful — when dosed correctly and used strategically.

1. BCAAs (Branched-Chain Amino Acids)

What they are: Leucine, Isoleucine, and Valine

Use: Muscle recovery, anti-catabolism, intra-workout support

Primary Role:

- Stimulate protein synthesis (primarily from leucine)
- Delay muscle fatigue during intense training
- May help maintain muscle during fasted cardio or cuts

Dosage:

- 5–10g intra-workout or pre-cardio
- Best used when training fasted or on a low-protein diet

Real Talk:

If you're eating enough protein daily (~0.8–1g/lb), BCAAs are *not essential* — but can help during long fasts, intense 2-a-day sessions, or cuts.

2. Leucine (the anabolic trigger)

What it is: The *king* of amino acids for muscle protein synthesis

Use: Acts as a signal to "flip the switch" on mTOR and initiate growth

Primary Role:

- Potent mTOR activator — triggers anabolic response
- Improves recovery, especially when protein intake is suboptimal
- Helps signal muscle repair post-training

Dosage:

- 3–5g with meals (if meals are low in protein)
- 3g pre- or post-workout if training fasted or low-calorie

Pro Tip:

You can use standalone leucine to *spike protein synthesis* between meals if you're eating less than ~30g protein per meal.

3. EAAs (Essential Amino Acids)

What they are: All 9 essential aminos, including BCAAs

Use: Full muscle protein synthesis support

Why they're better than BCAAs:

- EAAs include leucine, but also the other essentials that are required to *build complete muscle tissue*
- Great for fasted training, vegetarians, or people on low-protein diets

Dosage:

- 10g pre- or intra-workout
- Especially useful during a cut or recomp

4. Glutamine

Use: Recovery, gut health, immune function (less so for muscle building)

Benefits:

- May support muscle recovery *indirectly*
- Potential gut lining support (leaky gut, IBS, etc.)
- Can help replenish glycogen in a carb-depleted state

Dosage:

- 5g 2–3x/day during heavy training periods or illness

Note: Glutamine is technically “non-essential” but conditionally beneficial under stress.

5. Citrulline Malate

Use: Pumps, endurance, vascularity

Why it matters:

- Increases nitric oxide, which improves blood flow and nutrient delivery
- Helps buffer fatigue by clearing ammonia
- Often preferred over arginine due to better absorption

Dosage:

- 6–8g pre-workout
- Can be stacked with creatine and beta-alanine

Quick Recap — Who Should Use What

Goal	Best Pick
Fasted or early AM training	EAA's or BCAAs
Low-protein diet	Leucine or EAA's
Gut issues or overtraining	Glutamine
Pre-workout pump/performance	Citrulline
Budget option for recovery	BCAAs or plan leucine



Natural Strength & Muscle Stacks

For serious results without crossing into PED territory.

1. Power & Performance Stack (Strength First)

Goal: Maximize raw strength, CNS drive, and muscular output

Best for: Powerlifters, strength athletes, or natty bodybuilders during a strength phase

Stack:

- **Creatine Monohydrate** – 5g daily
- **Beta-Alanine** – 3–6g daily
- **Alpha-GPC or CDP-Choline** – 300–600mg pre-workout
- **Caffeine (optional)** – 100–200mg pre-workout

Bonus Add-On: Rhodiola Rosea for CNS recovery

Cycle Length: 8–12 weeks continuous

2. Natty Mass Stack (Lean Gains)

Goal: Support muscle hypertrophy and recovery with a slight anabolic edge

Best for: Hardgainers or bulking phases without fat gain

Stack:

- **Creatine Monohydrate** – 5g daily
- **Ecdysterone or Turkesterone** – 500–1000mg/day
- **Leucine or BCAAs** – 5g peri-workout

- **Citrulline Malate** – 6–8g pre-workout
- **Ashwagandha (KSM-66)** – 600mg/day
Bonus Add-On: Epicatechin 150–200mg/day for possible myostatin inhibition
Cycle Length: 8–12 weeks

3. Natural Test Support Stack

Goal: Optimize hormone balance, reduce cortisol, and support natural test production

Best for: Men over 30, or those recovering post-cycle (SARMs or PHs)

Stack:

- **Tongkat Ali** – 200–400mg/day
- **Ashwagandha** – 300–600mg/day
- **Zinc + Magnesium (ZMA)** – before bed
- **D-Aspartic Acid (DAA)** – 3g/day, 2–3 weeks on, 2–3 off
Optional Add-On: Boron 3–6mg/day to free bound test
Cycle Length: 4–8 weeks

4. Recomp / Hardening Stack

Goal: Lean out while maintaining size and strength

Best for: Mini cuts, spring/summer prep, or staying lean year-round

Stack:

- **Caffeine + Yohimbine (low dose)** – pre-cardio
- **BCAAs or EAAs** – during fasted training
- **Ashwagandha** – for cortisol control
- **L-Carnitine Tartrate** – 1000–2000mg/day (may improve fat oxidation)
Bonus: Add Ecdysterone or Epicatechin for a mild anabolic boost
Cycle Length: 4–6 weeks

5. Recovery & Sleep Optimization Stack

Goal: Improve deep recovery, reduce DOMS, and optimize sleep quality

Best for: Lifters training >4x per week, or anyone over 35

Stack:

- **Magnesium Glycinate or ZMA** – before bed
- **GABA or L-Theanine** – 100–200mg before sleep
- **Ashwagandha (Sensoril)** – 300mg/day
- **CBD (optional)** – 10–30mg as needed
Cycle Length: Ongoing

Top Natural Testosterone Boosters (That Actually Do Something)

These aren't magic pills — but stacked smart and paired with proper sleep, lifting, and diet? You can legit boost free test, lower estrogen, and feel more aggressive in the gym.

1. Tongkat Ali (Longjack / Eurycoma longifolia)

What it is: A Southeast Asian root extract with **libido, mood, and testosterone benefits**

Benefits:

- Lowers cortisol (your test-killing stress hormone)
- Increases free testosterone by reducing SHBG
- Improves mood, motivation, and libido

Dosage:

- 200–400mg/day (standardized to 2–4% eurycomanone)
- Take in the morning or pre-workout

2. Fadogia Agrestis

What it is: An African shrub that (in rats) stimulates the **Leydig cells** — your body's testosterone factory

Benefits (limited human data):

- Promotes **natural test production**
- Often stacked with Tongkat for synergy
- Anecdotally improves libido and aggression

Dosage:

- 300–600mg/day
- Cycle 8 weeks on, 4 off (limited human trials = caution advised)

3. Boron

What it is: A trace mineral with test-boosting and estrogen-lowering effects

Benefits:

- Reduces SHBG (boosts free testosterone)
- May lower estradiol
- Supports joint health and bone density

Dosage:

- 6–10mg/day
- Found in raisins, prunes, nuts — but supplementing is easiest

4. Zinc & Magnesium (ZMA)

What it is: Classic old-school stack for sleep and hormone support

Benefits:

- Zinc supports testosterone production
- Magnesium helps reduce cortisol and improves sleep
- Both are lost during intense training/sweating

Dosage:

- Zinc: 25–45mg/day
- Magnesium: 200–400mg/day (glycinate or malate = better absorption)
- **Take at night** on an empty stomach

5. Ashwagandha (KSM-66 or Sensoril)

What it is: An adaptogen — helps your body **adapt to stress**

Benefits:

- Lowers cortisol (key for raising T)
- Improves sleep, mood, and anxiety
- Increases test levels in stressed men

Dosage:

- 600mg/day (KSM-66 standard)
- AM or PM — experiment to see what works for you

6. D-Aspartic Acid (DAA)

What it is: An amino acid that plays a role in natural testosterone synthesis

Benefits:

- Can boost LH and testosterone **short term**
- Often used for 2–4 week cycles

Dosage:

- 3g/day, on an empty stomach
- Best used in **spurts**, not continuous

7. DIM (Diindolylmethane)

What it is: A compound from cruciferous veggies like broccoli — helps regulate **estrogen metabolism**

Benefits:

- May balance estrogen/test ratio
- Improves estrogen clearance
- Great for guys with high body fat or high estrogen symptoms

Dosage:

- 100–200mg/day

Bonus: Natural Supportive Add-Ons

Supplement	Function
Vitamin D3	Supports test, mood, immunity (take 2,000–5,000 IU/day)
Nettle Root	Reduces SHBG, increases free testosterone
Fenugreek	Libido support, mild test support
Maca Root	Mood, libido, energy (great for stressed-out guys)

✓ Natty Test Booster Stack Example (Morning)

Time	Supplement
Morning	Tonkat Ali + Fadogia + Ashwagandha + Boron + Vitamine D3
Night	ZMA (Zinc + Magnesium) + DIM
Optional	D-Aspartic Acid (2-4 week burst)

! NOTE:

- These don't override poor sleep, overtraining, or low-calorie diets.
- Bloodwork (before & after) is the best way to gauge impact.

Best for guys over 25+ or those in high-stress environments.

Hair & Skin Support

“Build the temple — but protect the roof and the paint job.”

Anabolic and androgenic enhancement often comes at a price: **hair thinning**, **skin issues**, and **premature aging**. This section helps minimize the damage and promote healthy regrowth and skin resilience — whether you're natty or not.

♦ Hair Protection & Regrowth Supplements

1. **Saw Palmetto (*Serenoa repens*)**
 - **Blocks 5-alpha reductase** → reduces DHT conversion
 - May slow or stop **androgenic alopecia (MPB)**
 - **Dose:** 160–320mg/day (standardized extract)
 - Works best **prophylactically** or early-stage thinning
2. **Pumpkin Seed Oil**
 - Natural DHT-blocking activity
 - Supports **hair density and scalp health**
 - **Dose:** 1000–2000mg/day (capsules or oil)
 - Often stacked with saw palmetto
3. **Pygeum & Nettle Root Extract**
 - Anti-inflammatory & DHT-moderating
 - May improve scalp circulation + block DHT at the follicle
 - **Dose:** 200–300mg/day combined (split into 2 doses)

4. **Biotin (B7)**
 - **Keratin support** for stronger hair/nails
 - Popular but overhyped unless you're deficient
 - **Dose:** 2500–5000mcg/day (no mega-dosing needed)
5. **Collagen (Type I & III or Hydrolyzed Peptides)**
 - Supports **skin elasticity + dermal health**
 - **Improves hair shaft strength + skin hydration**
 - **Dose:** 10–20g/day
 - Best absorbed with **vitamin C**
6. **MSM (Methylsulfonylmethane)**
 - Sulfur donor → **collagen + keratin support**
 - May improve **hair thickness** and **skin texture**
 - **Dose:** 1–3g/day
 - Combine with collagen or biotin stack
7. **Marine Collagen + Hyaluronic Acid**
 - Superior skin elasticity and hydration
 - Aesthetic upgrade stack for face, skin, lips
 - **Dose:** Marine Collagen 5–10g / Hyaluronic Acid 100–200mg
8. **Tocotrienols (Advanced Vitamin E Complex)**
 - May reduce **oxidative stress on hair follicles**
 - Emerging support for regrowth in men and women
 - **Dose:** 100–200mg/day

♦ **Topical + Ancillary Hair Compounds**

These aren't oral supplements but are often part of the full stack:

- **Minoxidil (Rogaine)** – increases blood flow to follicles
- **Ketoconazole Shampoo (2%)** – anti-DHT & anti-fungal
- **Topical RU58841** – experimental anti-androgen at the scalp (blocks DHT locally without systemic sides)



Skin Optimization Stack

1. **Vitamin C** – collagen production + antioxidant
2. **Zinc** – wound healing + acne reduction
3. **Niacinamide (Topical)** – skin barrier, oil control, anti-aging
4. **Omega-3s** – anti-inflammatory; improves hydration
5. **Glutathione (or NAC)** – detox + skin brightening (oral or IV)
6. **Astaxanthin** – nature's most powerful skin-protective antioxidant (4–12mg/day)

Example Stack: “Hairline Armor Protocol”

Supplement	Dose	Function
Saw Palmetto	320mg	DHT blocker
Pumpkin Seed Oil	1000mg	Scalp & follicle health
Biotin	5000mcg	Hair strength
Collagen (Hydrolyzed)	10g	Structural support
MSM	2g	Keratin & skin texture
Zinc Picolinate	30mg	Oil Balance, acne control
Vitamin C	1000mg	Collagen + antioxidant
Optional: RU58841	Topical	Local DHT blockade

Notes:

- **Hair loss from DHT** is largely genetic — blockers slow, not reverse
- Use **preventative stacks early** if prone to MPB
- **Topicals + internals = best outcome**
- Avoid ultra-high test or DHT-derivative cycles if hair is a concern

Injury Repair, Joint & Tendon Healing Supplements

1. **Collagen (Type I & III + Vitamin C)**
 - **Boosts connective tissue repair:** ligaments, tendons, skin
 - **Best stacked with:** 50–1000mg Vitamin C for absorption
 - **Dose:** 10–20g/day hydrolyzed collagen peptides (ideally 1 hr pre-training)
 - **Timing tip:** Take ~1 hour before rehab or mobility work for targeted collagen synthesis.
2. **MSM (Methylsulfonylmethane)**
 - **Anti-inflammatory + sulfur donor for tissue repair**
 - **Dose:** 1500–3000mg/day
 - Eases joint pain and enhances flexibility
3. **Glucosamine Sulfate + Chondroitin**
 - **Joint cartilage protection**, especially in older lifters
 - **Dose:**

- Glucosamine: 1500mg/day
- Chondroitin: 800–1200mg/day
- Slows progression of wear-and-tear injuries
- 4. **Curcumin (Turmeric Extract, with Bioperine)**
 - **Potent anti-inflammatory** and antioxidant
 - **Dose:** 500–1500mg/day (standardized 95% curcuminoids + Bioperine for absorption)
 - Great for tendonitis, arthritis, and general pain
- 5. **Bone Broth (or Powdered Bone Broth Protein)**
 - Natural source of **collagen, glycine, proline**, and other healing aminos
 - **Dose:** 1–2 servings/day (10–20g protein per serving)
 - Old-school recovery hack — great during deloads or injury recovery weeks
- 6. **BPC-157 (Body Protection Compound-157)**
 - *Peptide alert* – **shown to accelerate healing** of tendons, ligaments, gut lining
 - **Dose (research-based):**
 - 200–500mcg/day (subQ or oral variant)
 - Often used in *off-label* recovery protocols (info only – not FDA approved)
- 7. **Omega-3 (EPA/DHA)**
 - **Systemic inflammation control**, supports joint fluid and tissue recovery
 - **Dose:** 2000–4000mg combined EPA/DHA/day
 - Always a staple in long-term recovery plans
- 8. **Hyaluronic Acid (HA)**
 - Lubricates joints, enhances **synovial fluid** health
 - **Dose:** 100–200mg/day
 - Often stacked with collagen for joint synergy
- 9. **Vitamin D3 + K2**
 - Bone density, inflammation regulation, tendon calcification prevention
 - **Dose:**
 - D3: 2000–5000 IU/day
 - K2: 100–200mcg/day (MK-7 preferred)
 - Helps joints heal *and* prevents future injury

Optional Add-ons:

- **Glycine (3g+ pre-bed):** Collagen formation & sleep
- **Aloe Vera extract:** Gut & joint inflammation
- **Copper & Zinc:** Crucial cofactors for connective tissue repair

Quick Stack: Injury Recovery Protocol

Morning:

- Collagen + Vitamin C
- MSM + Curcumin
- Fish Oil
- D3/K2

Pre-Rehab Workout:

- Bone broth protein or collagen
- BPC-157 (if using)

Evening:

- Magnesium
- Glycine
- Extra MSM or curcumin (if inflamed)

Sleep & Recovery Stacks (Natural)

Maximizing muscle growth isn't just about training hard — it's about recovering harder. These supplements help improve sleep **quality**, reduce **night-time cortisol**, and support **hormonal recovery** so you grow while you rest.

1. Magnesium Glycinate / Bisglycinate

- **Function:** Calms the nervous system, reduces muscle cramping, supports deep sleep
- **Why this form:** Glycinate = best absorbed, least GI distress
- **Dosage:** 300–400mg before bed
- **Bonus:** Supports natural testosterone production

2. ZMA (Zinc + Magnesium Aspartate + B6)

- **Classic stack** for recovery and hormone support
- **Zinc** → supports testosterone & immune health
- **Magnesium** → promotes muscle relaxation and deep sleep
- **Vitamin B6** → aids serotonin production
- **Timing:** 30–60 minutes before bed on an empty stomach

3. Melatonin (Microdose Only)

- **Function:** Regulates sleep onset
- **Dosage:** 0.3–1 mg (avoid 3–10mg megadoses — they cause grogginess and suppress natural melatonin)
- **Note:** Use occasionally, not every night. Best for jet lag or temporary sleep issues.

4. L-Theanine + GABA

- **L-Theanine:** Amino acid from green tea, reduces anxiety, smooths out stimulants
- **GABA (Gamma-Aminobutyric Acid):** Inhibitory neurotransmitter — helps wind down the brain
- **Stack together:** L-Theanine (200mg) + GABA (250–500mg) = knockout combo
- **Pro tip:** Take with magnesium for synergy

5. Glycine

- **Function:** Promotes deeper, more restful sleep
- **Dosage:** 3 grams before bed (sweet taste, easy to add to water)
- **Bonus:** Collagen synthesis support

6. Ashwagandha (KSM-66 or Sensoril)

- **Adaptogen:** Lowers cortisol, reduces stress, supports testosterone
- **Timing:** AM or PM depending on need (PM if using for sleep)
- **Dosage:** 300–600mg/day
- **Bonus:** Can improve VO2 max and strength over time

7. Apigenin + Magnesium L-Threonate + Theanine Stack (“*Huberman Sleep Stack*”)

This science-backed stack from Dr. Andrew Huberman has gone mainstream:

- **Apigenin (Chamomile extract)** – 50mg
- **Magnesium L-Threonate** – 200–400mg
- **Theanine** – 100–300mg
- **Optional:** Low-dose melatonin (0.3–0.5mg)

8. Phosphatidylserine

- **Function:** Lowers cortisol, may enhance memory and focus
- **Use:** Great for nighttime if cortisol is spiking before bed
- **Dosage:** 200–400mg
- **Best for:** Stressed-out lifters or those on intense programs (e.g., contest prep)

Sample Recovery Stack (Bedtime)

Supplement	Dosage	Notes
Magnesium Glycinate	400mg	Calm nerves, reduce cramps
L-Theanine	200mg	Anxiety, smooth brainwaves
GABA	300mg	Wind-down neurotransmitter
Glycine	3g	Sleep depth + collagen support
Ashwagandha	300-600mg	Cortisol reduction

Bonus Add-Ons (Optional)

- **CBD / CBN** – anecdotal benefits for sleep; legal issues vary
- **Chamomile / Valerian Root / Lemon Balm** – herbal options
- **5-HTP or Tryptophan** – serotonin precursor; use with caution and avoid mixing with SSRIs

Libido & Mood Support Stack

These support natural test production, dopamine/serotonin balance, and sexual health — especially useful during **PCT**, high-stress training blocks, or natural plateaus.

1. Tongkat Ali (Longjack)

- **Function:** Increases free testosterone by lowering SHBG
- **Dosage:** 200–400mg/day (standardized to 1%+ eurycomanone)
- **Bonus:** Improves libido, energy, and mood

2. Fadogia Agrestis

- **Function:** May increase natural testosterone (limited research, popular in PCT stacks)
- **Dosage:** 300–600mg/day
- **Note:** Cycle it – 8 weeks on, 4 weeks off

3. Mucuna Pruriens (L-DOPA)

- **Function:** Boosts dopamine, enhances mood, libido, and motivation
- **Dosage:** 300–500mg/day (standardized to 15%+ L-DOPA)

4. L-Citrulline + Nitrates (e.g., Beetroot Powder)

- **Function:** Boosts nitric oxide for blood flow and *raging pumps*
- **Dosage:** 6–8g Citrulline Malate; 500–1000mg Beetroot
- **Bonus:** Good for sexual performance and gym vascularity

5. Fenugreek Extract (Testofen®)

- **Function:** Modest support for testosterone, libido, and insulin sensitivity
- **Dosage:** 500–600mg/day
- **Best for:** Aging lifters or natural-only athletes

Pro Tips:

- Avoid **stacking too many test boosters** at once — more ≠ better
- For **mental burnout**, prioritize Mucuna + Rhodiola over pure test boosters
- Combine **Citrulline + Pine Bark Extract** for vasodilation and sexual performance

Nootropics & Cognitive Edge Supplements

“Focus like a sniper. Recover like a monk.”

These are compounds that boost **mental clarity, motivation, focus, learning speed, and mood** — either naturally or through modulating neurotransmitters like acetylcholine, dopamine, or GABA.

♦ Top Tier Natural Nootropics

1. **Alpha GPC**
 - **Choline donor** → converts to acetylcholine (learning, focus, memory)
 - Enhances **mind-muscle connection** too
 - **Dose:** 300–600mg/day
 - Great solo or stacked with racetams or caffeine
2. **Lion's Mane Mushroom (Hericium Erinaceus)**
 - Stimulates **NGF (Nerve Growth Factor)** → long-term brain health
 - Enhances neuroplasticity, memory, and cognition

- **Dose:** 500–1500mg/day (fruiting body extract only!)
- Subtle, but builds over time
- 3. **L-Theanine + Caffeine Combo**
 - L-Theanine smooths out caffeine's jitters → **clean focus**
 - Boosts **alpha brain waves** (calm alertness)
 - **Dose:** 100mg L-theanine per 100mg caffeine
 - Ideal for workouts, deep work, or presentations
- 4. **Rhodiola Rosea**
 - **Adaptogen** – helps with stress, fatigue, mood
 - Boosts **dopamine, serotonin** levels gently
 - **Dose:** 200–500mg/day (standardized for rosavins)
 - Works great in early mornings or before stressful work
- 5. **Bacopa Monnieri**
 - Enhances **memory retention, recall** over time
 - Works by **modulating acetylcholine and serotonin**
 - **Dose:** 300–600mg/day
 - Slower acting – noticeable effects in 2–4 weeks

♦ **Harder-Hitting (Non-Stim) Nootropics**

1. **Noopept (Synthetic Peptide-Like Nootropic)**
 - **Fast-acting mental clarity & memory enhancer**
 - Boosts **BDNF, NGF**, and **neuroplasticity**
 - **Dose:** 10–30mg/day
 - Often stacked with choline (like Alpha GPC)
2. **Phenylpiracetam**
 - **Racetam family** – boosts **focus, energy, mental endurance**
 - May reduce perception of fatigue (great for training + thinking)
 - **Dose:** 100–200mg pre-work or pre-task
 - Tolerance can build → cycle it
3. **N-Acetyl L-Tyrosine (NALT)**
 - **Dopamine precursor** – mood, focus, motivation
 - Helps during sleep deprivation, stress, overtraining
 - **Dose:** 300–500mg/day
 - Pairs well with caffeine or Rhodiola



Biohacker Edge Extras

- **Uridine Monophosphate** – improves synaptic growth + dopamine
- **CDP Choline** – premium choline source for long-term brain support
- **Ashwagandha** – stress killer with mild nootropic crossover (cortisol control = clearer head)
- **Omega-3 (DHA-heavy)** – foundational brain fuel, anti-inflammatory

Stack Example: "Laser-Focus Protocol"

Supplement	Dose	Purpose
Alpha GPC	300mg	Acetylcholine boost
L-Theanine	200mg	Calm alertness
Caffeine	100mg	Energy + focus
NALT	300mg	Dopamine support (mood/motivation)
Rhodiola Rosea	250mg	Stress resistance

Quick Notes:

- **Cycle harder nootropics** (Noopept, Phenylpiracetam) to avoid tolerance
- **Choline support** is essential when using racetams or Noopept
- Be cautious combining **stims + high-dopamine noots** → overdrive can burn you out

Long-term use of Lion's Mane, Bacopa, and Rhodiola = structural + functional brain upgrades

Fat Burners & Metabolic Enhancers

"Shred smarter, not harder."

When diet and cardio aren't enough, these supplements may help **amplify thermogenesis**, **curb appetite**, and **mobilize stored fat** — without wrecking your adrenal system or hormones (when done right).

♦ Stimulant-Based Fat Burners

1. **Caffeine**
 - Increases **thermogenesis**, lipolysis, and energy
 - Best when cycled to avoid adrenal burnout
 - **Dose:** 100–300mg pre-workout or fasted cardio
 - Can stack with yohimbine or synephrine for more punch
2. **Yohimbine HCL**
 - Alpha-2 receptor antagonist → helps burn *stubborn fat* (especially lower belly)
 - Most effective **fasted**
 - **Dose:** 0.2mg/kg body weight
 - Not for the anxious or stim-sensitive
3. **Synephrine (Bitter Orange Extract)**

- Mild alternative to ephedrine
- Boosts **metabolic rate** with fewer cardiovascular effects
- **Dose:** 10–20mg per serving
- Often combined with caffeine
- 4. **Ephedrine (if legal in your country)**
 - Part of the legendary **ECA Stack** (Ephedrine + Caffeine + Aspirin)
 - Powerful stim for **energy + fat loss**, but not beginner-friendly
 - **Dose:** 20–25mg ephedrine + 200mg caffeine
 - Use with caution — **legal status varies**

♦ **Non-Stim Thermogenic Enhancers**

1. **Capsaicin / Cayenne Extract**
 - Increases heat production + lipolysis
 - Supports calorie burning without stimulants
 - **Dose:** 50–200mg per dose (capsules preferred)
2. **GBB (Gamma-Butyrobetaine)**
 - Converts to **carnitine in the body**
 - Super sweaty thermogenesis + **fat oxidation boost**
 - **Dose:** 25–50mg (often found in advanced pre-cuts)
3. **Grains of Paradise (Paradoxine™)**
 - Activates **brown adipose tissue (BAT)**
 - Burns calories via **non-shivering thermogenesis**
 - **Dose:** 30–50mg
 - Clinical backing + clean burn
4. **Green Tea Extract (EGCG)**
 - Enhances **fat metabolism + insulin sensitivity**
 - Works synergistically with caffeine
 - **Dose:** 400–500mg standardized to 45–55% EGCG
5. **L-Carnitine (Fumarate, Tartrate, Acetyl)**
 - Shuttles fatty acids into mitochondria
 - May aid **fat burning**, endurance, and **mental focus** (especially ALCAR form)
 - **Dose:** 1000–3000mg/day
 - Best taken with carbs or insulin mimetics

Fat Loss Support Add-Ons

1. **GDA (Glucose Disposal Agents)**
 - Help shuttle carbs into muscle → not fat
 - Example ingredients: **Berberine, ALA, Chromium, Cinnamon Extract**
 - Taken before **high-carb meals or refeed days**
2. **CLA (Conjugated Linoleic Acid)**
 - Popular but **underwhelming** on its own
 - May help with **body recomposition over time**

- **Dose:** 3–6g/day
3. **Forskolin**
- Activates **cAMP** → **boosts metabolism and fat burning**
 - Some data suggests **preservation of lean mass**
 - **Dose:** 250mg/day (10% extract)
4. **7-Keto DHEA**
- Metabolite of DHEA that promotes **thermogenesis**
 - Non-stimulant; may aid thyroid support too
 - **Dose:** 100–200mg/day

Example Stack: “Razor Burn Protocol”

Supplement	Dose	Notes
Caffine	200mg	Fasted AM or pre-workout
Yohimbine HCL	0.2mg/kg	ONLY fasted
Grains or Paradise	40mg	Heat + brown fat activation
L-Carnitine Tartrate	2000mg	Transport + endurance
Berberine (GDA)	500mg before carbs	Helps shuttle glucose to muscle
EGCG	500mg	Metabolic boost + insulin support

Cautions:

- **Stim-based burners** should be cycled (2–4 weeks on, 1–2 weeks off)
- Never mix multiple high-stim ingredients (e.g., yohimbine + ephedrine) without experience
- **Hydration + electrolytes** are critical when thermogenesis is elevated
- Most effective when combined with a **caloric deficit + cardio**



Fat Burners for Women

“Burn it off without burning out.”

Women often have a harder time with fat loss due to hormonal balance, slower thyroid function, and stubborn fat zones (hips, thighs, glutes). These ingredients are chosen for **efficacy without crashing the system**.

♦ Gentle Thermogenic Stack (Stimulant-Free)

1. **L-Carnitine (Tartrate or Acetyl-L-Carnitine)**
 - Helps the body transport fat to be burned for energy
 - ALCAR version also improves **focus and mental energy**
 - **Dose:** 1500–2000mg/day, ideally with carbs
2. **Grains of Paradise (Paradoxine®)**
 - Stimulates **brown fat activation** to burn more calories
 - Mild warming effect without stimulants
 - **Dose:** 30–50mg/day
3. **Green Tea Extract (EGCG)**
 - Supports **fat oxidation**, especially with caffeine
 - May reduce estrogen dominance + improve metabolism
 - **Dose:** 400–500mg (standardized to 50% EGCG)
4. **CLA (Conjugated Linoleic Acid)**
 - Promotes long-term **body recomposition**
 - May reduce **belly and thigh fat** in some women
 - **Dose:** 3g/day, taken with meals
5. **Inositol + Choline**
 - Helps women with **PCOS or insulin resistance**
 - Improves metabolism and **hormonal sensitivity**
 - **Dose:** 2g inositol + 500mg choline per day

♦ Fat Burners with Mild Stims (Optional)

1. **Caffeine (100–150mg max)**
 - Best kept **low and clean** to avoid anxiety or adrenal crash
 - Try natural sources like **green coffee bean** or **guarana**
 - Stack with EGCG for extra fat burning
2. **Synephrine (Citrus Aurantium)**
 - Gentle alternative to ephedrine
 - Boosts metabolism and **suppresses appetite**
 - **Dose:** 10–20mg max per serving
3. **Higenamine or Theacrine (Optional)**
 - Non-jittery alternatives to caffeine
 - Promote fat burning with **less anxiety**

- **Dose:** 25–50mg for higenamine; 100mg for theacrine

Hormone-Friendly Add-Ons

1. **DIM (Diindolylmethane)**
 - Supports **estrogen balance** → less lower-body fat retention
 - Helps women who store fat in hips, thighs, and glutes
 - **Dose:** 100–200mg/day
2. **7-Keto DHEA**
 - Boosts **thyroid activity and thermogenesis**
 - Non-stim fat burner often used in menopause stacks
 - **Dose:** 100–200mg/day
3. **Chromium Picolinate**
 - Controls **cravings and blood sugar swings**
 - Helps with binge eating and emotional snacking
 - **Dose:** 200–400mcg/day

Sample Stack: “Lean & Balanced”

Supplement	Dose	Notes
L-Carnitine	2000mg/day	Morning or pre-cardio
Green Tea (EGCG)	500mg/day	With or without caffeine
CLA	3000mg/day	With meals
DIM	150mg/day	With breakfast
Chromium	200mcg/day	With meals
Optional: Synephrine	10-15mg	Before workout/cardio (if stim-tolerant)

Special Considerations for Women

- Avoid **high-dose stims** (like ephedrine or yohimbine) unless highly experienced
- Pay attention to **menstrual cycle, thyroid, and adrenal function**
- Cycle off all burners for **1–2 weeks every 6–8 weeks**
- Combine with **protein-focused diet + low to moderate carbs**

Core Liver, Kidney & Organ Support Supplements (Condensed)

1. TUDCA (Tauroursodeoxycholic Acid)

- **Best-in-class** liver protection, especially for **oral steroids/SARMs**
- **Dose:** 250–1000mg/day
- Prevents bile backup, supports liver regeneration

2. NAC (N-Acetyl Cysteine)

- Converts to **glutathione**, the body's master antioxidant
- **Dose:** 600–1200mg/day
- Supports liver, lungs, and detox pathways

3. Milk Thistle (Silymarin)

- Herbal liver aid — milder than TUDCA
- **Dose:** 300–600mg/day (standardized extract)
- Use in PCT or off-cycle phases

4. CoQ10 / Ubiquinol

- **Heart health**, blood pressure, energy support
- **Dose:** 100–200mg/day
- Especially helpful with orals, tren, stimulants

5. Citrus Bergamot

- Natural **cholesterol + lipid** control
- **Dose:** 500–1000mg/day
- Protects against oral-induced lipid damage

6. Omega-3 Fish Oil (High EPA/DHA)

- Heart, brain, joint support
- **Dose:** 2–4g combined EPA/DHA
- Helps with inflammation and blood flow

7. Hawthorn Berry

- Blood pressure and cardiovascular support
- **Dose:** 300–600mg/day
- Great stacker with CoQ10

8. Astragalus Root Extract

- **Kidney health**, immune modulator
- **Dose:** 1000–2000mg/day
- Often stacked with telmisartan in hardcore cycles

9. Dandelion Root / Parsley Extract

- Mild **natural diuretics**, support liver/kidney filtration
- **Dose:** As directed (capsule or tea form)
- Use carefully around training and hydration

Estrogen & DHT Management Supplements

These supplements help *optimize hormonal balance* — either by keeping estrogen in check, reducing DHT conversion, or balancing out ratios to support strength, recovery, and libido.

♦ Estrogen Control / Estrogen Blockers (Natural)

1. **DIM (Diindolylmethane)**
 - **Converts “bad” estrogen to good** (favors 2-OH over 16-OH pathways)
 - Helps reduce water retention, fat storage, and estrogen-related sides
 - **Dose:** 100–300mg/day
 - Often paired with Calcium D-Glucarate
2. **Calcium D-Glucarate**
 - **Supports estrogen detox via liver** (glucuronidation pathway)
 - Helps flush out excess estrogens from the body
 - **Dose:** 250–1000mg/day
 - Synergistic with DIM for full-spectrum estrogen clearance
3. **Resveratrol (High-Purity)**
 - Mild **aromatase inhibitor**
 - Also improves cardiovascular health and supports testosterone
 - **Dose:** 100–500mg/day
 - Not strong alone, but useful in an anti-estrogen stack
4. **Grape Seed Extract (Standardized)**
 - Shown to **reduce aromatase activity**
 - Antioxidant + minor E2 control
 - **Dose:** 100–300mg/day
5. **Indole-3-Carbinol**
 - Found in cruciferous veggies like broccoli
 - Precursor to DIM and supports healthy estrogen metabolism

- **Dose:** 200–400mg/day (or just eat a ton of broccoli 🥦)

♦ DHT Control / DHT Blockers (Mild Natural Options)

1. **Saw Palmetto Extract**
 - **Mild 5-alpha-reductase inhibitor** (reduces conversion of T to DHT)
 - Used for **prostate support**, hair loss prevention
 - **Dose:** 160–320mg/day (standardized extract)
2. **Pygeum Africanum**
 - Supports **prostate health**, may **reduce DHT uptake**
 - Sometimes stacked with saw palmetto
 - **Dose:** 50–100mg/day
3. **Nettle Root (Urtica Dioica)**
 - **Binds to SHBG**, may free up more testosterone
 - Also interferes with **DHT binding to receptors**
 - **Dose:** 250–500mg/day
4. **Zinc**
 - Important for both **testosterone production** and **DHT modulation**
 - Deficiency can **increase aromatase activity**
 - **Dose:** 15–30mg/day (Zinc Picolinate or Zinc Monomethionine preferred)
5. **Reishi Mushroom Extract**
 - In some studies, Reishi has shown **inhibitory effects on 5-alpha reductase**
 - Anti-inflammatory and immune modulator too
 - **Dose:** 500–2000mg/day

🧠 Pro Tip: Stack Example for E2/DHT Balance

Supplement	AM	PM
DIM (150mg)	✓	
Calcium D-Glucarate	✓	✓
Zinc (30mg)	✓	
Saw Palmetto (320mg)	✓	✓
Nettle Root (250mg)	✓	
Grape Seed Extract		✓

⚠️ Quick Notes:

- These are **natural support agents**, not pharmaceutical-strength AIs or DHT blockers.
- If someone's running gear with high aromatization (like Dbol or Test), these **won't be enough alone**.

- Too much estrogen suppression can tank libido and joint health — balance is key.
- Natural DHT suppression may affect libido, aggression, and strength output — **know your goal.**

Organ Support & Detox Stack

These are essential for anyone running or recovering from **oral or injectable anabolics, SARMs, or harsh fat burners**. They also support long-term organ health for natural lifters under high training and dietary stress.

1. TUDCA (Tauroursodeoxycholic Acid)

- **Purpose:** Liver protectant, especially for oral AAS/SARMs
- **Dosage:** 250–1000mg/day
- **Benefits:** Helps prevent cholestasis, supports bile flow

2. NAC (N-Acetyl Cysteine)

- **Purpose:** Precursor to glutathione, the body's master antioxidant
- **Dosage:** 600–1200mg/day
- **Benefits:** Liver detox, lung protection, overall antioxidant support

3. Milk Thistle (Silymarin)

- **Classic liver support**, though weaker than TUDCA
- **Dosage:** 300–600mg/day (standardized to 70–80% silymarin)
- **Note:** Works synergistically with NAC

4. CoQ10 or Ubiquinol

- **Purpose:** Heart and mitochondrial support (especially while on stimulants or PEDs)
- **Dosage:** 100–200mg/day
- **Ubiquinol = more bioavailable form**

5. Omega-3 Fish Oil (High EPA/DHA)

- **Purpose:** Cardiovascular, brain, joint, and lipid support
- **Dosage:** 2–4g combined EPA/DHA per day

6. Hawthorn Berry Extract

- **Purpose:** Blood pressure and cardiac support
- **Dosage:** 300–600mg/day
- **Stack Tip:** Combine with CoQ10 for heart health while on cycle

7. Citrus Bergamot Extract

- **Purpose:** Natural lipid modulator
- **Dosage:** 500–1000mg/day
- **Benefits:** Improves HDL, lowers LDL and triglycerides — critical for oral users

Core Liver, Kidney & Organ Support Supplements (Condensed)

1. TUDCA (Tauroursodeoxycholic Acid)

- **Best-in-class** liver protection, especially for **oral steroids/SARMs**
- **Dose:** 250–1000mg/day
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- **Dose:** 300–600mg/day (standardized extract)
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- Blood pressure and cardiovascular support
- **Dose:** 300–600mg/day
- Great stacker with CoQ10

8. Astragalus Root Extract

- **Kidney health**, immune modulator
- **Dose:** 1000–2000mg/day
- Often stacked with telmisartan in hardcore cycles

9. Dandelion Root / Parsley Extract

- Mild **natural diuretics**, support liver/kidney filtration
- **Dose:** As directed (capsule or tea form)
- Use carefully around training and hydration

THE SECRET SUPPLEMENT GUIDE

PART 2 – THE GREY MARKET

Before We Continue — Read This First

The information you're about to read covers *gray-market compounds, prescription medications, and performance-enhancing substances*.

This content is provided **strictly for educational and informational purposes only**.

We are **not** encouraging, prescribing, or recommending the use of any prescription drug, controlled substance, or otherwise regulated compound without proper medical oversight.

You are 100% responsible for what you choose to do with this knowledge.

Always consult with a qualified healthcare professional before making any decision about supplementation, prescription use, or performance enhancement. Laws vary by country and region — make sure you understand and follow your local regulations.

If you choose to proceed, you do so by your own free will, with full understanding of the potential risks, legal implications, and health consequences.

DISCLAIMER

The following information on **Selective Androgen Receptor Modulators (SARMs)** is provided **for educational purposes only**. Many SARMs are **research chemicals**, often unapproved for human use, and may carry legal restrictions depending on your location.

This is not medical advice. Always consult a qualified healthcare professional before considering any use. What you choose to do with this information is entirely **your responsibility**.

SARMs — The Not-So-Secret Sauce

If you've been around the iron long enough, you've heard the whispers:

"Bro, this stuff's like steroids... but without the side effects."

That's the street pitch for **Selective Androgen Receptor Modulators** — SARMs.

They're basically lab-made compounds that **tell your muscles and bones to grow**, without blasting every hormone pathway in your body like traditional gear does.

The appeal?

- No needles.
- Less estrogen bloat.
- Strength and size gains that crush anything "natty."
- And the idea (keyword: *idea*) that they're "safer."

Here's the truth: SARMs aren't magic beans.

They can still shut down your natural test, mess with your cholesterol, and hit your liver if you push them too hard. Most are **research chems** — meaning you're the guinea pig. Purity? Potency? Could be perfect... could be bathtub brew.

In the pages ahead, we'll go through the heavy hitters — RAD, LGD, YK, GW — what they actually do, what to stack them with, and where they fit in a real cycle.

This isn't a hype piece. It's the real playbook.

Use it smart... or don't use it at all.

Selective Androgen Receptor Modulators (SARMs)

What They Are:

SARMs are a class of compounds developed to mimic the muscle-building effects of anabolic steroids — but with greater tissue selectivity and fewer side effects. They bind to androgen receptors in muscle and bone, stimulating growth while aiming to avoid major impact on organs like the liver or prostate.

Why Athletes Use Them:

- Muscle growth without water retention
- Increased strength and recovery
- Fat loss without catabolism
- Orally bioavailable — no injections
- "Legal gray area" status (sold for research, not human use)

Risks & Real Talk:

- Suppression of natural testosterone
- Liver strain (despite “non-toxic” claims)
- Lipid profile disruption
- Unknown long-term risks
- Often mislabeled or underdosed by vendors

THE MAIN SARMS COMPOUNDS

MK-2866 (Ostarine) – The Classic

- **Goal:** Lean muscle retention, mild gains, injury recovery
- **Effective Dose:** 10–25 mg/day
- **Cycle Length:** 6–8 weeks
- **Strengths:** Extremely well-tolerated, excellent for cutting/recomp
- **Side Effects:** Mild suppression, rarely any estrogen-related sides
- **Ideal For:** Beginners, rehab, preserving mass during deficit

LGD-4033 (Ligandrol) – The Mass Builder

- **Goal:** Bulking, strength gains
- **Effective Dose:** 5–10 mg/day
- **Cycle Length:** 6–8 weeks
- **Strengths:** Noticeable size and strength increases quickly
- **Side Effects:** Moderate suppression, possible water retention
- **Ideal For:** Intermediate users aiming to gain quality size

RAD-140 (Testolone) – The Strength Beast

- **Goal:** Max strength and size, performance edge
- **Effective Dose:** 10–20 mg/day
- **Cycle Length:** 6–8 weeks
- **Strengths:** Insane aggression in the gym, high anabolic ratio
- **Side Effects:** Suppression is real, bloodwork recommended
- **Ideal For:** Advanced users pushing hard for gains

YK-11 – Myostatin Blocker Hybrid

- **Goal:** Limitless muscle growth (theoretically), recomposition
- **Effective Dose:** 5–15 mg/day
- **Cycle Length:** 4–6 weeks
- **Strengths:** Believed to inhibit myostatin = more potential growth
- **Side Effects:** Not fully studied, potentially liver toxic

- **Ideal For:** Experienced users looking to experiment

S4 (Andarine) – Vascularity King

- **Goal:** Cutting, strength, hardness
- **Effective Dose:** 25–50 mg/day (split dose due to short half-life)
- **Cycle Length:** 4–6 weeks
- **Strengths:** Extreme vascularity, muscle definition
- **Side Effects:** Temporary night vision tint at higher doses
- **Ideal For:** Contest prep, shredded look, experienced users

S23 – The Nuclear Option

- **Goal:** Extreme cutting, recomposition, dry gains
- **Effective Dose:** 10–30 mg/day (often split 2–3x due to short half-life)
- **Cycle Length:** 4–6 weeks max
- **Strengths:** Hard, dry, dense muscle — rivaling some orals
- **Side Effects:**
 - **Very suppressive** (full PCT *absolutely* required)
 - **Can shut down testosterone completely**
 - Aggression and libido changes possible
- **Unique Note:** Originally studied as male birth control — this stuff is no joke
- **Ideal For:** Very advanced users only. Not a first or second cycle pick.

LGD-3303 – The "Next-Gen" Ligandrol

- **Goal:** Dry lean gains with strength and endurance
- **Effective Dose:** 5–15 mg/day
- **Cycle Length:** 4–6 weeks
- **Strengths:**
 - Strong anabolic effect without as much water retention as LGD-4033
 - May enhance endurance and stamina
 - Still being researched — promising for power + aesthetics
- **Side Effects:** Moderate suppression; liver-friendly but not studied long-term
- **Ideal For:** Intermediate to advanced users wanting a cleaner LGD-style cycle

ACP-105 – The “Mini SARM” with Low Suppression

- **Goal:** Mild lean gains, strength, possible neuroprotection
- **Effective Dose:** 5–20 mg/day
- **Cycle Length:** 4–6 weeks

- **Strengths:**
 - Potent anabolic effects in muscle tissue with **low androgenic activity**
 - Promising **brain-protective** properties (studied in neurodegenerative models)
 - Low suppression compared to RAD-140 or LGD
- **Side Effects:**
 - Still suppressive at higher doses
 - Mild to moderate fatigue if run too long
- **Ideal For:** Beginners, women (in lower doses), or users wanting gains with less shutdown
- **Stackability:** Great with MK-677, GW-501516, or even S4 for a lean bulk or recomp

SR-9009 (Stenabolic) – The “Cardio Pill”

- **Goal:** Fat loss, endurance, improved metabolism
- **Effective Dose:** 10–30 mg/day split into 2–3 doses (very short half-life)
- **Cycle Length:** 6–8 weeks
- **Strengths:**
 - Activates **Rev-ErbA**, regulating circadian rhythm and **metabolic function**
 - Mimics effects of endurance training — often marketed as an “exercise in a bottle”
 - Increases mitochondria in skeletal muscle → enhanced fat oxidation
 - Zero androgenic activity (not suppressive)
- **Side Effects:**
 - Poor oral bioavailability (some users inject research versions)
 - Needs frequent dosing or potentially liposomal delivery for real benefit
- **Ideal For:** Cutting, endurance athletes, or anyone stacking for **fat loss & conditioning**
- **Stackability:** Popular with GW-501516, S4, or S23 for cutting stacks

SARM Stacking Guide

Build your body like a mad scientist — without a pharmacy license.

SARMs (Selective Androgen Receptor Modulators) can be stacked synergistically to maximize results — while (potentially) minimizing sides vs. traditional steroids. But smart stacking means understanding *each compound's role* in the mix.

Bulking Stack


Goal: Pack on lean mass, strength, and size

Cycle Length: 8–12 weeks

Best For: Hardgainers, offseason bodybuilders, winter bulk phases

Stack Example:

- **LGD-4033 (Ligandrol)** – 10 mg/day
- **RAD-140 (Testolone)** – 10–20 mg/day
- **MK-677 (Ibutamoren)** – 20–25 mg/day (*non-SARM GH secretagogue*)

 *Expect 8–15 lbs of lean mass (some water included), massive strength gains, and increased appetite.*

Cutting Stack

Goal: Preserve muscle while melting fat

Cycle Length: 6–8 weeks

Best For: Bodybuilders in prep, physique competitors, or summer cuts

Stack Example:

- **S4 (Andarine)** – 50 mg/day split AM/PM
- **Cardarine (GW-501516)** – 10–20 mg/day (*technically not a SARM*)
- **SR-9009 (Stenabolic)** – 10–30 mg/day (*non-hormonal, metabolism booster*)

 *Not for bulk. Think dry gains, vascularity, endurance, and fat incineration.*

Recomp Stack

Goal: Build lean muscle while losing fat

Cycle Length: 8 weeks

Best For: Returning lifters, plateau breakers, recomp protocols

Stack Example:

- **RAD-140** – 10 mg/day
- **LGD-3303** – 5–10 mg/day (*more anabolic, shorter half-life*)
- **GW-501516 (Cardarine)** – 10 mg/day

💡 *This is the “bodybuilder’s dream” — build muscle and lose fat at the same time.*

♀ **Women’s Stack (Low Androgen)**

Goal: Lean gains, strength, toning without virilization

Cycle Length: 6 weeks (max)

Best For: Female athletes, figure competitors, or first-timers

Stack Example:

- **MK-2866 (Ostarine)** – 5–10 mg/day
- **GW-501516** – 10 mg/day
- **SR-9009** – 10–20 mg/day

💡 *Avoid RAD-140, S23, and other high-androgen SARMS unless under expert guidance.*

Advanced Hybrid Stack

Goal: Elite physique transformation

Cycle Length: 10–12 weeks





Best For: Experienced users only

Stack Example:

- **RAD-140** – 20 mg/day
- **LGD-4033** – 10 mg/day
- **MK-677** – 20 mg/day
- **GW-501516** – 20 mg/day
- **Yohimbine (fasted cardio)** – 5–10 mg/day (*optional*)

💡 *Expect massive strength, recovery, and full-spectrum physique changes.*

! Important Notes

-  Always taper up and assess tolerance in first week.
-  Bloodwork is strongly recommended.
-  PCT (Post Cycle Therapy) is often needed — especially with RAD, LGD, or S23.
-  Liver support and organ health supplements recommended.

BULKING STACKS (Expanded)

♦ Classic Bulking Stack (Beginner–Intermediate)

- **LGD-4033:** 5–10 mg/day
- **MK-677 (Ibutamoren):** 10–25 mg/day
- **RAD-140:** 10–20 mg/day
- **Cycle:** 8 weeks
- **PCT:** Yes (Nolva/Clomid 4 weeks)
- **Goal:** Max lean mass gain, strength, recovery
- **Notes:** MK-677 helps with GH release & sleep, LGD + RAD combo is beast-mode for size

♦ Advanced Bulking Stack

- **RAD-140:** 15–20 mg/day
- **YK-11:** 5–10 mg/day
- **MK-677:** 25 mg/day
- **Cycle:** 8–10 weeks
- **PCT:** Definitely
- **Goal:** Maximum anabolic environment with potential myostatin inhibition
- **Notes:** YK-11 is suppressive but can be powerful in muscle growth combos

CUTTING STACKS (Expanded)

♦ Fat Slayer Stack

- **S4 (Andarine):** 25–50 mg/day
- **GW-501516:** 10–20 mg/day
- **SR-9009:** 20 mg/day split
- **Cycle:** 6–8 weeks
- **PCT:** Mild or none depending on dose
- **Goal:** Fat loss, muscle retention, endurance boost
- **Notes:** Great “dry” stack, doesn’t bloat. Ideal for cutting before summer or photo shoots

♦ **Hardcore Cut / Prep Stack**

- **S23:** 10–20 mg/day
- **RAD-140:** 10 mg/day
- **GW-501516:** 20 mg/day
- **Cycle:** 6–8 weeks
- **PCT:** Yes
- **Goal:** Contest prep, extreme fat loss while maintaining hard muscle
- **Notes:** Can be harsh, so support + PCT required

ADVANCED / HYBRID STACKS

♦ **The Anabolic Recomp Stack (Powerful)**

- **RAD-140:** 20 mg/day
- **LGD-4033:** 10 mg/day
- **MK-677:** 25 mg/day
- **GW-501516:** 20 mg/day
- **Cycle:** 8–10 weeks
- **PCT:** Yes
- **Goal:** Size + cut + recovery
- **Notes:** Massive transformation potential. Must have support supps and a good PCT lined up

♦ **Enhanced Strength & Recovery Stack**

- **YK-11:** 10 mg/day
- **ACP-105:** 10 mg/day
- **MK-677:** 25 mg/day
- **Cycle:** 8 weeks
- **PCT:** Yes
- **Goal:** Strength, aggression in the gym, less shutdown than RAD
- **Notes:** Good for aggressive lifters who recover slowly



WOMEN'S SARMs STACKS

♦ Beginner Female Stack

- **LGD-4033:** 2.5–5 mg/day
- **MK-677:** 10 mg/day
- **Cycle:** 6–8 weeks
- **Goal:** Strength, lean muscle, joint & sleep support
- **Notes:** Mild and effective. Monitor for any virilization signs

♦ Women's Fat Loss Stack

- **GW-501516:** 10–15 mg/day
- **SR-9009:** 10–20 mg/day split
- **Cycle:** 6–8 weeks
- **Goal:** Endurance, lean-out, energy support
- **Notes:** Great for cutting without hormonal impact

DISCLAIMER

The information that follows is provided for educational purposes only. Anabolic steroids are controlled substances in many countries and can carry serious legal and health consequences.

This is not medical advice. Always consult a qualified healthcare professional before making any decisions. What you choose to do with this information is entirely your responsibility.

Anabolic Steroids — The Real Deal

If SARMs are the whispers in the locker room, **anabolics are the roar**.

Testosterone, Deca, Tren, Anavar — these aren't supplements, they're **synthetic power** designed to crank your body's anabolic machinery into overdrive.

Originally built for medical purposes — healing burns, fighting muscle-wasting diseases, helping recovery after trauma — they found a second life in gyms and on bodybuilding stages. Why? Because nothing builds muscle and strength **faster, harder, and more dramatically** than the right stack of gear.

But here's the flip side: with real power comes **real risk**.

- Hormone shutdown
- Organ stress (liver, heart, kidneys)
- Blood pressure spikes
- And changes to your body that can stick for life

There's no free lunch in the world of anabolics. Every gain comes with a bill — sometimes due right away, sometimes years later.

In this section, we'll break down the injectables, the orals, the common stacks, and the harm-reduction protocols the pros actually use. **This isn't about glorifying it — it's about giving you the facts so you can make an informed decision.**



Core Anabolic Steroids Overview

These are the most well-known and widely used performance-enhancing drugs in bodybuilding — each with unique properties, benefits, and side effect profiles. Most users categorize them as **bulking**, **cutting**, or **recomp** based on their effects on lean tissue, water retention, strength, and fat loss.



Bulking Steroids

1. Testosterone (E, Cyp, Prop)

- ♦ Base of almost every cycle.
- ♦ Powerful anabolic + androgenic effects.
- ♦ Builds mass, strength, recovery.
- ⚠ Estrogen conversion, possible hair loss/acne.

2. Dianabol (Methandrostenolone)

- ♦ Rapid strength & size.

- ♦ Increased glycogen storage and water weight.
- ⚠ Liver toxic. Bloat. Estrogenic.
- 3. **Deca-Durabolin (Nandrolone Decanoate)**
 - ♦ Joint lubrication, solid tissue gain.
 - ♦ Synergistic with Test/Dbol.
 - ⚠ Progesterone side effects, long detection time.
- 4. **Anadrol (Oxymetholone)**
 - ♦ Explosive mass gains.
 - ♦ Great for strength athletes.
 - ⚠ Estrogen-like side effects despite non-aromatization. Very hepatotoxic.

Cutting Steroids

1. **Winstrol (Stanozolol)**
 - ♦ Dry, hard physique. Increases vascularity.
 - ♦ Doesn't aromatize.
 - ⚠ Harsh on joints, liver toxic.
2. **Masteron (Drostanolone)**
 - ♦ Anti-estrogenic, very hardening.
 - ♦ Best used by lean individuals.
 - ⚠ Mild but suppressive.
3. **Trenbolone (Ace, Enanthate)**
 - ♦ Elite-level strength, fat loss, aggression.
 - ♦ Doesn't convert to estrogen.
 - ⚠ Insomnia, night sweats, cardio hit, aggression, prolactin sides.
4. **Primobolan (Methenolone)**
 - ♦ Lean gains, safe for longer cycles.
 - ♦ Popular in cutting & female cycles.
 - ⚠ Expensive, requires higher doses.

Recomp / Versatile Steroids

1. **Equipoise (Boldenone)**
 - ♦ Lean mass, endurance, vascularity.
 - ♦ Appetite stimulant.
 - ⚠ Can elevate RBC too much. Long ester = long recovery.

2. Turinabol

- ♦ Oral Dbol variant with less bloat.
- ♦ Excellent for lean gains and recomp.
- ⚠ Mild liver strain. Still suppressive.

3. Proviron (Mesterolone)

- ♦ Increases free testosterone, libido, mood.
- ♦ Anti-estrogenic support.
- ⚠ Weak anabolic effects alone.

Quick Notes on Use

- **Injectables vs. Orals:** Orals work fast but are more liver-toxic. Injectables are longer-acting and more stable.
- **PCT Required?** Almost always, unless bridging with TRT or using mild SARMs.
- **Side Effect Spectrum:** Estrogen, DHT, prolactin, liver, lipid panels — all need to be monitored.

Oral Anabolics

Faster-acting, liver toxic, usually taken in shorter bursts.

1. Dianabol (Methandrostenolone)

- *Use:* Rapid mass & strength
- *Half-life:* ~4–6 hours
- *Notes:* High water retention, aromatizes

2. Anadrol (Oxymetholone)

- *Use:* Massive size gains
- *Half-life:* ~8–10 hours
- *Notes:* Harsh on liver, blood pressure, estrogen mimic (but not aromatizing)

3. Winstrol (Stanozolol)

- *Use:* Cutting, hardness
- *Half-life:* ~9 hours
- *Notes:* Joint pain, lipid strain, dry look

4. Anavar (Oxandrolone)

- *Use:* Cutting, strength
- *Half-life:* ~9 hours
- *Notes:* Mild, low androgenic side effects

5. Turinabol (Chlorodehydromethyltestosterone)

- *Use:* Lean gains, strength
- *Half-life:* ~16 hours
- *Notes:* No estrogenic sides; good bridge between cycles

Important Considerations

- **Liver Support:** Needed with orals (TUDCA, NAC, Milk Thistle)
- **Estrogen Control:** Arimidex, Aromasin, or Nolvadex (if needed)
- **Prolactin Management:** Cabergoline or Vitamin B6 (especially with Tren, Deca)
- **Cholesterol Monitoring:** Many orals crash HDL
- **Testosterone Base:** Always run test when using 19-nors or harsh orals
- **Cycle Support & PCT:** Crucial for recovery and harm reduction

Injectable Anabolics

These compounds are oil- or water-based and generally longer-acting.

1. Testosterone Esters

- **Cypionate / Enanthate / Sustanon / Propionate**
 - *Use:* Mass & strength
 - *Half-life:* 2–14 days depending on ester
 - *Notes:* Foundation of most bulking stacks; aromatizes (estrogen risk)

2. Nandrolone (Deca-Durabolin / NPP)

- *Use:* Joint relief, mass
- *Half-life:* ~6–15 days
- *Notes:* Less androgenic; risk of progesterone-related sides

3. Trenbolone Acetate / Enanthate

- *Use:* Recomp, cutting, hardness
- *Half-life:* 1–10 days
- *Notes:* Dry gains; night sweats, aggression, prolactin risk

4. Boldenone Undecylenate (Equipoise)

- *Use:* Lean mass, vascularity
- *Half-life:* ~14 days
- *Notes:* Long-acting; may increase appetite

5. Drostanolone (Masteron)

- *Use:* Cutting, anti-estrogenic effect
- *Half-life:* ~2–3 days
- *Notes:* DHT-derived; low water retention

6. Primobolan Depot (Methenolone Enanthate)

- *Use:* Lean tissue retention
- *Half-life:* ~10 days
- *Notes:* Mild but expensive and hard to source

Popular Anabolic Steroid Stacks (with Roles & Risks)

1. Beginner Bulking Stack

Testosterone Enanthate + Dianabol

- **Test E:** 300–500mg/week (base)
- **Dbol:** 25–40mg/day (first 4–6 weeks)

Goal: Rapid mass and strength gains

Cycle Length: 8–12 weeks

Notes: Expect bloat and estrogenic sides (run an AI like Arimidex)

PCT: Clomid/Nolva 2 weeks after last Test pin

2. Joint-Friendly Mass Stack

Testosterone Cypionate + Deca-Durabolin

- **Test C:** 400–600mg/week
- **Deca:** 300–400mg/week

Goal: Size gains with joint lubrication

Cycle Length: 12–14 weeks

Notes: Prolactin control (Cabergoline), needs AI

PCT: Starts ~3 weeks post-cycle (long ester)

3. Advanced Cutting Stack

Testosterone Prop + Tren Ace + Masteron Prop

- **Test P:** 100mg EOD
- **Tren A:** 75–100mg EOD
- **Mast P:** 100mg EOD

Goal: Shredded, hard, dry physique

Cycle Length: 6–10 weeks

Notes: Very aggressive; needs AI + possible prolactin control

PCT: 3 days post-last pin, full PCT stack

4. Lean Recomp Stack

Testosterone Enanthate + Equipoise + Anavar

- **Test E:** 300–400mg/week
- **EQ:** 400–600mg/week
- **Var:** 30–50mg/day (last 6 weeks)

Goal: Gain lean tissue, lose fat

Cycle Length: 12–14 weeks

Notes: Monitor RBC (EQ); Var is liver toxic

PCT: Starts ~3 weeks after last pin

5. Classic Strength Stack

Test Prop + Tren A + Anadrol

- **Test P:** 100mg EOD
- **Tren A:** 75mg EOD
- **Anadrol:** 50–100mg/day (first 4–6 weeks)

Goal: Max strength, powerlifting performance

Cycle Length: 8–10 weeks

Notes: Tren + Adrol = harsh combo. Monitor BP, lipids

PCT: Standard SERM protocol, ASAP

6. Female-Friendly Stack (Mild)

Anavar + Primobolan

- **Var:** 5–15mg/day
- **Primo:** 50–100mg/week (injectable only)

Goal: Lean muscle, strength, minimal virilization

Cycle Length: 6–10 weeks

Notes: Start low, go slow. Monitor voice changes, acne

PCT: Usually not required but tapering is advised


Beginner-Friendly Anabolic Protocols

Goal: Introduce anabolics safely, avoid harsh compounds, minimize suppression/sides, and promote quality gains.

1. Testosterone-Only Cycle (*The Gold Standard*)

Best for: First-timers, base-building, understanding your body's response


- **Compound:** Testosterone Enanthate or Cypionate
- **Dose:** 300–500mg/week
- **Duration:** 10–12 weeks
- **Injection Schedule:** 1–2x per week
- **Aromatase Inhibitor (AI):** Only if needed (start with 0.25mg Arimidex every 3–4 days if estrogenic sides show up)
- **PCT:** Start 2 weeks after last shot
 - Clomid 50/50/25/25 or Nolvadex 40/40/20/20
- **Support:** Liver support not required (not oral), consider Omega-3s, bloodwork pre/post

 *Why it's great:* Simple. Powerful. Teaches you how test affects strength, libido, mood, size, and recovery.

2. Anavar + Testosterone (*Lean Gains Intro*)

Best for: Users who want to stay drier, avoid heavy bulking, and minimize bloat

- **Testosterone:** 300mg/week (Enanthate or Cypionate)
- **Anavar:** 30–50mg/day
- **Duration:** 8 weeks
- **AI:** Monitor estrogen; low dose Arimidex only if needed
- **PCT:** Same as above
- **Liver Support:** Yes — use NAC or TUDCA for Anavar


 *Why it's great:* Great strength, fat loss, and hardness. Anavar is mild and rarely causes side effects at moderate doses.

3. Oral-Only Cycle (Not Recommended Long-Term, but Popular)

Best for: Users avoiding needles, testing waters — but understand limitations

- **Compound:** Anavar or Turinabol
- **Dose:** 30–50mg/day
- **Duration:** 6 weeks
- **PCT:** Nolvadex 40/40/20/20 or Clomid 50/50/25/25

- **Liver Support:** 100% mandatory — NAC, TUDCA
- **AI:** Usually not needed, but have on hand

 **Warning:** Oral-only cycles suppress natural test and can stress the liver. Gains can be decent but rarely kept without a proper base or follow-up.

Optional Add-Ons for Beginners (After First Cycle)

- **Masteron (for test stack):** Helps reduce estrogenic effects & hardens physique
- **Proviron:** Mild oral DHT that can enhance libido and free testosterone
- **Turinabol:** Oral with minimal estrogenic sides and good strength gains

Must-Know for Beginners

- **Always get pre-cycle bloodwork** (testosterone, LH/FSH, liver, lipids, etc.)
- **Pin properly:** Sterile gear, proper rotation, clean technique
- **Don't stack 3+ compounds on your first go** — you won't know what's doing what
- **Respect your health:** This isn't just about gains — protect your organs, hormones, and long-term recovery



Shot Prep & Injection Site Rotation

Because pinning your left glute 3x/week is a rookie mistake.

Whether you're blasting Test or microdosing Tren, *how* you inject is just as important as *what* you inject. This guide covers step-by-step injection prep, plus smart site rotation to avoid lumps, abscesses, and scar tissue.



Step-by-Step: Injection Prep (For Oil-Based Anabolics)

1. Wash Your Hands

- Basic, but non-negotiable. Soap and water for 20–30 seconds.

2. Disinfect Your Vial Top

- Wipe the rubber stopper with an alcohol swab.

3. Draw with a Draw Needle

- Use an **18–20g** needle to pull oil into a sterile syringe.
- Avoid injecting with this same needle — it's thick and can cause tissue trauma.

4. Swap to Injection Needle

- Switch to a **22–25g** needle (1" for delts/quads, 1.5" for glutes).
- Recap draw needle safely and dispose.

5. Clear Air Bubbles

- Tap syringe gently and push plunger until a small drop forms at tip.

6. Sanitize Injection Site

- Use an alcohol swab to wipe the skin thoroughly — let it **dry completely**.

7. Inject Slowly

- Insert needle quickly and straight in.
- Inject the oil slowly over 30–60 seconds to avoid pip (post-injection pain).

8. Withdraw Needle & Press Site

- Pull out steadily and press with a clean cotton swab or tissue.
- No need to massage (unless it's a large volume).

9. Dispose Safely

- Use a proper sharps container for needles and syringes.

Injection Site Rotation Map


Rotating sites is **critical** for long-term health and avoiding nasty lumps.

Common Sites:





Muscle Group	Notes	Max Volume
Glute (upper outer)	Most common site. Least painful.	2–3 mL
Ventrogluteal	Safe, deep, less nerve risk. Harder to reach alone.	2 mL
Deltoid	Easy to reach. Best for small doses.	1 mL
Vastus Lateralis (outer quad)	Easy to see & control depth. Can cause soreness.	2 mL
Dorsogluteal (butt cheek)	Popular but riskier — higher nerve & vessel risk.	2–3 mL

Rotation Schedule Example

Day	Injection	Site
Mon	Test E	Right glute
Wed	Deca	Left quad
Fri	Test E	Left glute
Mon	Deca	Right quad
Wed	Test E	Right delt
Fri	Deca	Left delt

 *Alternate left/right and upper/lower body to give each site at least 7–10 days of recovery before hitting it again.*

What NOT to Do

-  Inject the **same spot every week**
-  Use a blunt needle more than once
-  Inject through dirty skin
-  Skip swapping needles after drawing

Female Rebound Protocols (Post-Cycle Recovery)

What Is a Rebound Phase?

After a performance-enhancing cycle (e.g. SARMS, clen, low-dose anabolics), the female endocrine system may take time to normalize. Unlike men, women **don't require traditional PCT (Post Cycle Therapy)**, but they may still experience:

- Mood swings
- Energy dips
- Irregular cycles
- Loss of muscle tone or increased fat gain
- Low libido or brain fog

The goal of the rebound protocol is to **optimize recovery** without suppressing natural hormone production further.

Goals of a Female Rebound Protocol:

- Rebalance estrogen/progesterone/testosterone ratios
- Minimize muscle loss
- Regulate menstrual cycle (if disrupted)
- Support thyroid and adrenal function
- Boost mood, libido, and metabolic stability

Recommended Female Rebound Stack

Supplement	Purpose	Dosage
Ashwagandha (Sensoril or KSM-66)	Cortisol/adrenal regulation	300–600 mg/day
DHEA	Support hormonal balance/testosterone precursor	5–25 mg/day
Maca Root Extract	Hormonal modulator + libido support	1.5–3g/day
Vitex (Chasteberry)	Normalize menstrual cycle	400–1000 mg/day
Rhodiola Rosea	Mood, energy, and adrenal recovery	200–500 mg/day

Creatine Monohydrate	Retain muscle & strength	3–5g/day
Vitamin B-Complex	HPA axis and nervous system	As directed
Omega-3s (Fish Oil)	Anti-inflammatory, hormone balance	2–3g/day EPA/DHA

Optional Add-ons:

- **L-theanine + GABA** (for stress/mood)
- **DIM + Calcium D-Glucarate** (if estrogen dominance is suspected)
- **Probiotic / Gut Support** (if GI issues developed during cycle)

Duration:

- 4 to 8 weeks post-cycle
- Most protocols can taper supplements down over weeks 5–8
- Regular labs are optional but ideal (estradiol, progesterone, DHEA-S, testosterone, cortisol)

What Not to Do:

- Avoid taking more suppression-based compounds (e.g., SARMs or clen)
- Don't skip recovery support just because PCT isn't mandatory
- Don't crash diet post-cycle — maintain nutrition and training at moderate levels



Female Rebound Recovery Checklist

Use this checklist during the 4–8 week post-cycle recovery phase



Hormonal + Mood Support

- ☐ Ashwagandha (Sensoril or KSM-66) – 300–600mg/day
- ☐ DHEA (micronized) – 5–25mg/day
- ☐ Vitex (Chasteberry) – 400–1000mg/day
- ☐ Maca Root – 1.5–3g/day
- ☐ Rhodiola Rosea – 200–500mg/day



Strength & Muscle Retention

- ☐ Creatine Monohydrate – 3–5g/day
- ☐ BCAAs or EAAs – intra- or post-workout (optional)
- ☐ Maintain resistance training (3–5x/week, moderate volume)



Baseline Health & Detox

- ☐ Omega-3 (EPA/DHA) – 2–3g/day
- ☐ Vitamin B-Complex – 1x daily
- ☐ Probiotic – 10–20 billion CFUs/day
- ☐ DIM + Calcium D-Glucarate (if estrogen-related sides appeared)



Lifestyle Recovery

- ☐ Sleep 7–9 hours/night (non-negotiable)
- ☐ Hydration (at least 3L water daily)
- ☐ No crash dieting – maintain a slight calorie surplus or maintenance
- ☐ Track mood, libido, and cycle changes weekly
- ☐ Avoid stimulants (e.g., clen, ephedra) during this phase

Female Use Considerations: Anabolics, SARMs & More

Women can benefit significantly from enhanced performance supplements—but **side effect risk is higher**, especially with compounds that influence androgens. Virilization (development of male characteristics) is the biggest concern.

Key Risks for Women

- **Virilization symptoms:** Deepened voice, facial hair, clitoral enlargement, jawline changes, acne
- **Menstrual irregularities**
- **Mood swings & libido shifts**
- **Liver stress (from orals)**

Safer Compound Options (Low-Androgenic)

These compounds are generally considered safer for women when dosed responsibly:

Compound	Typical Female Dose	Notes
Anavar	5–15mg/day	Most popular female AAS. Watch for virilization over 10mg/day.
Primobolan	25–100mg/week (inj)	Lower risk than most injectables. Oral Primo is often fake.
Winstrol	5–10mg/day	Effective, but higher virilization risk than Anavar.
SARMs (e.g., MK-2866)	5–10mg/day	Can enhance lean mass and strength. Still experimental for women.
GW-501516 (Cardarine)	5–10mg/day	Not a SARM, but enhances fat burning and endurance.
GH Peptides (e.g., CJC/Ipamorelin)	TBD (protocol dependent)	Non-androgenic, improve recovery, fat loss, and anti-aging.

✗ High-Risk Compounds (Generally Avoided by Women)

- Trenbolone
- Testosterone (full doses)
- Dianabol
- Anadrol
- Superdrol
- SARMs like S23 or YK-11
- Insulin / IGF / DNP (unless under expert supervision)

These can produce **permanent** masculinizing effects, even at low doses.



Female-Specific Stacking Tips

- **Start one compound at a time**
- Use **short cycles** (6–8 weeks max)
- Monitor for voice changes or hair growth
- Use **minimum effective doses**
- Consider **natural alternatives** for first-time users (e.g., creatine, carnitine, GH peptides)
- Always run **liver support** with oral agents



Example Female Lean Stack (Beginner)

- **Anavar**: 5–10mg/day
- **GW-501516**: 10mg/day
- **Collagen + Creatine** (support + recovery)
- **Cycle length**: 6–8 weeks



Male Rebound Recovery Checklist

Use this checklist during your 4–8 week post-cycle therapy (PCT) phase



Hormonal Recovery

- ☐ Clomid (Clomiphene Citrate) – 25–50mg/day for 3–4 weeks
- ☐ Nolvadex (Tamoxifen) – 10–20mg/day for 4–6 weeks (*alternate or stack with Clomid*)
- ☐ D-Aspartic Acid – 3g/day (first 2–3 weeks)
- ☐ Ashwagandha (KSM-66) – 600mg/day
- ☐ Tongkat Ali (Longjack) – 200–400mg/day
- ☐ Boron – 5–10mg/day (supports free testosterone)



Muscle Retention + Strength

- ☐ Creatine Monohydrate – 5g/day
- ☐ EAAs/BCAAs – pre/intra workout
- ☐ Beta-Alanine – 3.2g/day
- ☐ Maintain progressive overload training (but back off volume 15–20%)
- ☐ Prioritize sleep and nutrition to avoid cortisol spikes



Estrogen + Cortisol Balance

- ☐ Arimistane (if high estrogen rebound) – 25–75mg/day (*short term only*)
- ☐ DIM – 100–200mg/day
- ☐ Calcium D-Glucarate – 500–1000mg/day



Health & Wellness

- ☐ Zinc – 30–50mg/day
- ☐ Magnesium – 300–500mg/day
- ☐ Vitamin D3 – 5000 IU/day
- ☐ Omega-3s – 2–3g/day
- ☐ Liver Support (TUDCA, NAC, Milk Thistle) – 1x daily
- ☐ Light cardio 2–3x/week to support endocrine balance



Lifestyle Habits

- ☐ Avoid alcohol, recreational drugs, and late nights
- ☐ Sleep 7–9 hours/night
- ☐ Keep stress low — meditation, walks, breathing work
- ☐ Monitor libido, mood, strength weekly
- ☐ Bloodwork: Consider checking TT, FT, LH, FSH, Estradiol 4–6 weeks post-PCT



On-Cycle Support Calendar

Use this to support health and minimize side effects during any SARM, oral, or anabolic cycle (4–12 weeks)

Week	What To Take	Purpose
Week 1–12 (entire cycle)	TUDCA (250–500mg/day) or NAC (600mg/day)	Liver protection (especially on orals)
Week 1–12	Fish Oil (2–3g/day) + Curcumin (500mg/day)	Inflammation & lipid control
Week 1–12	Hawthorn Berry or Celery Seed Extract	Blood pressure support
Week 1–12	CoQ10 (100–200mg/day)	Heart & cholesterol support
Week 1–12	Prostate Support (Saw Palmetto / Pygeum)	DHT management (if on high-androgen cycle)
Week 2–12	DIM (100–200mg/day) + Calcium D-Glucarate	Estrogen detox (optional)
Week 4+	Bloodwork (mid-cycle check-in)	Evaluate liver, lipids, testosterone, estrogen

⚠ Optional: Add **Arimistane** (25mg every other day) if experiencing bloat, mood swings, or gyno symptoms mid-cycle. Avoid crashing estrogen unless truly needed.



Post Cycle Therapy (PCT) Protocols

Restore. Reboot. Reclaim your natural balance.

PCT (Post Cycle Therapy) is essential after using **SARMs**, **anabolics**, or **prohormones** to restore natural testosterone production, protect fertility, and minimize post-cycle crash symptoms (low libido, mood swings, fatigue, etc.).

Skipping PCT = inviting long-term hormonal suppression, depression, or worse.

◆ When Do You Need PCT?

- **SARMs**: Most (especially RAD-140, S23, LGD) require PCT
- **Anabolics**: Always
- **MK-677 / GW-501516 / SR-9009**: No PCT required (non-suppressive)
- **Peptides (e.g., GH, GHRP)**: No PCT required
- **Natural cycles / test boosters**: No PCT required



Standard PCT Protocol (Basic SARMs or Light Anabolics)

Best for: MK-2866, LGD-4033, RAD-140, or low/moderate-dose test

Duration: 4 weeks

Week	Clomid (mg/day)	Nolvadex (mg/day)
1–2	50 mg	20 mg
3–4	25 mg	20 mg

- Start PCT **2–3 days** after SARM cycle ends
- Start PCT **5–7 days** after last Test E / Cyp / injectable use

Hardcore Cycle PCT (Heavy SARMs + Anabolics)

Best for: Strong suppression cycles (Test + Tren, RAD + S23, etc.)

Duration: 6 weeks




Week	Clomid (mg/day)	Nolvadex (mg/day)	HCG (IU/week)
1–2	50 mg	40 mg	2500 IU (split)
3–4	50 mg	20 mg	1500 IU (split)
5–6	25 mg	10–20 mg	—

- **HCG** is used to “prime” the testes before SERM therapy
- HCG is usually pinned **subQ or IM** 2–3x per week

Additional PCT Aids

- **DAA (D-Aspartic Acid)** – Natural T-booster support
- **Ashwagandha / Tongkat Ali / Fadogia Agrestis** – Stress, libido, mood
- **Fenugreek / DIM / Indole-3-Carbinol** – Estrogen balance
- **Liver support** – NAC, TUDCA, milk thistle if orals were used
- **Mood & Cognitive support** – L-Tyrosine, Rhodiola, 5-HTP

What NOT to Do

-  Don't skip PCT after suppressive SARMs or steroids
-  Don't just run Clomid alone — always pair with Nolvadex for synergy
-  Don't start PCT while anabolics are still active in your system (wait 5–7 days)



Post-Cycle Therapy (PCT) Calendar

Start immediately after your last dose of SARMs or anabolics. Adjust for 4–6 weeks based on cycle intensity.

Week	What to Take	Purpose
Week 1–4	Nolvadex (20mg/day) or Clomid (25mg/day)	Restart LH/FSH → testosterone production
Week 1–4	Ashwagandha (600mg), Tongkat Ali (200–400mg), DAA (3g/day)	Natural test boosters
Week 1–4	Arimistane (25mg/day, if needed)	Estrogen rebound control
Week 1–4	Creatine, EAAs, Beta-Alanine	Muscle retention & performance
Week 1–4	TUDCA or NAC	Continued liver repair
Week 1–4	DIM + Calcium D-Glucarate	Clean estrogen metabolism
Week 3–6	Bloodwork (TT, FT, LH, FSH, Estradiol)	Assess recovery progress

🧠 Reminder: Keep stress low, train smart (not heavy ego lifts), eat at maintenance, and get 8 hours of sleep.



Harm Reduction Tips

Stay Smart. Stay Safe. Stay Jacked (Without Wrecking Yourself).

Enhancement comes with risks. But most long-term damage is avoidable if you're not reckless. Here's your cheat sheet to safer use of supplements, PEDs, and performance stacks.

🧠 1. Know What You're Using

- **Source smart** – Don't trust random websites or Instagram sellers.
- Use **lab-tested products** when possible.
- Research every compound — dosage, half-life, mechanism, risks.

💡 “If you don't know what it is, don't pin it or pop it.”

🩺 2. Get Bloodwork — Before, During, After

- Pre-cycle labs: Establish your baseline (testosterone, liver, kidney, lipids, CBC).
- Mid-cycle: Spot problems early.
- Post-cycle: Ensure recovery and long-term health.

Use platforms like **PrivateMDLabs**, **UitaLabs**, or local clinics for discreet panels.

3. Always Run On-Cycle Support (Especially with Orals)

Risk	Support Needed
Liver stress	TUDCA, NAC, Milk Thistle
Blood pressure	Hawthorn, Celery Seed, Ubiquinol
Cholesterol	Fish oil, Citrus Bergamot
Estrogen/DHT	Aromatase inhibitors (if needed), Saw Palmetto, Zinc

4. Don't Skip Post-Cycle Therapy (PCT)

- Crucial for **testosterone-based** or suppressive cycles.
- Basic PCT: **Clomid** and/or **Nolvadex**
- Length: Usually 4 weeks
- Start time: Depends on compound's half-life

 *Skipping PCT = prolonged suppression, ED, mood swings, and muscle loss.*

5. Less is More — Don't Chase Max Doses

- More is **not** always better. Diminishing returns + increased sides.
- Start with **minimum effective dose**.
- Track results and adjust slowly.

6. Take Breaks. Let Your Body Recover.

- Respect downtime between cycles.
- Follow the **time-on = time-off** rule (minimum).
- Consider **cruising** or full recovery phases depending on your path.

7. Watch for Red Flags

- Sudden fatigue, chest tightness, high blood pressure, ED, or mood shifts = stop and investigate.
- Trust your body. If something feels off, it probably is.

8. Join Reputable Communities

- Learn from others' experiences.
- Forums like **Professional Muscle**, **More Plates More Dates**, or **r/steroids** (Reddit) offer community support, cycles logs, and advice.

9. Mental Health Matters

- PEDs can **amplify aggression, depression, anxiety**.
- Don't ignore your headspace.
- Take breaks. Talk to someone. You're not weak for prioritizing your mental health.

10. Avoid These Rookie Mistakes

- Combining multiple new compounds on your first cycle
- Using insulin, DNP, or Tren as a beginner
- Not logging your cycle and results
- "Blasting" year-round with no bloodwork or recovery
- Taking advice from TikTok "coaches" with no science



HORMONE REGULATORS (Post-Cycle / On-Cycle / Endocrine Support)

These are compounds that help **rebalance your body's hormonal axis**, support **testosterone production**, manage **estrogen/prolactin**, and **protect long-term health** — especially after suppressive cycles.



1. Arimistane (Androsta-3,5-diene-7,17-dione)

- **Function:** Suicide aromatase inhibitor (AI)
- **Use:** Lowers estrogen, boosts natural test post-cycle
- **Benefits:** Improves T/E ratio, reduces water retention, may enhance libido and mood
- **Popular timing:** PCT or on-cycle during high-estrogen aromatizing cycles (e.g., Dbol, SARMs like LGD)
- **Notes:** Mild compared to Rx AIs like Arimidex, but effective



2. Nolvadex (Tamoxifen Citrate)

- **Function:** Selective Estrogen Receptor Modulator (SERM)
- **Use:** Classic PCT for SERMs and prohormones
- **Benefits:** Blocks estrogen at the receptor, helps restart LH/FSH for natural test production
- **Notes:** Prescription only in most countries, but widely used underground. Still gold standard for SERM-based PCT.



3. Clomid (Clomiphene Citrate)

- **Function:** SERM (different mechanism than Nolvadex)
- **Use:** Often paired with or alternated with Nolvadex for aggressive PCT
- **Caution:** Higher chance of visual side effects, emotional swings, etc.
- **Dosing (common):** 50/50/25/25 mg over 4 weeks



4. Testosterone Boosters (Natural)

These don't replace SERMs but can **support** recovery and *extend* post-cycle gains.

- **Top Ingredients to Look For:**
 - **D-Aspartic Acid (DAA)** – boosts LH and T in short-term
 - **Fenugreek Extract** – libido, slight T support
 - **Ashwagandha** – reduces cortisol, may support T indirectly
 - **Zinc + Magnesium (ZMA)** – foundational minerals for hormone production
 - **Tongkat Ali (Longjack)** – libido, free testosterone boost

- **Stack Idea:** ZMA + DAA + Ashwagandha (see Natty Test Booster section)

5. Liver and Organ Support

Not technically "hormone regulators," but essential post-cycle:

- **TUDCA** – bile salt for liver stress, especially if oral cycles were involved
- **NAC (N-Acetyl Cysteine)** – liver antioxidant support
- **Milk Thistle** – classic herbal support
- **Support stack:** 500mg NAC + 250mg TUDCA daily

6. Prolactin Control (If Needed)

Useful if your cycle involved **19-nor compounds** (like Tren, Deca, or S23)

- **Cabergoline** (Dostinex) – prescription dopamine agonist (potent)
- **Vitamin B6** – natural prolactin suppression at high doses (300–600mg/day)
- **Mucuna Pruriens** – L-Dopa source, can support dopamine/prolactin balance

Optional Add-On: Pine Pollen

- Contains trace phytoandrogens
- Some claim mild anabolic and libido-enhancing effects
- Not suppressive — more of a holistic T support herb

Sample Hormone Regulation Stack (Post-Cycle)

Week	Nolvadex	Arimistane	Test Booster	NAC + TUDCA
1–2	20mg/day	75mg/day	✓	✓
3–4	10mg/day	50mg/day	✓	✓
5–6	—	25mg/day	✓	✓



Anabolics + SARM Stacks

Blending old-school power with new-gen precision.

Combining traditional anabolic steroids with SARMs can provide synergistic benefits — helping improve lean mass, reduce androgenic load, and add endurance or recovery edge. But this also increases complexity and potential risks.



Mass-Building Power Stack

Goal: Max lean muscle gain with minimized water and estrogen

Cycle Length: 10–12 weeks

Best For: Off-season bulking or size-building blocks

Example Stack:

- **Testosterone Enanthate** – 300–500 mg/week
- **RAD-140** – 10–20 mg/day (*extremely anabolic without extra estrogen*)
- **MK-677** – 20–25 mg/day (*GH secretagogue, supports recovery, appetite, and sleep*)



This is the “big boy” stack — expect slabs of muscle with a hard, dense look.



Dry Recomp Stack

Goal: Build dense muscle and strip fat

Cycle Length: 8–10 weeks

Best For: Photoshoots, transformation programs, recomp goals

Example Stack:

- **Testosterone Propionate** – 300 mg/week
- **Primobolan (Methenolone Enanthate)** – 400–600 mg/week (*dry gains, low bloat*)
- **GW-501516** – 10–20 mg/day (*enhances fat loss and cardio endurance*)
- **Ostarine (MK-2866)** – 10–15 mg/day (*joint support, lean tissue retention*)



This is a lean builder's dream — you'll look harder, tighter, and vascular.



Advanced Cutting Stack

Goal: Fat loss, muscle retention, high-output performance

Cycle Length: 6–8 weeks

Best For: Cutting phases, contest prep, dry look

Example Stack:

- **Testosterone Prop or TRT-dose Test** – 100–150 mg/week
- **Masteron (Drostanolone)** – 400 mg/week (*adds hardness, anti-estrogenic*)
- **S4 (Andarine)** – 50 mg/day split
- **SR-9009** – 10–30 mg/day (*metabolism enhancer, non-hormonal*)

💡 *Dry, hard, and shredded. Think paper-thin skin and visible striations.*

Strength + Power Stack

Goal: Absolute strength, aggression in the gym

Cycle Length: 6–8 weeks

Best For: Powerlifting blocks, heavy bulkers

Example Stack:

- **Testosterone Cypionate** – 400–500 mg/week
- **Anadrol or Dianabol** – 25–50 mg/day (*limit to 4–6 weeks*)
- **RAD-140** – 15–20 mg/day (*super androgenic, adds raw power*)
- **LGD-4033** – 10 mg/day (*muscle density, synergistic with test*)

💡 *This is the “brute force” stack. You’ll feel invincible in the gym.*

♀ **Female Hybrid Stack (Extreme Caution)**

Goal: Muscle gain, performance, physique competition

Cycle Length: 4–6 weeks (max)





Best For: Advanced females only, with bloodwork & coaching

Example Stack:

- **Anavar (Oxandrolone)** – 5–10 mg/day
- **MK-2866 (Ostarine)** – 5–10 mg/day
- **Cardarine (GW-501516)** – 10 mg/day

💡 *Very low androgen load, but even this should be used with care to avoid virilization.*

Tips for Success

-  **Always** cycle and assess tolerance — start with low doses.
-  Bloodwork before, during, after.
-  Use **liver and cardiovascular support** — NAC, tudca, hawthorn, etc.
-  *Don’t* run multiple high-androgen compounds together unless advanced.

-  Avoid overlapping methylated orals (like Dbol + Superdrol).

Peptides vs. Steroids: Injection Differences Explained

Don't be the guy who jabs Tren with an insulin pin.

Not all injections are created equal. GH, insulin, and IGF-1 peptides? That's **micro-dosing**. But **injectable anabolic steroids**? That's **deep intramuscular delivery** — and it requires a different toolset.

This section breaks down everything you need to know to avoid painful mistakes, underdosing, or infection.

Peptides, GH, and Insulin-Style Injections

Used For:

- Growth hormone (GH)
- GH secretagogues (CJC-1295, Ipamorelin, etc.)
- Insulin (Humalog, Humulin R)
- IGF-1 (DES, LR3)
- BPC-157 / TB-500 / MGF / PEG-MGF

Injection Style:

- **Subcutaneous** (into fat layer) or **shallow intramuscular**
- Easy to do yourself in **stomach, thigh, or delt fat pad**

Tools Required:

- **Insulin syringe (slin pin):**
 - 29–31 gauge
 - ½" or shorter needle
 - 1 mL (usually 100 IU)
- Injection volume: **Low (10–100mcg, <1mL)**
- **Pin size doesn't matter as much** because these are water-based and low volume

Anabolic Steroid Injections

Used For:

- Testosterone (Enanthate, Cypionate, Propionate)
- Nandrolone (Deca, NPP)
- Trenbolone
- Boldenone (Equipose)
- Masteron, Primobolan, etc.

Injection Style:

- **Deep intramuscular injection** into **glute, ventroglute, delt, or quad**
- Must be precise to avoid injecting into fat or nerves

Tools Required:

- **Barrel:** 1–3 mL syringe
- **Needle for injection:**
 - **22–25 gauge**
 - **1" for delts/quads, 1.5" for glutes**
- **Needle for drawing:**
 - 18–20 gauge to draw oil-based gear (swapping out before injecting)

Injection Volume:

- **1–3 mL per injection**, depending on compound and concentration
- Rotate sites weekly to avoid scar tissue

Carrier Oils:

- Most anabolic steroids are suspended in **oil (grapeseed, MCT, cottonseed)**
- That means:
 - ⚠ **Never use a skin pin for oil injections.** You'll clog it — or worse, you'll waste *the compound*.

Safety Tips

Mistake	What Happens	What to Do Instead
Using slin pin for steroids	Under-injection, clogged pin, pain	Use proper 22–25g, 1–1.5" needle
Not swapping draw needle	Increased infection risk	Always swap to a clean pin to inject
Injecting too shallow	Hits fat = pain, poor absorption	Inject deep into muscle tissue
Reusing needles	Infection, dull pin = trauma	Use a new pin every single time

Quick Summary

Compound Type	Injection Type	Needle	Syringe
GH / Peptides	SubQ or shallow IM	29–31g, ½" slin	1mL insulin pin
Insulin	Subcutaneous	29–31g, ½" slin	1mL insulin pin
Anabolics (oil)	Deep intramuscular	22–25g, 1–1.5"	1–3mL syringe



Growth Hormone & Peptides (The Recovery + Rejuvenation Arsenal)

These compounds focus heavily on recovery, fat loss, collagen synthesis, and anti-aging — often stacked with anabolics or SARMs for enhanced results.

1. HGH (Human Growth Hormone)

- **Use:** Anti-aging, fat loss, recovery, lean mass.
- **Dose:** 2–4 IU/day (general), 4–6 IU/day (bodybuilding), split AM/PM.
- **Notes:** Real HGH is potent but expensive. Impacts IGF-1, increases cell repair and regeneration.
- **Watch Out For:** Water retention, insulin resistance, carpal tunnel.

2. CJC-1295 w/ DAC

- **Use:** Long-acting GHRH analog that boosts GH release.
- **Dose:** 2 mg 2x/week.
- **Benefits:** Increases baseline GH/IGF-1 levels steadily over time.
- **Best Use:** Paired with Ipamorelin for synergy.

3. CJC-1295 (No DAC)

- **Use:** Shorter-acting version of above.
- **Dose:** 100–200 mcg, 1–3x/day.
- **Combo:** Often stacked with GHRP-6 or Ipamorelin for better pulsatile GH release.

4. Ipamorelin

- **Use:** GHRP that stimulates GH without spiking cortisol or prolactin.
- **Dose:** 100–300 mcg, 1–3x/day.
- **Known For:** Clean, side-effect-free GH pulse.

5. GHRP-6

- **Use:** Strong appetite stimulant + GH secretagogue.
- **Dose:** 100–200 mcg, 1–3x/day.
- **Side Note:** Often used during bulking due to hunger spike.

6. GHRP-2

- **Use:** More potent than GHRP-6 in GH release, less appetite stimulation.
- **Dose:** 100–300 mcg, 1–3x/day.
- **Stackable With:** CJC-1295 (no DAC) or Mod GRF 1-29.

7. Mod GRF 1-29 (CJC without DAC)

- **Use:** Pulsatile GH release, mimics natural GH secretion patterns.
- **Dose:** 100 mcg, 1–3x/day.
- **Best Use:** Paired with GHRP-2, GHRP-6, or Ipamorelin.

8. MK-677 (Ibutamoren)

- **Use:** Oral GH secretagogue. Increases GH and IGF-1 significantly.
- **Dose:** 10–25 mg/day.
- **Perks:** Great for long-term GH increase without injections. Enhances sleep and recovery.
- **Downside:** Water retention, possible increase in hunger and blood sugar.

Pro Stack Idea:

CJC-1295 (no DAC) + Ipamorelin, 1–3x/day → for a powerful, natural GH pulse. Add **MK-677** at night for constant IGF-1 elevation.

GROWTH HORMONE & PEPTIDE STACKS — The Holy Grail of Recovery, Fat Loss, and Lean Gains

While **testosterone** is king for size, **GH and peptides** are the *secret sauce* behind the recovery, youthfulness, and skin-tight lean look you see on the Olympia stage or in Hollywood transformations. When used properly, they *heal*, *lean*, and *rejuvenate* the entire body.

WHY STACK GH WITH PEPTIDES?

- GH alone = powerful, but expensive
- Peptides can mimic or amplify GH effects at lower cost
- Synergy boosts **IGF-1**, **fat loss**, **sleep**, **healing**, and **collagen repair**
- Great for older lifters or injury-prone athletes

PRIMARY PEPTIDES IN GH STACKS

Peptide	Function	Stack Role
CJC-1295 w/ DAC	Long-acting GHRH	Maintains steady GH pulse
Modified GRF (1-29)	Short-acting GHRH	Used in timed dosing (before bed/workout)

Ipamorelin	GHRP, clean profile	Stimulates GH release, minimal sides
GHRP-2 / GHRP-6	GH secretagogues	Powerful GH spike, GHRP-6 boosts hunger
MK-677 (Ibutamoren)	Oral GH secretagogue	Daily oral option for long-term GH elevation

💡 *CJC-1295 + Ipamorelin is the most popular combo for daily GH pulse.*



GROWTH HORMONE ITSELF

Type	Use	Notes
Pharma GH (e.g. Norditropin, Saizen)	The real deal	Expensive but extremely effective
Generic GH (China/UG labs)	Variable	Can be legit or underdosed — test IGF-1
MK-677 (oral GH mimetic)	Budget-friendly	Takes weeks to build up, but legit IGF-1 rise



GH + PEPTIDE STACK PROTOCOLS



1. Recovery & Anti-Aging (Beginner-Friendly)

- **CJC-1295 (w/o DAC):** 100mcg
- **Ipamorelin:** 100mcg
- **Timing:** 1–2x/day (AM and pre-bed on empty stomach)
- **Cycle Length:** 8–12 weeks

Great for sleep quality, joint healing, mood, and subtle body comp changes.



2. Lean Muscle Growth / Fat Loss Stack

- **CJC-1295 (no DAC):** 100mcg
- **Ipamorelin:** 100mcg
- **GH (pharma or generic):** 2–4 IU/day
- **Timing:**
 - GH: 1 IU upon waking, 1 IU pre-workout, 1–2 IU pre-bed
 - Peptides: 2–3x/day on empty stomach
- **Add-ins:**
 - **T3 (12.5–25mcg)** for fat loss
 - **Insulin (optional, post-WO)** for muscle gain



3. Budget Stack: MK-677 + Peptides

- **MK-677:** 10–25mg/day (AM or PM)
- **Modified GRF (1-29):** 100mcg
- **GHRP-2 or GHRP-6:** 100mcg
- **Timing:** 1–2x/day, empty stomach
- **Cycle Length:** 3–6 months (MK-677 doesn't downregulate quickly)

Pros: Oral, cheap, effective.

Cons: Appetite and water retention (especially at 25mg+).

ADVANCED STACK: GH + PEPTIDES + INSULIN

Used by serious bodybuilders for maximum IGF-1 and muscle cell swelling.

- **GH:** 4–6 IU/day
- **CJC-1295 + Ipamorelin:** 100mcg each, 2–3x/day
- **Insulin (Humalog):** 6–10 IU post-workout
- **Carbs:** 10g per 1 IU insulin post-WO

This is the ultimate growth/recomp/hyper-repair stack — not for beginners.

TIMING MATTERS (AND FASTING STATES!)

- Always dose peptides/GH on an **empty stomach** (no carbs or fats 1–2 hr before/after)
- **Pre-bed dosing = deeper sleep, better repair**
- **Pre-workout GH = performance + cell volumization**
- Split GH injections for better blood levels if using 4 IU+

ROTATION & CYCLE IDEAS

Goal	Duration	Notes
Recomp/Fat Loss	8–12 wks	GH + peptides or MK-677 alone
Recovery/Healing	12+ wks	Use lower dose GH + CJC/Ipamorelin
Growth/Size	6–9 mo	GH + peptides + insulin, full-blown

FINAL NOTES

- **Test IGF-1 bloods** if using GH to ensure legit product
- **Start slow** — GH sides like tingling, bloat, or carpal tunnel can hit hard
- **Watch fasting blood glucose** if stacking insulin or MK-677
- **Combine with proper diet, sleep, training, and possibly AAS**

Growth Hormone & Peptides for Muscle, Fat Loss & Recovery

These compounds trigger **endogenous hormone pathways** to stimulate growth, healing, and fat burning — without being “gear” in the traditional anabolic sense. They're more subtle but powerful when used right.

Recombinant Human Growth Hormone (rhGH)

- **What it is:** Synthetic version of natural GH — promotes fat loss, recovery, collagen synthesis, muscle cell growth (hyperplasia).
- **Dose (General Physique Use):**
 - 2–4 IU/day = fat loss, skin health, injury repair
 - 4–6 IU/day = enhanced muscle growth (requires time and support gear)
- **Injection Timing:**
 - 1x daily fasted AM for fat loss
 - Split AM + PM (or post-workout) for growth
- **Cycle Length:** Long-term (minimum 3–6 months for muscle benefits)
- **Support:** Watch blood sugar; may cause insulin resistance over time. Some run Metformin alongside.

 *Real GH is expensive and faked often — pharma-grade or trusted gray-market sources only.*

GH-Releasing Peptides (GHRPs & Secretagogues)

Used as **cheaper or legal-ish alternatives** to pharma GH. Stimulate the pituitary to release your *own* GH.

◆ GHRP-6 / GHRP-2 / Ipamorelin

- **Function:** Trigger GH release in pulses
- **Dose:** 100–300 mcg per shot, 2–3x daily (AM, post-workout, PM)
- **Notes:**
 - **GHRP-6:** Increases hunger a LOT
 - **GHRP-2:** More GH release, less hunger
 - **Ipamorelin:** Cleanest; minimal cortisol/prolactin spike

 *Best stacked with a GHRH like Mod GRF 1-29 for synergy (see below).*

◆ CJC-1295 (aka Mod GRF 1-29)

- **Function:** Mimics GHRH to extend GH pulse
- **Dose:** 100–200 mcg 2–3x/day
- **Use with:** GHRP or Ipamorelin for maximum GH response
- **Combo example:**
 - AM: 100mcg CJC-1295 + 100mcg Ipamorelin
 - Post workout: repeat
 - PM: repeat

💡 *This creates a natural pulsatile release — less risk than blasting synthetic GH.*

🌟 Other Peptides Worth Noting

♦ **MK-677 (Ibutamoren)**

- **Oral GH secretagogue** — stimulates GH and IGF-1 levels
- **Dose:** 10–25mg/day
- **Pros:** Oral, non-injectable, boosts appetite, sleep, fat loss
- **Cons:** Can cause water retention, increased blood sugar

💡 *Best for long-term use (8–12+ weeks); mimics GH use surprisingly well.*

♦ **BPC-157 (Body Protection Compound)**

- **Use:** Injury repair (joints, tendons, stomach lining)
- **Dose:** 250–500mcg/day injected near injury or subQ
- **Cycle:** 2–4 weeks typically
- **Notes:** Healing-focused, doesn't enhance performance directly

♦ **TB-500 (Thymosin Beta-4)**

- **Use:** Muscle and soft tissue healing
- **Dose:** 2–5mg/week divided over 2 injections
- **Stack with BPC-157 for max healing**

Recap for the Guide:

Compound	Purpose	Admin	Notes
rhGH	Growth/Fat Loss	2–6 IU/day	Real deal, long-term use
GHRP-2/6	GH Pulse Boost	Inject 2–3x	Stack w/ CJC-1295
CJC-1295	GH Synergy	Inject 2–3x	Best paired w/ GHRPs
MK-677	Oral GH Alternative	Daily oral	Boosts GH/IGF-1, easy use
BPC-157	Injury Repair	Inject	Joint/stomach healing
TB-500	Injury Repair	Inject	Deep tissue, systemic aid

GH + Insulin Stacking Protocols

For Maximal Size, Recovery, and IGF-1 Surge

WARNING:

Insulin + GH is one of the most **anabolic**, **dangerous**, and **rewarding** combinations in bodybuilding. It's **not for beginners**. Used carelessly, insulin can kill you. Used correctly, it can help you gain slabs of lean tissue while enhancing nutrient uptake and recovery.

How They Work Together

- **GH** increases **IGF-1** via liver stimulation
- **Insulin** drives glucose, amino acids, and nutrients into muscle cells
- Combined: You get **supercharged anabolism**, **faster recovery**, and **accelerated size gains**

BUT: GH **raises blood glucose** (insulin resistance), and insulin **lowers it** — this is why they're paired, but it's a **double-edged sword** if misused.

Basic Stack Protocol (Mass Gain)

Goal: Maximize nutrient partitioning, lean bulk, and IGF-1 elevation

Protocol:

- **GH:**
 - 4 IU/day split
 - 2 IU fasted AM
 - 2 IU pre-bed or pre-workout
- **Insulin:**
 - **Humalog or Novolog** (rapid-acting)
 - 5–10 IU **post-workout ONLY**
 - *30 minutes after GH injection (to time liver IGF-1 spike)*
- **Carb Intake (Post-WO):**
 - **10g carbs per 1 IU insulin minimum**
 - Use **high-GI** carbs (dextrose, maltodextrin, Gatorade, rice cereal, etc.)
 - Add **fast-acting protein (e.g., whey isolate)** and some **creatine** for enhanced uptake
- **Optional Add-ons:**
 - **IGF-1 LR3:** 25–50mcg post-WO
 - **SARM (e.g., RAD-140, LGD-4033)**
 - **Testosterone or anabolic base**

Advanced Mass Protocol (With Multiple Injections)

GH:

- 6 IU/day split into 3 doses
 - 2 IU AM fasted
 - 2 IU pre-workout
 - 2 IU pre-bed

Insulin:

- **5–10 IU Humalog pre-workout** (with carbs + EAAs)
- **5–10 IU Humalog post-workout** (with high-GI carbs + whey)

Carb Coverage:

- Minimum **10g carbs per IU**
- Some pros go 15–20g per IU to be safe

Peptide Boosters:

- **CJC-1295 (no DAC):** 100mcg
- **Ipamorelin:** 100mcg
 - Dosed 2–3x/day between GH injections (not within 2 hours of GH)

Insulin Timing Variants

Timing	Description	Used For
Pre-WO	Increases nutrient flow intra-workout	Hardgainers, fasted trainers
Post-WO	Maximizes recovery & glycogen storage	Standard use
Both	For extreme bulking cycles	Advanced/pro level

Safety Protocols

- **Blood glucose monitor is mandatory**
- Always keep **fast carbs (e.g., glucose tabs, candy, juice)** on hand
- NEVER inject insulin without carbs ready
- Don't sleep for 4–6 hours after using rapid insulin
- Track **blood sugar before/after use**
- Consider using **metformin** (250–500mg/day) to offset GH-induced insulin resistance

Example Week Snapshot (Simplified)

Timing	Supplement	Notes
6:30 AM	2 IU GH	Fasted
7:00 AM	Coffee, light walk	
9:00 AM	Meal 1	High protein/carb
12:00 PM	Meal 2	Moderate protein/carb

2:30 PM	2 IU GH	Pre-WO
3:00 PM	5 IU Humalog	With 75g carbs + EAAs
4:00 PM	Workout	
5:15 PM	5 IU Humalog	With 75–100g carbs + whey shake
6:00 PM	Meal 3	Moderate protein/carb/fat
9:30 PM	2 IU GH	Optional pre-bed
10:00 PM	Sleep	Monitor for signs of hypo



Final Notes

- Insulin is **not** something to casually experiment with
- Start **low** and assess blood glucose response
- Do not use long-acting insulins (e.g., Lantus) for bodybuilding
- This protocol is used by **top-tier athletes and IFBB pros**, but requires a bodybuilder's level of **discipline, tracking, and caution**



Goal-Specific GH Protocols

Targeted Growth Hormone & Peptide Strategies for Fat Loss, Muscle Gain, Anti-Aging & More

Now that we've covered the fundamentals of growth hormone and peptides, let's break it down by specific **goals**. This will help readers — whether they're seasoned bodybuilders or just trying to reclaim their edge — customize their protocol for **maximum results and minimum waste**.



1. Fat Loss & Recomp Protocol (Shred & Harden)

Goal: Drop body fat while maintaining muscle; dry, lean, hard look.

Protocol:

- **GH:** 2–4 IU/day
- **Timing:**
 - 1 IU AM fasted
 - 1 IU pre-workout (optional 1–2 IU pre-bed for recovery)

- **Peptides (optional):**
 - **CJC-1295 (no DAC):** 100mcg
 - **Ipamorelin:** 100mcg
 - Dosed 2x/day, fasted AM and pre-bed
- **Stack with:**
 - **T3 (12.5–25mcg)**
 - **Clenbuterol or Yohimbine HCL (optional fat burners)**
 - **Ketogenic or Carb-Cycling Diet**
- **Cycle Length:** 8–12 weeks

Notes:

Best for summer cuts or post-bulk cleanups. GH amplifies lipolysis and preserves muscle in a deficit.

2. Lean Mass / Recomp Protocol (Hollywood Muscle)

Goal: Add 5–10 lbs of lean, high-quality muscle without bloat.

Protocol:

- **GH:** 4 IU/day split 2x
 - 2 IU AM fasted
 - 2 IU pre-bed
- **CJC-1295 (w/o DAC) + Ipamorelin:** 100mcg each, 2x/day
- **Add-ons:**
 - **MK-677:** 10–25mg/day (instead of GH or alongside)
 - **SARM:** RAD-140 or LGD-4033 (optional for enhanced recomposition)
- **Nutrition:** High-protein, moderate carbs, carb-timed peri-workout
- **Cycle Length:** 10–16 weeks

Notes:

Perfect for men in their 30s–50s who want the “movie star” transformation — dense, dry muscle without looking like a meatball.



3. Mass Gain Protocol (Bulking & IGF-1 Elevation)

Goal: Add 10–20 lbs of mass. Strength, size, and swelling.

Protocol:

- **GH:** 4–6 IU/day split into 2–3 doses
 - 2 IU AM fasted
 - 2 IU pre-workout
 - 2 IU pre-bed
- **Peptides:**
 - **CJC-1295 (w/o DAC):** 100mcg
 - **Ipamorelin:** 100mcg
 - 3x/day (AM, pre-workout, pre-bed)
- **Optional Add-ons:**
 - **Insulin (Humalog or Novolog):** 6–10 IU post-WO
 - **Anabolics:** Test + Deca or EQ
 - **IGF-1 LR3:** (Advanced only) 25–50mcg post-workout
- **Diet:** High carb, high protein, surplus of 300–500 cals
- **Cycle Length:** 16–24 weeks

Notes:

Requires advanced discipline with **blood sugar monitoring**, **nutrient timing**, and **cycle support**. This is serious business and delivers serious gains.



4. Injury Recovery & Anti-Aging

Goal: Heal joints, tendons, or post-surgery rehab. Improve sleep, skin, and general vitality.

Protocol:

- **GH:** 1–2 IU/day (optional: pre-bed only)
- **CJC-1295 (no DAC):** 100mcg
- **Ipamorelin:** 100mcg
- **Optional Peptides:**
 - **BPC-157 (250–500mcg/day)**
 - **TB-500 (2.5–5mg/week)**
- **Cycle Length:** 8–16 weeks+

Notes:

GH stimulates collagen and connective tissue repair. Combine with **collagen**, **vitamin C**, **glucosamine/chondroitin**, and **joint-focused PT**.



5. Longevity & Wellness Protocol

Goal: Stay youthful, mobile, and sharp. Boost energy, skin, sex drive, and mood.

Protocol:

- **GH:** 1–2 IU pre-bed
- **MK-677:** 10–12.5mg/day
- **Peptides (as alternative):**
 - **CJC-1295 (DAC):** 2mg, 1x/week
 - **Ipamorelin:** 100mcg 1–2x/day
- **Cycle Length:** Indefinite or 3 months on / 1 month off

Notes:

Perfect for guys over 40–45 looking to slow the clock. Often paired with **TRT** and clean diet for full rejuvenation.



Safety & Monitoring

Marker	Why It Matters
IGF-1 Levels	Confirms GH effectiveness
Fasting Glucose / A1C	Monitor for insulin resistance
Liver & Kidney Panel	Check for systemic stress
Blood Pressure	Especially with insulin use
Sleep Quality	A top benefit and progress indicator

IGF-1 Site Injection Strategies

Target Lagging Muscle Groups Like a Pro

Using **site-specific injections** with short-acting growth factors like **IGF-1 DES** or **localized GH peptides** can amplify muscle growth in stubborn areas by directly saturating them with anabolic signals during peak training windows.

The Science Behind It

- Muscle-specific IGF-1 receptor activation can lead to **localized hypertrophy**
- **IGF-1 DES** is ideal due to its rapid absorption and short half-life
- GH itself doesn't act locally, but **peptides like PEG-MGF** may help

Best Peptides for Site Injection

Compound	Ideal Use Case	Half-Life	Notes
IGF-1 DES	Direct growth in lagging muscles	~20–30 min	Inject pre- or post-workout
IGF-1 LR3	Systemic growth; some site potential	~20–30 hrs	Rotate sites, not truly local
PEG-MGF	Recovery and repair	~48–72 hrs	Rotate site post-workout
TB-500 / BPC-157	Injury recovery	Variable	Target tendons, joints, or soft tissue damage

Injection Technique Tips

- Use a **29–31G skin pin**, ½" or shorter
- Inject **subcutaneously or shallow intramuscular** into target muscle
- **Massage the site** for 15–30 seconds post-injection to spread the peptide
- Inject **5–15 minutes pre-workout**, or immediately after

Top Target Muscles & Strategy

1. Arms (Biceps & Triceps)

- Inject into **outer biceps or mid triceps**
- Best for those lacking upper arm fullness

- Great with **IGF-1 DES** pre-arm day

2. Delts

- Inject into **medial deltoid head**
- For rounder 3D shoulders
- Pairs well with high-volume lateral raises

3. Chest

- Inject into **outer pec** (avoid sternum/clavicle area)
- Use pre- or post-heavy pressing days
- IGF-1 DES ideal, avoid LR3 in chest due to systemic uptake

4. Quads

- Inject into **outer sweep** or **vastus lateralis**
- Great for leg day or improving quad sweep
- Stretch and massage post-injection

5. Calves

- Inject into **medial or lateral gastrocnemius**
- Highly vascular = rapid uptake
- Use only **low volumes (20–40mcg)** to avoid pain or cramping



Cautions

- Avoid injecting into **abs, neck, or small tendinous areas**
- Rotate sites often to prevent scar tissue buildup
- Watch for **localized swelling**, bruising, or irritation
- Never exceed **100mcg per site/day** of IGF-1 DES
- Use **sterile technique** every time — alcohol swab + new needle



Stack Tip: Add GH or Peptides

Want to enhance localized growth even further?

Try this:

- **IGF-1 DES** site injection pre-workout
- **PEG-MGF** post-workout systemic (subQ)
- Optional: GH peptide like **CJC-1295 + Ipamorelin** at night

This combo hits:

- ✓ Acute hypertrophy
- ✓ Long-term muscle repair
- ✓ Systemic GH/IGF elevation



IGF-1 Specific Protocols

Leverage the Most Anabolic Peptide in the Human Body

Why IGF-1?

Insulin-like Growth Factor 1 is the **primary muscle-building signal** triggered by GH — it stimulates muscle cell hyperplasia (new muscle cells), enhances nutrient uptake, and increases protein synthesis.

Exogenous IGF-1 use = direct anabolic stimulation **without waiting on GH to elevate it indirectly.**



Types of IGF-1

1. IGF-1 LR3

- **Extended half-life (~20–30 hours)**
- Systemic effects
- Promotes full-body growth, not just site-specific
- Can cause hypoglycemia — monitor glucose

2. IGF-1 DES(1-3)

- **Shorter half-life (~20–30 minutes)**
- Best used for **localized muscle growth**
- Ideal for **site injections pre- or post-workout**
- Doesn't bind as strongly to IGF-BPs → more potent locally

3. MK-677 (Ibutamoren)

- Orally active GH secretagogue
- Indirectly increases **GH and IGF-1** levels
- Slower, steady, and long-term elevation
- Great for **non-injectors**, recomposition, and sleep/recovery

IGF-1 LR3 Protocol (Mass Cycle)

Dose:

- 30–50mcg **once daily**, 5 days/week
- Inject **post-workout** for optimal effect
- Rotate sites: shoulders, quads, biceps, etc.

Duration:

- 4–6 weeks on, followed by 2–4 weeks off
- Optional GH support: 2–4 IU/day to keep liver primed

Stack Suggestions:

- Add **5–10 IU Humalog post-workout**
- Add **50–100mg Test base** (optional)
- Add **Creatine + Carb shake** post-injection

IGF-1 DES Protocol (Localized Growth Focus)

Dose:

- 30–100mcg per injection site
- **Immediately pre- or post-training**
- Inject directly into lagging muscle group (e.g., arms, calves, chest)

Duration:

- Use 3–5 days per week for 4 weeks
- Best used in blast cycles or focused weak-point training

Stack Suggestions:

- Pair with **GH or GH peptides**
- Use **pump-based workouts** to enhance local response
- Add **SARMs or low-dose test base**

MK-677 Protocol (Non-injectable IGF Booster)

Dose:

- 10–25mg/day orally
- Best taken **before bed** due to appetite and drowsiness
- Can be used **long-term (8–12+ weeks)**

Benefits:

- Elevated GH/IGF-1 without injections
- Improves **sleep**, **recovery**, **fat loss**, and **lean mass**
- Not suppressive; safe for most users

Stack Suggestions:

- Creatine, beta-alanine, and EAA blend
- LGD-4033 or RAD-140 for synergy
- GH-releasing peptides (e.g., CJC-1295 no DAC + Ipamorelin)



Sample IGF-1 Protocol: Growth Focus

Time	Compound	Dose	Notes
AM	MK-677	10mg	On waking or pre-bed
Pre-WO	IGF-1 DES	50mcg/site	Inject into target muscle
Post-WO	IGF-1 LR3	30mcg	With shake: whey + carbs
PM	GH or CJC+Ipam	Optional	GH support or recovery dosing



Final Notes

- Always **refrigerate** IGF-1 peptides
- Reconstitute with **bacteriostatic water**, not plain sterile water
- Monitor for signs of **hypoglycemia** — keep carbs on hand
- Use **1mL slin pins**, 29–31G, for painless injections
- Cycle off to avoid desensitization or receptor downregulation

INSULIN — THE MOST ANABOLIC HORMONE ON EARTH (But Not to Be F*cked With)

Insulin is a double-edged sword: it's *incredibly* anabolic when used right — but *potentially deadly* when misused. It shuttles nutrients (especially glucose and amino acids) into muscle cells and ramps up glycogen, recovery, and size. It's also dirt cheap and widely available — which is part of the danger.

First, THE WARNING:

- **Misuse = Death.** If you inject insulin and don't eat enough carbs in time, you can literally die.
- **Not for beginners.** This is for advanced users who already have GH, AAS, diet, and training *dialed in*.
- **Blood sugar monitoring is non-negotiable.** You must have a glucometer and fast carb source on hand (dextrose, glucose tabs, Gatorade).

WHY BODYBUILDERS USE INSULIN

- Slams nutrients into muscles post-workout
- Enhances glycogen & intracellular water → fuller muscles
- Increases IGF-1 when paired with GH
- Synergistic with GH, AAS, and high-carb diets

Insulin is the *gateway to freaky fullness* when stacked correctly.

TYPES OF INSULIN USED

Type	Onset	Peak	Duration	Example
Rapid-acting	15 min	1–2 hr	3–5 hr	Humalog, Novolog
Short-acting	30 min	2–4 hr	5–8 hr	Regular (Humulin R)

 Most bodybuilders use **Humalog or Novolog** because it clears faster and is easier to control.

DOSING PROTOCOL (BEGINNER-LEVEL)

This is for informational purposes only — use at your own risk.

Post-Workout Protocol (Humalog Example)

- **Dose:** 4–10 IU immediately after training
- **Carb Rule:** 10g of carbs per 1 IU (minimum)
 - e.g., 6 IU = 60g fast carbs (Gatorade + whey shake works great)
- **Add Creatine and EAAs** to your post-workout shake to max out the cell-volumizing effect

 Start with 4 IU and work up. NEVER go in blind.

Advanced Stack (GH + Insulin)

- **AM GH Shot** (2–4 IU fasted)
- **Workout mid-day**
- **Post-workout:**
 - Insulin (Humalog 6–10 IU)
 - 60–100g carbs
 - 40g protein
- **Followed by solid food meal ~1 hour later**

This stack leverages the synergy between insulin and GH to boost **IGF-1**, drive more nutrients into the muscle, and accelerate recovery.

RISKS & SIDE EFFECTS

Side Effect	Notes
Hypoglycemia	Low blood sugar can kill you — carry glucose!
Fat gain	If diet isn't tight, insulin will store fat too
Insulin resistance	Chronic use can blunt insulin sensitivity
Lethargy	Carb crashes, blood sugar dips mid-day

Final Tips for Guide Readers

- **Monitor blood sugar.** Fasting AM, pre/post injection.
- **NEVER inject without carbs ready.**
- **NEVER combine with long-acting insulin unless you know *exactly* what you're doing.**
- **Have someone with you when trying it the first few times.**
- **Stop immediately if you feel shaky, nauseous, dizzy, or confused**

SUPPLIERS



SUPPLIER NOTE

The suppliers listed here are **well-known within the professional bodybuilding community** and have a long-standing reputation for providing products used by serious athletes. While these resources are included to help point you in the right direction, please remember that they are shared **for informational purposes only**.

We're not here to "officially" endorse or promote any specific source—only to pass along the names that many experienced competitors already know. It's still **your responsibility** to ensure that anything you order is legal in your area, sourced safely, and used responsibly.

If you choose to purchase from any of these suppliers, you're doing so at your own discretion, with the understanding that the final decision—and the outcome—is 100% in your hands.

NATURAL SUPPLEMENTS

Most of the natural supplements talked about in this book can be easily found online. We will be recommending providers in the future however as for now you can buy them just about anywhere.

GREY MARKET AND PHARMA SUPPLEMENTS

-NOTE: THESE ARE NOT AFFILIATE LINKS-

SARMS AND ANABOLIC STEROIDS VETTED SUPPLIER

[LINK](#)

VIALS, SYRINGES AND NEEDLES VETTED SUPPLIERS

[Source 1](#)

[Source 2](#)

That's a Wrap, Beast!

You made it to the end—props for sticking with it. Most people never dig this deep, and that's why most people never see real results. You've now got knowledge that most gym bros will never even hear about, let alone understand.

This guide isn't just something you read once—it's your playbook. Save it. Keep it close. Pull it up when you're planning your next move, whether you're dialing in a clean bulk, cutting for that razor look, or pushing the limits in the offseason.

We'll keep dropping fresh protocols, stacks, and insider-only intel straight from the trenches of the pro bodybuilding world. No fluff, no sugar-coating—just the real deal.

So check back often, because what's coming next is going to blow the lid off what you thought you knew.

Until then—train savage, recover smart, and never stop leveling up.

— ***Bodybuilding Inner Circle***

<https://bodybuildinginnercircle.com/>