

# 20 Hardcore Underground Bodybuilding Secrets You Won't Find On Google

**1. The most important drugs when it comes to bodybuilding from a purely muscle growth + body composition standpoint are the following in this exact order (not accounting for Aromatase Inhibitors and other ancillaries):**

- **Anabolics:** Includes [Steroids](#), Prohormones, [SARMs](#), etc. – Anabolics are directly responsible for all supraphysiological hypertrophy that takes place during the recovery phase after training. Ensuring the body is in as anabolic of an environment as possible is the first step in building a superhuman physique.

- **Human Growth Hormone:** Strictly from a bodybuilding perspective, GH is useless to take on its own without anabolics unless you seek the benefits it can provide in other aspects such as injury prevention/healing, anti-aging, boost in fat oxidation, etc.

What it will do in high enough dosages though is cell splicing (Hyperplasia).

When Hyperplasia occurs, you can create the staging for brand new muscle cells that never existed.

Once new muscle cells are created, there are more cells that anabolics can induce hypertrophy in, thereby increasing one's overall muscle growth potential that would have otherwise been impossible to achieve with only anabolics used on their own.

There are various pathways by which one can drive up GH/IGF-1 levels in the body without literally injecting exogenous synthetic GH, such as [MK-677](#), Growth Hormone Releasing Peptides (GHRP's) and [Growth Hormone Releasing Hormones](#) (GHRH's).

At the end of the day they are accomplishing the same thing as synthetic GH, which is driving up GH and IGF-1 levels in the body, hence why I will also lump them into this category.

Literally using synthetic IGF-1 could also fall into this category, but it will inhibit the endogenous production of other growth factors via negative feedback, so achieving high IGF-1 levels via exogenous GH administration is the easiest way to achieve the benefits of this particular pathway of growth. IGF-1 would typically only make sense when there's a genetic abnormality subsequent to IGF-1 binding, leading to suboptimal transcriptional activity.

- **Insulin:** When one is constantly using high dosage GH, this can lead to chronically high blood sugar, which can result in the beta cells in the Pancreas burning out over time, and ultimately once enough damage has occurred, self-induced Diabetes.

Insulin usage not only relieves the Pancreas of being forced to constantly fight to bring blood glucose levels down while on GH, but it can be used to strategically shuttle nutrients into hungry muscle cells more efficiently, and when used in conjunction with GH and anabolics it can lead to a greatly improved level of nutrient partitioning when used appropriately, and significantly increase overall muscle growth.

If used inappropriately though, it will just [make you fat](#) and further exacerbate bodybuilding induced health complications.

Not to mention that if you take too much and don't know how to measure it properly on an Insulin syringe you can kill yourself.

- **Fat Burning Agents & Appetite Suppressants:** Includes [Clenbuterol](#), [T3](#), [DNP](#), Ephedrine, Albuterol, Meridia, Phentermine, Yohimbine, Rauwolscine, 1,3-DMAA, etc.

Obviously these don't build actual muscle tissue, but when it comes to reaching a very low level of body fat, it can be very difficult without the use of some compounds that put your metabolism in a supraphysiological state of fat burning, and/or appetite suppressants.

- **Myostatin Inhibitors:** The most notable being [Follistatin](#) and [YK11](#), these new research chemicals are focused on revolutionary new ways to break through muscle building plateaus by inhibiting Myostatin (a protein in the body that essentially regulates muscle growth and prevents you from gaining too much muscle).

As of now, these compounds are not overly important (and Follistatin is almost always fake anyways), but I suspect that in the next 50-100 years as compounds similar to these get more attention these will move way up the list in importance as they are literally compounds that focus specifically on altering a human's response to their own genetic code and predetermined muscle growth limitations.

By successfully inhibiting Myostatin, one could very likely achieve insane unseen levels of musculature.



*A dog with a Myostatin deficiency*

**2. Which of the categories of compounds above (if any) are necessary to achieve the ideal male body that is most attractive to women?**

One key thing to note is that to achieve an outstanding physique, you do NOT need almost any of the compounds listed above. And you may not need any at all depending on your genetics.

The [most attractive body to women](#) is one that can be achieved with normal Testosterone levels in certain genetically gifted individuals, or a slightly supraphysiological level of anabolics for those not as genetically gifted.

This could be coupled with a fat burner and/or appetite suppressant intermittently (if necessary) while cutting down to adhere to the necessary caloric restriction.



*Anything exceeding this is overkill and will only appeal to specific niches of women who roll with a similar crew (e.g. fitness industry chicks)*

Shoot for athletic and very lean.

The good thing about this is that unless being a competitive bodybuilder is your goal, you don't need to abuse drugs to max out your physique when it comes to being attractive to women.

As long as you look athletic and have a low level of body fat your facial features will be much more prominent, and your muscle shape will show from beneath the fat on your body (abs, "sex lines", v-taper, vascularity, definition, etc.).

10% body fat on an athletic frame [year round](#) would be ideal.

You absolutely do NOT need to be competition shredded to be maxed out looks wise.

### **3. More Drugs Does NOT = A Better Physique**

Despite what many believe, there is a very blatant diminishing returns effect with anabolics (and most drugs in the bodybuilding world), and once you get to a certain point you would just be increasing your side effects by increasing the dose.

Once you get to the 1500-2000 mg range per week, there would be substantially more of a benefit from adding in some GH and Insulin instead of adding any more gear.

That isn't to say that you should ever go that high obviously, but just be aware that mega-dosing steroids would actually result in less progression than a more reasonable dose of steroids would coupled with GH, or coupled with both GH and Insulin.

Even for someone with high aspirations of being a top tier men's physique or classic physique competitor, I can't foresee there being a need for more than a gram or two of gear per week at most, and that would be after working up to it, a newbie would absolutely not need even close to that much.

*These are hypothetical numbers that are meant to be general – there are [genetic freaks](#) that could go pro in men's physique naturally, and then there are guys who can take 5+ grams of gear per week and never even win a regional qualifier.*

There are certain unforeseen circumstances that arise where more drugs can actually greatly hinder progress as well.

E.G. the more GH you use, the more lethargic you will be.

Once you start hitting high dosages, you may start dragging ass, and this often leads to unhealthy stimulant abuse to stay awake and alert.

Sleeping all day, and slamming stimulants are both counterproductive to getting all your meals in, and oftentimes guys taking boatloads of GH won't eat enough food or train hard enough to even make use of it.

If there isn't enough time in the day to eat, don't expect to grow well.

That is just one example of many.

#### **4. You Don't "Need" To Use An Oral Steroid To Kick Start Your Long Ester Based Cycles.**

You will often get advised to "kick start" your cycle with something like Dbol, Anadrol, or any other [oral steroid](#) with a short half-life.

The reason this is advised is because long ester injectables (what most people use for the meat and potatoes of their cycles) can take several weeks to build up in the blood, so for

the first few weeks of a long ester cycle suboptimal progress can be made while waiting for full saturation of the drugs.

By “kick starting” with an oral steroid, one can experience immediate gains in size and strength within the first week due to the short half life.

Hence, this has become a very common strategy, and oral steroids are commonly referred to as on cycle essentials.

They are great and can be a huge benefit don't get me wrong, but during a bulking phase it is very common for the liver toxicity of these methylated oral steroids to interfere with one's appetite to such an extent, that adequate nutrient intake is not sustained, which obviously will result in subpar growth (if any at all).

The meat and potatoes of what you will gain will be dictated by your injectables, and GH + Insulin if that is also utilized (and also your diet + training obviously).

## **5. Hormones And Food Dictate Everything**

The actual going to the gym and working out portion of bodybuilding is just the necessary breakdown process you need to stimulate the muscle, break it down, and signal your body that it needs to recover and become bigger and stronger so it can adapt to that workload and handle it the next time it encounters it.

Hormones put your body in an anabolic environment conducive to growth, while food is what your body actually utilizes as its' source of nutrients to rebuild the broken down muscle bigger and stronger.

Nothing productive can be accomplished if all 3 aspects are not taken care of, no matter how hard you train you will not get bigger if your hormones aren't able to support recovery (hence why [low-Testosterone](#) individuals have a way harder time making progress), or you aren't eating enough to repair the broken down tissue and recover sufficiently.

## **6. Rotating Compounds Mid-Cycle To Prevent Plateaus Is Bullshit**

I'm sure if you've done a cycle before you've probably noticed a point where all of a sudden you seem to experience dramatically diminished returns, and in the weeks to follow you don't make nearly as much progress as you did in your first 6-8 weeks.

Granted, this will be dependent on the type of compounds and their half-life, but in general, gains start to stagnate to a fair bit around the 8 week mark, and sooner for compounds with shorter half-lives like Dbol, Anadrol, Superdrol, etc.

A plateau in muscle gain is commonly attributed to “androgen receptor downregulation”.

This diminishing returns effect is not the result of androgen receptor downregulation, although most will misinterpret it as such.

The reason why you can't gain muscle at a rapid pace continuously while on steroids is thought to be at least partially caused by Myostatin increasing to inhibit your body from gaining an unhealthy amount of muscle.

Steroids actually upregulate androgen receptors, not downregulate.

Bodybuilding gurus will commonly advise swapping compounds at week 8 of a cycle/blast phase to circumvent plateaus in muscle gain.

This does absolutely nothing.

The misguided belief is that androgen receptors become accustomed to the steroid used during the first 8 weeks, and switching to another steroid will circumvent the androgen receptor being desensitized to the first compound.

For example, if someone uses Testosterone and Nandrolone for 8 weeks, the majority of gurus will advise that they swap the Nandrolone for EQ or Tren at the end of week 8.

The androgen receptor doesn't "get used to" Nandrolone by the end of week 8.

The mechanism by which your body is inhibited from gaining absurd amounts of muscles does not appear to be because your androgen receptors are becoming desensitized to the steroids that you're using.

Rather, it's your body's endogenous production of Myostatin, and likely other systems.

The body has a counteracting mechanism for everything.

If you eat carbs, your pancreas releases insulin to bring down your blood sugar.

If you expose your skin to UV rays, your skin will increase melanin production (or try to) to create a tan that will help protect you from further damage.

Myostatin increases to prevent you from gaining unhealthy amounts of muscle.

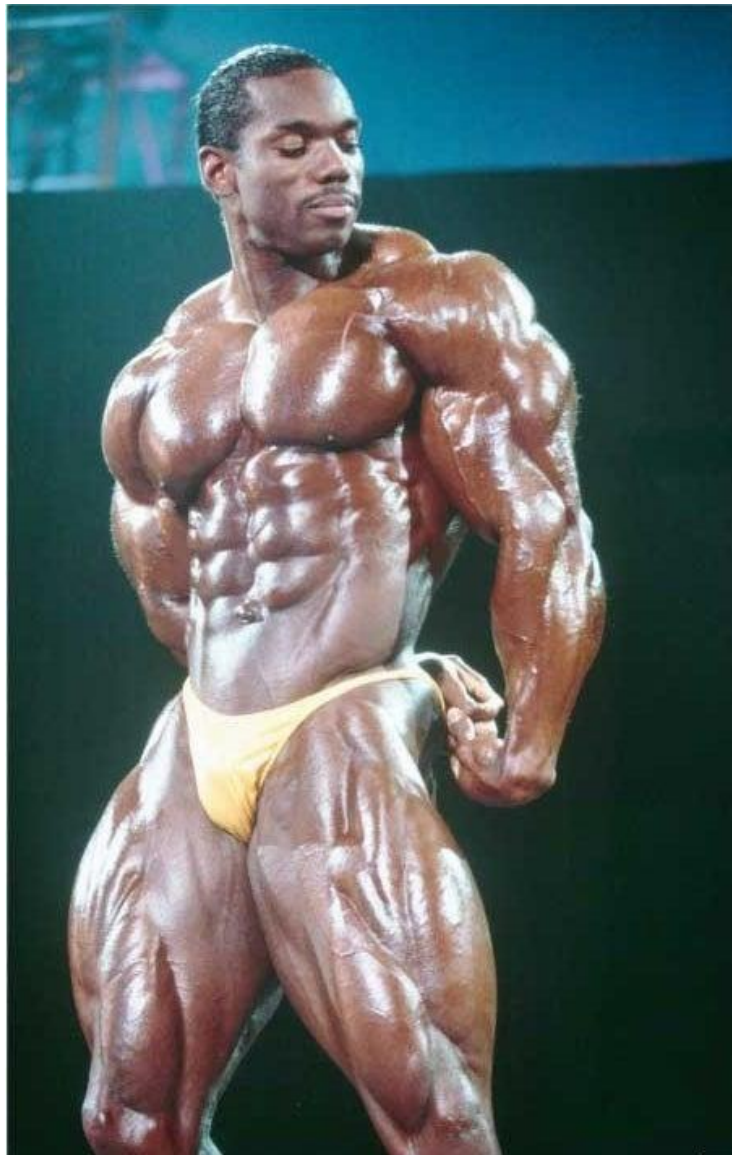
The human body is a big balancing act.

Something most don't realize is that having a lot of muscle mass is extremely unhealthy for the cardiovascular system.

Your body is fighting back to keep muscle off of you, and the more muscle you gain and the more androgens you expose your body to, the more you will induce Myostatin production to make it increasingly difficult to gain more size.

There may be other regulating mechanisms that we are not yet aware of, but Myostatin seems to be a primary one.

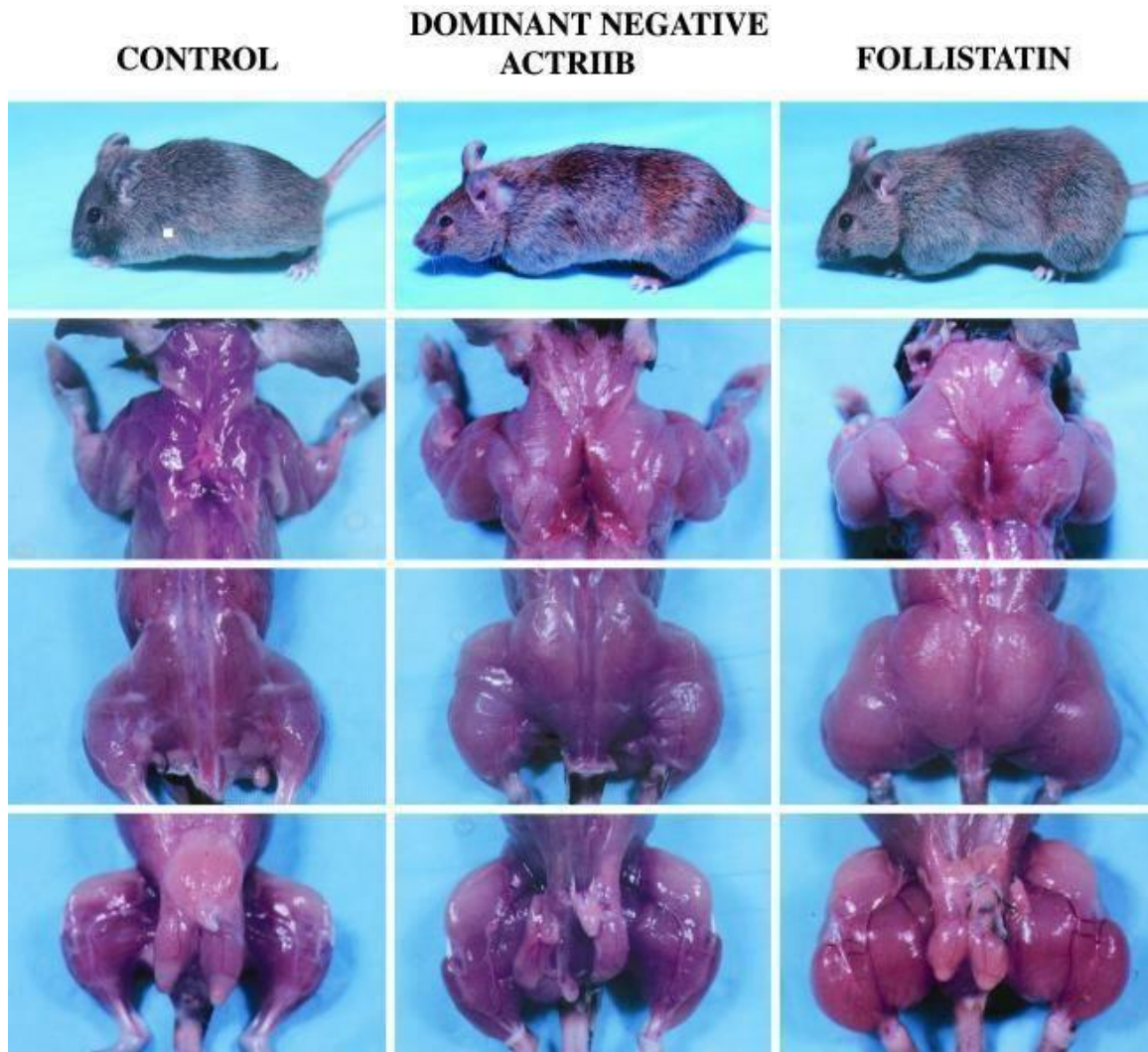
[Flex Wheeler](#) is a great example of what Myostatin does to the body, as well as what a lack of it can do.



During a study at the University of Pittsburgh, Flex was found to have a very rare Myostatin mutation at the exon 2 position on the gene.

This gene mutation prevented his body from producing normal amounts of Myostatin, consequently resulting in a much larger number of muscle fibers than the average male.

Animals and humans with inhibited Myostatin levels have consistently shown to have much greater levels of musculature relative to their non-inhibited counterparts, and based on this it isn't crazy to assume that most genetic freaks in bodybuilding developed their physiques as a result of a similar gene mutation.



In theory, someone with inhibited Myostatin levels could continue to progress at rates that would be impossible for someone with normal levels.

The end result being substantially greater levels of muscle gain from the exact same drugs, diet and training.

Swapping Compounds Is Pointless | Androgen Receptor Activation Is All That Matters

As per the advice of a misinformed guru, once you plateau then you should swap compounds because your body is getting used to the androgens you're using.

Let's delve into how the androgen receptor mediates effects in the body quickly just to clarify exactly what really happens.

When you take TRT, does your body suddenly stop transcribing the effects of Testosterone correctly at week 8?

Does your penis suddenly become dysfunctional and lethargy and brain fog kick in?

No, anybody on TRT knows full well that as long as you keep your hormones in check with a properly managed Testosterone to Estrogen ratio, your state of well-being is consistently the same, as is sexual function.

Based on the theory that androgen receptors downregulate, you would only assume that eventually the androgen receptors would also eventually desensitize to Testosterone too, as it is after all the bioidentical androgen our body naturally produces.

Why would the body desensitize to Nandrolone, Dianabol, or Trenbolone, but not Testosterone?

If we adopt this theory, then are we also adopting the premise that you should rotate out Testosterone after the androgen receptors have desensitized to it.

This theory falls apart once you look at it in this capacity, without even delving into the science of androgen receptor activation.

Obviously we don't have to swap from Testosterone to some other random unapproved drug now because we're on TRT and our bodies will supposedly get used to the Testosterone long-term.

Your body doesn't just stop using the Testosterone properly at week eight.

That's absurd.

Everything keeps functioning correctly on that Testosterone for the duration of time you use it, but the muscle itself is what's inhibited.

I'm sure guys on TRT will attest to the fact that their libido doesn't just crash and stop working at week eight, and that's because the functions mediated through androgen receptor activation are irrelevant to the reason you're not putting on more muscle.

Every pound of muscle you gain will be harder than the last.

The first 10 pounds you gain when you workout are easy.

The next 10 pounds are fairly easy too.

But you'll notice that the closer you get to the 50 pound mark of lean muscle accrual (even on anabolics) that your body will start fighting back big time, and eventually gaining just a few pounds more muscle will be more difficult for you than gaining the first 20 was.

Each vector of growth only has so much pressure that can be applied.

At some point, there are diminishing returns with every PED.

This isn't just Myostatin driven, but also rate limiting steps and feedback systems.

### **7. Your progression whether it be gaining muscle or losing fat will largely be determined by your mind and stomach.**

Your stomach/ability to eat in a calorie surplus when you're not hungry, as well as your will power in a calorie deficit to not overeat past your allotted calorie limits when you're hungry are two very prominent sticking points that prevent many guys from growing as much as they could be, or getting lean enough for a show, or even just for getting lean enough to look great during beach season in the Summer.

Despite how easy bodybuilding may appear to the average person, gaining stupid amounts of muscle and getting shredded to the bone are probably two of the most mentally taxing tasks that you can attempt.

### **8. Calorie counting is absolutely key if you're a newbie**

If you are a complete newbie who is clueless when it comes to [losing fat](#) at an efficient rate without ruining your metabolism, calorie counting meticulously will be hugely important for learning how your body composition specifically responds to a diet over certain spans of time.

This will also apply when trying to [gain muscle and stave off fat gain](#) as much as possible.

### **9. Stay On Top Of Your Health, Or Else It Will Bite You In The Ass Later In Life**

Stay on top of your [blood work](#) to assess your major health markers, check your blood pressure and resting heart rate constantly and ensure these are as healthy as possible at all

times year round, and get a thorough cardiovascular examination done at least once per year (EKG, Echocardiogram, Stress Test, etc.).

The most common health complication bodybuilders will run into from drug abuse is [cardiovascular disease](#).

To be frank, if you could completely negate the cardiovascular ramifications of steroids, GH, and weighing way more than you should, bodybuilding likely wouldn't even be an unhealthy sport.

Unfortunately, the fact is that most drugs in bodybuilding are terrible for the heart, and drugs aside, by having a supraphysiological amount of muscle on your frame, your heart has to work that much harder to supply blood and oxygen throughout your body.

By staying on top of it and addressing things immediately if they pop up, you can effectively minimize the risk bodybuilding will have on your long-term health.

If you have high blood pressure fix it through appropriate diet or lifestyle changes, drop the drugs, or get on medication to lower it if you still can't resolve it after all of those.

Kidney failure isn't incredibly common, but if someone has a predisposition to high blood pressure, hops on gear, or even gets high blood pressure from gear alone and leaves it for long spans of time, you're essentially a walking ticking time bomb.

Take it from me, my best friend passed away at 21 years old from a blood clot in his calf that went up to his lungs and brain and resulted in a pulmonary embolism.

The cause of it being high blood pressure coupled with what was likely a clotting disorder.

He should've had a better diet, been on blood thinners, and ideally stayed away from any drugs that could exacerbate the issue, and he may have been fine and lived a long healthy life.

If you have nosebleeds all day long and can't keep your blood pressure under 140/90 on Dbol, then you shouldn't be taking Dbol, and you should find something else your body doesn't respond horribly to.

Your blood pressure should be 120/80 at most (ideally 110/70), regardless if you're on cycle or not.

## **10. DO NOT Waste Your Blasts | My Number 1 Piece Of Advice If You Are Going To Use Steroids**

Too many guys waste their limited opportunities to grow.

Do not even bother using steroids until you truly understand diet, training and pharmacology.

You have only have one set of organs.

Typically, the only things that are going to completely knock a guy off from continuing to blast steroids are going bald, acne, gyno, or having a health crisis.

The third more unlikely outcome is that they completely lose interest in the process despite being in perfect health.

However, once you are bitten by the iron bug, it's very unlikely that you're going to stop what you're doing unless something occurs that sidelines you instantly (e.g. a big stroke), or something occurs/accumulates that will severely hinder your life if you continue to pursue bodybuilding with the same intensity (e.g. cardiovascular disease progression, kidney damage, etc.).

Even at that point, a lot of guys are so mentally addicted to being big that they will continue to push it past that point.

There are plenty of cases of men with major health issues that still continue to push the envelope with steroids and end up having a heart attack or some other life ending complication.

On the cosmetic side of things, acne and gyno can be resolved more easily if caught early.

Hair loss however can only be managed at best in most scenarios, and can take a huge toll on mental health.

Eventually, one of those two things (health or cosmetic issues) are going to hit a stage where it's going to force you to either severely pull back your dosages or come off entirely.

Essentially, it's just like a ticking time bomb when you take steroids that eventually you're going to have some major health ramifications or cosmetic issues if you are consistently red lining your body with supraphysiological levels of exogenous androgens.

**The Effect Of Long-Term Steroid Usage On Your Health:**

There's going to be the token few genetic elites who are able to live a long healthy life despite blasting steroids for several decades.

Unfortunately, the likelihood that you're one of these genetic phenoms is low.

If you are fairly average like myself, every time you blast supraphysiological amounts of androgens you are slowly but surely (or perhaps quickly depending on your genetics) ripping the hair out of your head and taxing your organs.

More specifically, probably your heart, maybe your kidneys too, or maybe even your liver if you're abusing methylated orals.

Each time you take steroids above a therapeutic level, you are slowly exacerbating the likelihood that you're going to get cardiovascular disease in the more near future than you would otherwise.

Unfortunately, existing in the first place is a ticking time bomb where we are all going to die.

Steroids just accelerate this process.

Especially the likelihood of cardiovascular disease.

Every time you blast steroids, you're stressing your entire body.

Eventually, you're going to hit a sticking point where you have to make a choice if it's worth continuing to tax your body to gain another few pounds of muscle or not, or to hold on to what you already have.

I actually sympathize the most with the bodybuilders who put in years of work grinding their way to a spectacular 260+ pound lean physique, as those are the guys who have forced themselves into an [unsustainable position](#) where their drug use to support that lean tissue is not only unhealthy, their sheer body weight is extremely unhealthy too.

It's not a coincidence that heart disease occurrence increases in parallel with body weight, especially lean body mass weight.

It's one thing to accept that you won't blast again and won't gain any more muscle, it's an entirely different mental challenge to cope with watching your body fall apart and lose 30-40+ pounds of lean mass because what you built is not sustainable long-term.

My Advice To Newbies If You Are Going To Use Steroids –

If you are going to use steroids, you've accepted that you're putting your body in a toxic state periodically in order to gain supraphysiological amounts of muscle.

If you do this long-term, you're very likely eventually going to hit a point where the constant stress on your body has accumulated and is coming back to bite you.

My number one piece of advice if you are going to use steroids is to not start steroids until you have a very thorough understanding of how to train, how to eat (that doesn't just mean hitting optimal macros), and how to optimally implement pharmacology into your life in the lowest risk/highest reward way possible.

The problem with this general advice is that a ton of newbies truly think they know how to diet and train when they've barely even started working out consistently.

I was one of those naive kids.

Dirty bulks and not diligently tracking your progression on a logbook, or doing fluff workouts, are typically not the optimal way to go about things, .

How Long Does It Take To Reach Your Genetic Potential Naturally?

I truly believe that within 3 years or so of perfect diet and training, your body can be primed to start to look at performance enhancement in a serious context.

Hypothetically, if you had perfect diet and training principles that you consistently implemented from the get-go, you could hit a point of diminishing returns and near your genetic potential within a few years or so.

The problem is the likelihood that you're going to have a comprehensive knowledge of diet and training in your first few years is very unlikely.

Honestly, I didn't either.

Not even close.

And I've done stupid amounts of research.

Thousands upon thousands of hours.

I can't even begin to fathom how many hours I've spent scouring the internet to know what I know now.

When I Hit A Sticking Point That Prevented Me From Blasting Anymore –

A lot of guys look to me as an example of somebody who does their research and knows what they're talking about.

Despite having poured thousands of hours into researching, I knew a fraction of what I know now when I was 3 years into lifting.

I wasn't ready to start using PED's, but I did anyways because I was convinced I understood what it took to optimize my growth.

I also was completely oblivious as to how to create a healthy diet model, I just thought I had to eat as much as I could and get tons of protein in.

Even once I had a better understanding of how to avoid going overboard during bulk phases and how to properly prime my metabolism with calculated increases or decreases in calories, I was still negligent to adequate micronutrient intake.

Having an unhealthy diet model in conjunction with steroid abuse is a perfect storm for heart disease, not to mention I was bulldozing my hair without even realizing it only to make subpar gains in muscle for at least a few of the cycles I did.

Frankly, I didn't even have what I would consider a fairly thorough understanding of diet, training and pharmacology until a few years ago when I started my YouTube channel, and by then I had already reached a point where I was forced to stop blasting due to hair loss.

If I could go back in time, the number one thing I would have done is wait a few more years and studied like a maniac.

This is not because of my arbitrary age number or my brain not being fully developed, or thinking I'm going to stunt my growth.

It's because you only have so many cycles in your tank before you hit that sticking point where something bad is going to happen which will force you to stop.

In my case, it was hair loss, but it could have just as easily been a health complication had I continued down the same road for another decade.

Fortunately, I had the willpower to stop in order to preserve what's on my head.

The most massive regret you're going to have is if you start blasting steroids, not knowing what you're doing with diet and training fully, and you hit that point, and when you think back to all the stupid cycles you did where you didn't 100% know what you're doing, and you wasted potential muscle gain on cycles where you had subpar diet and training.

As a result, now you're at a point where you can't blast again because your health is in jeopardy.

Or, you also can't blast or else your hair loss is going to be so bad that you can't do anything as it's going to potentially f\*ck up your head.

You can't just get back that muscle that you could have had at those past cycles.

You need to get the most you can out of those cycles if you're going to do them.

Don't Half-Ass Your Cycles –

I regret the cycles I did where I wasn't 100% on point with my diet and training because I wasn't 100% sure of what I was doing.

In addition to that, I wasn't in the mindset of maximizing each bulking phase before hitting that ceiling that prevented me from continuing.

There was one cycle in particular where I clearly recall thinking to myself that I was going to train light and just see how much I could get out of the cycle with a complete lack of intensity in the gym because I'd seen some pro's get big doing fluff workouts.

My thought process was that it doesn't matter if the cycle results in suboptimal results because I can just blast steroids again if it doesn't go that well.

What I want to get across is that it's absolutely not the case.

You only have so many blasts in your tank before you get to a point where you're going to have to stop.

**If You Are Going To Take Steroids DO NOT Waste Your Blasts!**

If you don't fully comprehend optimal diet, training, rest and recovery and pharmacology principles before you start, you're going to hit that ceiling one day and think back to your first few cycles (or maybe even all of them) and realize how badly you wasted muscle building potential in those cycles.

You guys hear me talk often now about TRT, and how [I maintain my current physique](#) on 100 mg of Testosterone per week.

I think back to my early cycles, where I was using upwards of 500, 600, 700 mg, a gram of steroids per week, and how much more I could have gained if I really knew as much as I know now and really applied it back then.

If you're blasting and cruising, you're probably eventually going to end up on TRT.

Even if you're not, you may retain those myonuclei permanently that you gain in your youth.

If you're going to be using PED's, max out every single opportunity you can because you only have so many blasts in the tank.

You don't want to be that guy who thinks back on his first cycle he did of 500 mg per week of Testosterone and barely gained sh\*t because he ate like an idiot every single day, trained half-assed, and didn't know what he was doing.

And you definitely don't want to be that guy who was abusing orals just to look full at high school parties on weekends and barely trains or eats.

Knowing How And When To Use Steroids -

Most guys who use steroids don't even know how the drugs they're literally injecting into their ass works.

A few common examples of newbie mistakes:

- Unnecessarily using Aromatase Inhibitors that limit fat loss and muscle accrual while concurrently negatively affecting their lipid profile
- Using way more than they need to elicit efficient growth
- Throwing in orals that just overlap with the injectables they're using as their base
- The classic (but very flawed) 2 weeks off then 4 week PCT of Nolva + Clomid

If you start cycling without understanding the consequences, you might not even get to the point where you actually know what you're doing until you've already been forced to stop.

Most guys don't even get to that point, and by the time they're forced to quit, they look back and wonder how others have gained so much muscle when they still look the way they do.

You only have so many blasts in the tank.

If you're going to use PED's, ensure that you are making the most of every single one of those blasts.

### **11. Using a predetermined dosage of an Aromatase Inhibitor without blood work to reference is a bad idea**

One colossal mistake I see widespread among bodybuilders and recreational enhanced lifters is that they have a predetermined dosage set for their Aromatase Inhibitor (AI). It seems that AI usage has become so commonplace that users don't even bother to understand the purpose of the drug in the first place prior to implementing it into their regimen.

Nowadays, AI's are treated almost as on-cycle essentials, and are simply a necessity just like your multivitamin you pop each day is.

This couldn't be further from the truth, and it explains why many individuals embark on their anabolic cycles with a misconception that they need an AI in there at a particular dosage to "prevent side effects."

I can't even count how many times I've seen a guy propose his entire cycle layout asking for feedback, and for some strange reason his AI dose is already determined prior to the cycle, and stays constant for the entire duration of the cycle despite other changes in aromatizing compounds occurring during the cycle.

Here's an example of what I'm talking about:

*"Hey guys, wanted to run my cycle by you guys and see if you have any feedback or changes you would make.*

*Week 1-12: Test E 750 mg*

*Week 1-12: Equipoise 700 mg*

*Week 1-4: Dbol 40 mg per day*

*Week 8-12: Anavar 50 mg per day*

*Week 1-12: Arimidex 0.5 mg per day*

*Week 14-16: Nolvadex 40 mg per day*

*Week 14-16: Clomid 100 mg per day*

*Week 16-18: Nolvadex 20 mg per day*

*Week 16-18: Clomid 50 mg per day"*

Now, to the average steroid user, that probably doesn't look like a bad cycle outline and they may even be asking themselves what exactly is wrong with this.

There are multiple glaring issues, but let's take a look at the AI use specifically.

From week 1-12 the guy has proposed that he will be using 0.5 mg per day of Arimidex.

So, basically, if he knows what the point of having Arimidex is in a cycle, you would think he'd realize the point of Arimidex is to keep your Estrogen in check.

However, if you understand how these drugs work in the first place, you will understand there is a compounding effect with everything, and they take several weeks to fully saturate in your system. Some longer than others.

In the case of this cycle, there are 2 heavily aromatizing compounds in there for the first 4 weeks (Test E and Dbol). And there is also a drug in there that has shown to compete with Testosterone for aromatase aggressively as well ([Equipoise/Boldenone](#)), potentially lowering Estradiol significantly.

Then, for the next 8 weeks he's completely off of Dbol and adds in Anavar at the end for 4 weeks.

So, it should be pretty obvious by now that there is a vastly different amount of aromatization occurring at different points of this cycle.

Even with the Test E, after his first couple shots, will there be as much test circulating in his system as there will be once the drug has fully saturated in the bloodstream 5 weeks later in the cycle?

Of course not.

So, if there's not as much test circulating in his system as it hasn't fully built up yet, there won't be as much Estrogen in his system.

So, if there is differing amounts of aromatization occurring at different points of this cycle, as well as saturation levels increasing at different rates and heavily aromatizing compounds being swapped in and out of the cycle, does it make sense to be using the exact same dose of Aromatase Inhibitor for the entirety of this cycle?

No it doesn't.

At the start of your cycle, these drugs are just entering your blood and haven't even reached saturation levels, yet, a predetermined dose of Arimidex is being used to combat aromatization that may not even need addressing at the time, and that same predetermined dose is used later in the cycle where the amount of aromatization will be vastly different.

How can you expect to keep your Estrogen levels in the sweet spot with a predetermined dosage of your Aromatase Inhibitor?

Long story short, you can't, unless you have been using the exact same compound for a very long period of time and have definitively concluded via a [sensitive assay Estradiol test](#) what dosage of that particular compound equates to a particular level of Estrogen aromatization in the body.

Have an appropriate AI on hand before starting any cycle in case you need it (I'd always have Aromasin and Arimidex on hand just in case you need something stronger), especially if you're going to be using heavily aromatizing drugs, but start low and taper up accordingly based on blood work (ideally), or if you know your body well enough you can play it by ear and use high/low Estrogen related symptoms as your guide, which I don't recommend as high Estrogen side effects overlap with some low Estrogen side effects.

After years of trial and error, you will eventually know your body well enough where you can play it by ear and know exactly how much you need.

When your Estrogen is in perfect balance, you will feel amazing, your dick will function perfectly, your sex drive will be on point, you won't be too dry with cracking old man joints, nor will you be a bloated Michelin Man, everything is just perfect and life is good.

## **12. There are no bulking steroids or cutting steroids**

All steroids in general accomplish the same thing, and that is putting your body in a supraphysiological anabolic environment.

However, how they differ is how they aromatize (or don't), what metabolite hormones they convert into and their effects, and their overall efficacy when it comes to nutrient partitioning, nitrogen retention, and muscle building potential.

When people refer to "bulking steroids" they tend to assume that drugs commonly used to bulk up pack on more muscle than steroids you'd use for cutting, and that's not necessarily the case.

Drugs commonly used for bulking are wet, which means they have a propensity to hold water retention, which gives the illusion of more muscle gain.

But more importantly the water retention can cushion your joints to lower your risk of injury as you gain strength at a rapid rate.

Does this mean you can't use cutting drugs that are commonly used to achieve a dry look during a bulk phase though?

No it doesn't, and it also doesn't mean that wet compounds will make you fat easier, which is a common misconception.

It also doesn't mean that you couldn't do a cut phase while on wet compounds.

In fact, I know plenty of guys who load Anadrol going into a show for extra vascularity and fullness (an oral "bulking" steroid).

At the end of the day, your diet, body composition, water intake, electrolyte intake, carb intake, and other lifestyle factors are what will determine if a wet drug actually ends up bloating you up like the Michelin man or not.

## **13. Learn how to manipulate your hormones with diet choices**

While calories in vs. calories out is what will ultimately dictate if your body loses fat or gains muscle, manipulating macronutrient intake can prove very beneficial in your life

and I highly recommend learning how to optimize your meals to maximize your day to day life.

For example, one thing I avoid doing when I'm getting really lean during a cut is having any carbs right when I wake up.

When you're deep in a cut, you will almost undoubtedly have pretty brutal food cravings unless you are constantly using stimulants or appetite suppressants to combat them.

One diet choice I make to manipulate my insulin levels is I ensure that my breakfast has no carbs in it.

If I avoid having carbs, I can avoid inducing a huge insulin spike. And by avoiding a huge insulin spike, I can stay much more sane throughout the entire morning and afternoon by keeping my sugar cravings to a minimum.

If I slam a bunch of carbs in my breakfast though, then my insulin soars and I get horrible cravings that make it near impossible to not overeat in that meal, and when that happens then I'm screwed as I have way fewer calories in my daily allotment to eat later in the day when I get really hungry again.

These are the kinds of things you learn as you go and get really in tune with how your body reacts to certain foods, and how to most effectively incorporate certain foods into your daily regimen that are conducive to your goals.

#### **14. "Cutting Steroids" Like Anavar, Winstrol, Trenbolone, Will NOT Get You Ripped**

This ties into #12 but this needs to be said.

If you are trying to cut down, the sole purpose of using anabolics is to retain your muscle.

When you are in a calorie deficit, your body dips into stored energy to fuel your everyday activities/energy demands.

That stored energy could be stored glycogen, it could be fat, or it could be hard earned muscle.

The goal of using anabolics is to make sure that your body only dips into the stored glycogen and fat, and leaves the muscle alone entirely.

By providing the hormonal support necessary to maintain that lean tissue in a calorie deficit, the anabolics are doing their job properly.

What they won't do though, is rip you up.

You will commonly hear gym rats say stuff like “Ya I want to take some Anavar or Winstrol to get shredded.”

If you start popping some Anavar each day, does your energy expenditure suddenly drastically increase?

No it doesn't.

All that has happened is that you are now in a more anabolic environment that is more conducive to muscle growth in the presence of enough calories, or muscle retention in the absence of a sufficient amount of calories.

Despite Tren being one of the few possible exceptions that has some Thermogenic properties that can expedite fat loss, it isn't anything significant that will suddenly shred you up if you are not calorie restricting and/or increasing energy expenditure in combination with it.

It is actually quite easy to get fat on Tren, despite what many who have not used it seem to believe from reading stuff on the internet.

And for those who disagree, typically their perception of what “shredded” vs. “fat” is will vastly differ from mine.

Basically the take away message is, you cannot rely on anabolics to get you shredded, their sole purpose should be muscle retention or muscle building focused.

**15. The only difference between gaining muscle and getting shredded should be:**

- A) Food portions**
- B) Caloric density of the foods you're choosing**
- C) How much cardio you're doing**
- D) Throwing in hardening agents at the end of a cut only if you are going to be stepping on stage**

When people want to lose weight, they assume they need to “eat clean.”

But “eating clean” when it comes to pure fat loss, is quite a bit different than “eating clean” is for maximizing your health.

And this is where most people get all turned around and end up spinning their wheels making zero progress despite “dieting hard” for months on end.

Eating salads covered in salad dressing is actually more calorie dense than a decent sized burger most of the time, so you can imagine how discouraged some people get when they start “eating clean” but the scale still doesn’t budge.

At the end of the day, my diet really doesn’t change regardless if I’m bulking, or if I’m cutting.

The only thing that changes is the quantity of the foods I eat, and the calorie density of certain foods.

E.G. if I was just bulking and I finished my bulk at 3800 calories per day, then my cut would begin with a bit of cardio being added in, along with a calorie restriction of a couple hundred calories coming from my daily carbohydrate allotment.

After milking the fat loss out of that deficit entirely, I would then either decide to restrict my carbs a bit more, switch to a leaner cut of meat in my meat meals, or decrease the portion size of some of my meals, or increase cardio duration or frequency, or a variety of other options that would essentially just create a larger deficit of energy.

The opposite would be deployed for bulking phases, where calories are slowly added as to not accrue an unnecessary amount of fat and create more work for ourselves down the road, and that slow addition of calories would very likely come from the same places where we depleted them on our way down during the cut phase.

Carbs would slowly be added back in at higher amounts, fatty cuts of meat would be opted in to replace the leaner white meats like Chicken, etc.

The hormones used for lean muscle accrual are the same ones that are effective during cutting phases.

The only difference is that at the tail end of the cutting phase, if you are stepping on stage, incorporating compounds that can achieve a cosmetic look unachievable by other staple hormones can be done.

This is when the hormones with higher risk profiles would be incorporated (e.g. [Trenbolone](#)).

## **16. How Many Pounds Of Muscle Will You Gain From A Cycle Of (Insert Drug Name Here)?**

“If I take a cycle of 500mg of Testosterone, how much muscle will I gain?”

“If I do Test and Tren and Dbol, how much muscle will I gain?”

“What if I add GH to that, then how much will I gain?”

These questions are unbelievably common, but they are impossible to answer.

First of all, let's talk about genetic response to drugs.

This is going to be one of the main factors determining how much muscle you will gain.

If you've ever looked at the progression of a pro bodybuilder, you will probably notice that even if they started out with an average physique, once they committed their lives to bodybuilding their physiques exploded.

These individuals have an amazing genetic response to performance enhancing drugs, and it allows them to reach superhuman levels of muscle mass very quickly.

Now, if average Joe with average Joe genetic response to anabolics took the exact same drugs, he probably wouldn't even gain half as much muscle as the pro bodybuilder did who took those drugs.

Why is this you ask?

Well, beyond the possibility of the pro bodybuilder training harder and eating better than the average Joe, the most likely reason is that the pro bodybuilder's body simply responds far better to anabolics than the average human.

This is typically mediated through responsiveness at the androgen receptor itself, and the amount of Myostatin the body is capable (or incapable) of producing.

This is why even if you injected 10 vials of testosterone into yourself every week you would never look like Jay Cutler, even though you are taking more drugs than he did.

Genetic response is HUGE in determining a bodybuilder's development.

If we took two guys, with the exact same diet and workout routine and gave them the exact same cycle, their gains would NOT be exactly the same.

There would be a difference, and that difference would be dictated by their genetics/genetic response to drugs.

### ***Training Smart***

If you train like crap and have zero intensity, don't try to utilize progressive overload, don't get a pump, don't contract the muscle during your reps, or a variety of other factors, you will get subpar results.

So, when someone simply asks in general "how much will I gain?" this is impossible to answer because I have no idea what your training is like, or if you even know how to train at all.

This is another factor that will greatly impact your overall results.

If you took two guys with the exact same diet, genetic response to drugs, and gave them the same cycle, but one of them trained hard several times per week and meticulously utilizes progressive overload and uses perfect form, and the other guy uses improper form, trains lazily, skips the gym sometimes and just doesn't know what he's doing even when he is there, obviously the first guy will gain more muscle mass despite all those other factors being exactly the same.

### *Diet*

Just like the previous two factors, diet also plays a humongous role in your results.

If you are trying to pack on as much muscle as possible, but you aren't eating enough, or you eat like crap 24/7, your body composition and cycle results will reflect this.

On the opposite side of the spectrum, if your diet is spot on and you are eating enough macronutrients to replenish, recover, and grow, your cycle results will reflect this and you will have much better results than the other guy who eats McDonalds three times per day for his bulking diet (unless he has better genetics unfortunately).

### *At The End Of The Day*

Trying to determine exactly how much lean muscle you will gain from a cycle is only something you will learn for yourself from experience as you learn how your body responds to different compounds and factors related to your diet and training.

Embarking on your first cycle and asking a third party who has never met you exactly how much muscle you will gain from such and such compound is an impossible question to answer as every one has completely different genetics, hormone profiles, lifting intensity, adherence to a strict diet, drug response, among countless other factors.

### **17. Top pro bodybuilders don't take different drugs than the average competitors do at local shows; they just have a better genetic response to those drugs.**

Many times the pros don't even take more drugs than the local guys.

I've met several subpar bodybuilders who couldn't win an entry-level regional show even while on over 5 grams of gear per week, despite having a meticulous diet and training regimen.

Every one competing wants to get as big as possible and will push the envelope with dosages if they aren't overly concerned with their health or their hair (which is a shocking amount of competitors).

Pros simply respond way better to the drugs, and oftentimes are genetically less prone to side effects from those drugs which indirectly allows them to use more of them.

Obviously there are several cases where guys who aren't doing as well as they should be just need to focus on eating a better diet more consistently, but for the most part it comes down to genetic response.

There are many top guys who only scrape by financially and use the exact same drugs that other local gym rats do, from the exact same sources (you don't need a crazy pharma GH or Increlex connect to be a top pro).

They simply respond much better to drugs than the average person does.

### **18. Site Enhancement Oil Is Rampant In Bodybuilding**

Anytime a top pro brings up a severely lagging body part that has been an issue for years, SEO (site enhancement oil) is almost always the thing responsible, and not a sudden change in training technique.

There is a huge misconception that [Synthol](#) creates these weird looking freaks you see on the internet:

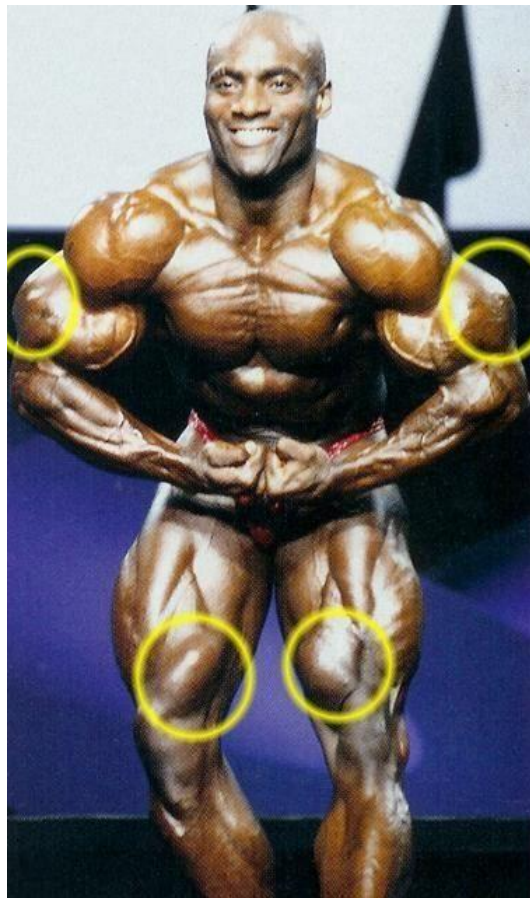


Most of these guys are just slamming themselves full of Liters (not millilitres) of random oil, not necessarily Synthol.

All Synthol really is is sterilized oil with no hormone in it. E.G. the oil that could hold the Steroids you may already inject, without the Steroids in them.

The idea behind it is that if you inject enough of it, you will stretch the fascia of the muscle, and once the body has metabolized that oil, you are left with newly stretched space that can be filled in with real muscle tissue.

A lot of bodybuilders use it, but it is used in sane quantities (or at least less insane), so it goes without notice most of the time, although there are still times where shots go wrong and it becomes quite obvious on stage that something is up.



*Botched Synthol Injections  
(or it could just be an infection from AAS)*

Often times though, the more disastrous cases of blown up looking body parts are caused by steroid shot infections where the guy just should've stayed home:



### **19. Hair Loss On Steroids - Any level of androgens above zero will expedite hair loss if you are prone to it**

There are options which I do discuss in [the hair loss prevention section](#) of my website, which I highly recommend you give a once over if you are planning on using steroids, or give this video a watch that covers [the most "hair safe" steroids](#).

The unfortunate predicament men are in is that we rely on androgens to develop into men, and then onward to maintain masculinity and progress our physiques, as well as to have our dick work and other basic things.

The problem with this is that androgens cause miniaturization of hair follicles on the scalp, which is why most bodybuilders are bald, and also the reason why over 90% of men in old age have noticeable male pattern baldness (in reality, it is probably closer to 99%).

This is what you need to understand about hair loss in a nutshell –

Every guy with a proper functioning body produces Testosterone, which then aromatizes into Estrogen and also converts to DHT (a by-product Androgen converted via 5-alpha reductase).

Every male has a different genetic response at the hair follicle to DHT, or other androgens, and that genetic response will dictate how prone you are to male pattern baldness.

This is simply how transcription works at the AR, and different genetics will dictate different responses to AR activation.

Almost every single guy is prone to some extent, with some far more so than others, which is why you have some guys who are bald in their twenties, and other guys who just have some noticeable recession and thinning in their old age.

However, the fact remains that the one deciding factor on if you lose your hair or not, is the amount of androgens in your body.

There is a reason women all keep their hair in old age, and that is because they produce minimal amounts of androgens, and if they do experience hair loss it is usually a genetic outlier who produces way more androgens than a normal woman does, they have an autoimmune disease that is making them shed (such as Hashimoto's Thyroiditis), they have an iron deficiency, or a number of other things.

But the key takeaway, even when a woman permanently loses her hair (rare), it is the result of an increase in androgens, or crushed Estradiol and/or Progesterone (both of which are functional androgen antagonists).

Shedding does not result in permanent hair loss, so if the loss of hair is a result of a nutritional deficiency or something non-androgen related, that hair lost would grow back once that issue is resolved.

However, in the case of androgenic alopecia, which is when the hair loss is caused by miniaturization of the hair follicle by androgens, those hairs lost may be permanently lost.

This is also why bodybuilders lose their hair so much faster than the average male, because they are literally injecting an exogenous source of androgens that is WAY above the normal amount a male would produce, hence their hair loss accelerates at a WAY faster rate.

So, we are stuck in a predicament where the only way to completely prevent hair loss is essentially to be castrated, or use drugs that prevent us from producing androgens and/or block our hair follicles from being affected by androgens in our bodies.

**KEEP IN MIND:** You can achieve an amazing physique past your natural genetic potential using low doses of hair safe compounds, you just will have a much harder time becoming a good bodybuilder who can win National shows or go pro.

I truly think that becoming a men's physique or classic physique pro is achievable with good genetics and only using reasonable dosages of hair safe compounds.

And just getting a top 0.1% physique in general (outside of competing) is absolutely achievable with no question.

You could very likely accomplish that feat without any drugs at all, depending on your genetics.

A lot of guys reference this chart (it's on the next page) when evaluating the Androgenic:Anabolic potential of steroidal compounds.

The more androgenic a hormone is, the higher the probability of accelerated genetic pattern hair loss is (in general).

However, my personal experience with various steroids has not exactly followed suit to these ratings.

For instance, the chart suggests that Winstrol (androgenic rating of 30) is just slightly more androgenic than Anavar (androgenic rating of 24).

For me, and most guys, Winstrol will absolutely slaughter your hair, and Anavar is relatively mild in comparison.

Sometimes the "numbers" don't add up.

I encourage you to do your research on the personal experience of guys that have actually taken these compounds.

Since this chart is often a frame of reference for discussion and research, I still encourage you to take a look at it.

Remember, the 'androgenic' steroids are the ones that you should avoid if you are concerned about hair loss.”

Steroidal Compound	Androgenic Rating (potential DHT side effects)	Anabolic Rating
1-Testosterone	100	200
Anabolicum Vister(Quinbolone)(oral Boldenone)	50	100
Anadrol 50(Oxymetholone)	45	320
Anadur(Nandrolone Hexyloxyphenylpropionate)	37	125
Anatrofin(Stenbolone Acetate)	107-144	267-332
Anavar(Oxandrolone)	24	322-630
Andractim(Dihydrotestosteron)	30-260	60-220
Andriol(Testosterone Undecanoate)	100	100
Androderm(Testosterone)	100	100
Androgel(Testosterone)	100	100
Boldabol(Boldenone Acetate)	50	100
Cheque Drops(Mibolerone)	1800	4100
Danocrine(Danazol)	37	125
Deca-Durabolin(Nandrolone Decanoate)	37	125
Deposterona(Testosterone Blend)	100	100
Dianabol(Methandrostenolone)	40-60	90-210
Dimethyltrienolone	10000+	10000+
Dinandrol(Nandrolone Blend)	37	125
Durabolin(NPP)	37	125
Dynabol(Nandrolone Cypionate)	37	125
Equipoise(Boldenone Undecylenate)	50	100
Esiclone(Formebolone)	N/A	N/A
Genabol(Norbolethone)	17	350
Halotestin(Fluoxymesterone)	850	1900
Hydroxytestosterone	25	65
Laurabolin(Nandrolone Laurate)	37	125
Madol(Desoxymethyltestosterone )	187	1200
Masteron(Drostanolone Propionate)	25-40	62-130
Megagrisevit-Mono(Clostebol Acetate)	25	46
MENT(Methylnortestosterone Acetate)	650	2300
Mestanolone	78-254	107
Methandriol(Mythelandrostenediol)	30-60	20-60
Methyl-1-Testosterone	100-220	910-1600
Methyldienolone	200-300	1000
Methylhydroxynandrolone(MHN)	281	1304
Methyltestosterone	94-130	115-150
Metribolone(Methyltrienolone)	6000-7000	12000-30000
Miotolan(Furazabol)	73-94	270-330
Myagen(Bolasterone)	300	575
Nilevar(Norethandrolone)	22-55	100-200
Omnadren(Testosterone Blend)	100	100
Orabolin(Ethylestrenol)	20-400	200-400
Oral Turinabol	0	100+
Oranabol(Oxymesterone)	50	330
Orgasteron (Normethandolone)	325-580	110-125
Parabolan (Tren Hexahydrobenzycarbonate)	500	500
Primobolan Depot (Methenlone Acetate)	44-57	88
Prostanozol (Winstrol Precursor)	N/A	N/A
Protabol (Thiomesterone)	61	456
Proviron (Mesterolone)	30-40	100-150
Sanabolicum(Nandrolone Cyclohexylpropionate)	37	125
Steranabol Ritardo(Oxabolone Cypionate)	20-60	50-90
Superdrol(Methyldrostanolone)	400	20
Sustanon 100 & 250	100	100
Synovex(Testosterone Propionate & Estradiol)	100	100
Test 400	100	100
Test Enanthate/Cypionate/Propionate/Susp & Blen	100	100
THG (Tetrahydrogestrinone)	N/A	N/A
Tren Acetate/Enanthate & Blends	500	500
Winstrol (Stanozolol)	30	320

## **20. Bulk, Cut, Bulk, Cut, Rinse, Repeat – How To Optimally Gain Muscle And Know When To Bulk And Stop Bulking To Start Cutting Again?**

I'm going to break this down for you into some simple easy to follow rules:

1. Bulking when you are already too fat will decrease your insulin sensitivity, which will in turn negatively affect muscle growth
2. The fatter you are, the more prone your body is to packing on and holding even more fat when you gain more weight
3. Bulking up too much will lead to ectopic fat storage, which is essentially when you have consumed so many excess calories that your body isn't just storing fat as adipose tissue, but it is also storing fat in your muscles. This leads to smoother looking muscles and can wreck your look.
4. Gaining fat in excessive amounts and then having to lose it all afterwards can lead to metabolic damage and stubborn fat storage
5. If you are gaining more muscle than fat pound for pound as the scale goes up, you are likely too fat already and continuing once you get to this point is a recipe for disaster

### ***The Old School Mentality:***

When I was growing up in my teens, I was basically led down the school of thought that encouraged excessive eating.

I was convinced that because I was 140 pounds and a bone rack that I was a "hard-gainer," when the reality was, I was just under eating and not lifting weights.

Adopting the old school mentality for getting huge fast, I ate like my life depended on it.

I didn't just eat, I literally treated each and every day like it was an eating contest where the more food I could consume without puking would equate to more muscle growth.

I started growing fast, and I thought to myself "damn if I can keep up this rate I'll be 300 in no time."

Fast-forward 4 months and I was 190 pounds.

I had gained probably 10-20 pounds of muscle.

But guess what, I had gained about 30 pounds of water and fat!

My face looked like shit, and I had a bit of a gut even.

Yes, a bone rack “hard-gainer” went from skin and bones to having a gut in 4 months from bulking too hard.

So, I was forced to undertake an aggressive cut, and strip off about 30 pounds to get back down to a level where I could actually start growing properly again.

Talk about spinning your wheels. I didn’t realize how terrible my strategy was at the time.

Most guys think the heavier they are the better, and they get this tunnel vision on their scale weight, completely disregarding what they actually look like in the mirror.

I literally had people telling me I looked like shit, but I didn’t care because I thought I was huge.

They were right, I was wrong.

Basically, once you hit a certain body fat percentage (around 15%) your body composition becomes counterproductive to intelligent muscle accrual.

When I say that I mean that when you bulk up and your body fat level increases, your insulin sensitivity will decrease.

Insulin is what is responsible for shuttling nutrients to the muscle for recovery, and it has a direct and major impact on how both your muscle and fat cells utilize amino acids and glucose.

When your insulin sensitivity is high, muscle cells will readily absorb glucose and amino acids when insulin signals them to open.

However, when you have a high level of body fat accrued on your physique, your natural levels of insulin are so much higher that it can have a severe desensitizing effect on muscle cells to insulin’s nutrient shuttling effects.

Compounding the issue, with diminished insulin sensitivity your body will become more and more prone to store more of the excess calories you intake as body fat, as the muscle cells are no longer absorbing and utilizing the consumed glucose and amino acids efficiently.

Once you get past a certain body fat percentage, you’re simply accelerating fat storage process.

It gets worse and worse the fatter you are too.

Not only is this unhealthy (I don't think I need to elaborate on how being fat can lead to cardiovascular issues), it can lead to the creation of new fat cells that make it even harder to diet down once bulking ends.

If you are lean and start "dirty bulking", all the excess calories, which are converted to glucose, get used by the muscle and fat cells for energy usage and storage.

This is why your pumps and muscular fullness are so great the first couple weeks of hardcore bulking (if you do it this way still).

This is even more evident during a post-competition rebound.

When your glucose levels are constantly high though, you will start to overspill once your glycogen stores are full (which doesn't take a lot to do).

This over spilling process is essentially calories that you don't need being stored as fat.

Your muscles only need a certain amount of glucose to recover, and when you exceed that amount necessary for muscular recovery and growth, you have entered into the dangerous territory of all excess calories being converted right into stored body fat.

In addition, if you are already too fat and bulk up further than that, you are just making more work for yourself down the line when you have to torture yourself even more to strip that fat back off.

If you let yourself get really fat, you are just going to have to diet harder or do more cardio down the line.

And if you have to do a hardcore cutting diet with an insane amount of cardio and a severe deficit of calories to get lean, you will just damage your metabolism by slowing it down far more than should have been necessary, consequently making yourself even more prone to fat storage.

### ***So How Do You Know For Sure If You're Too Fat To Bulk, Or To Continue Bulking?***

The decision if you should bulk or cut comes down to knowing your body, using the mirror as a reference point, and assessing your overall results.

You need a calorie surplus to build muscle, there is no doubt about that, and gaining weight with a complete absence of some extra body fat is impossible.

The key is to minimize this, and once you get to a point where you're too fat, you can diet down again in a quick and easy way, as you won't let yourself get to a point where your metabolism is sluggish and your body fat is out of control.

Think of it this way, if you are bulking and for every 5 pounds you gain, only 1 of them is muscle, does it make logical sense to continue bulking?

You will probably just lose that muscle when you have to diet down to get rid of that 4 pounds of fluff.

I suggest never letting yourself bulk up past 15% body fat.

It's ok to not have razor sharp abs all year as that would be unrealistic.

But, if you notice that your abs have literally almost disappeared entirely, you are probably passing the 15% barrier and should consider doing a mini-cut back down into the single digit body fat % level fairly soon.

Once you start getting too fat and losing insulin sensitivity you will not only start looking really soft with a lot less definition, but you will notice your pumps in the gym aren't nearly as good as they used to be.

Not being able to get a good pump in a calorie surplus is a surefire way to tell that either your diet sucks, or your body isn't efficiently using the nutrients you are consuming any more and your insulin sensitivity is starting to go down the toilet.

**Bulk up to 15%'ish max, mini diet back into the single digits, rinse and repeat.**

This will not only keep your results maximized, but it will allow you to actually look good year round.

I've done both approaches more times than I can count, and staying lean'ish IS the way to go.

## **21. The REAL Reason Why Insulin Is Probably Necessary While On High Dosages Of GH**

I was going to leave this at 20 but then I remembered this and decided I couldn't leave it out.

Insulin is one of the most misunderstood drugs in bodybuilding, and it is largely because it is considered one of the more taboo drugs.

It is taboo because it can kill you if you take too much, but it's one of those things where if you educate yourself thoroughly, then you should never end up in a situation where that would occur.

Here is what you need to know about Insulin.

When you eat carbohydrates, your Pancreas releases Insulin as a countermeasure to bring your blood sugar down.

Carbs, which get converted into glucose/energy, raise blood sugar, whereas Insulin lowers blood sugar.

This balancing act keeps your body from walking around with elevated blood sugar all day long, which if left high for long spans of time, is extremely bad for your health, which is why diabetics need to shoot themselves with Insulin to prevent themselves from walking around with high blood sugar constantly.

A type 1 diabetic cannot produce Insulin, or they produce a minimal amount, and it isn't the result of lifestyle decisions.

Type 1 diabetes occurs when the immune system mistakenly attacks and kills the beta cells of the pancreas.

No, or very little, insulin is released into the body.

As a result, sugar builds up in the blood instead of being used as energy.

So, to regulate their blood sugar, type 1 diabetics need to meticulously plan their meals and their insulin shots/dosages to basically manually perform what a normal person without diabetes automatically has done for them via a properly functioning pancreas.

Type 2 diabetics on the other hand are created through lifestyle choices, and it's the result of chronically high blood sugar levels being left for so long that that individual has essentially burned out their beta cells to the point where they have self induced diabetes via overworking their pancreas.

This is why overweight people are commonly the individuals who are type 2 diabetics, as overconsumption of high glycemic foods and other garbage and leaving their blood sugar running high for a long span of time eventually kills their beta cells, and puts them in a predicament where they may also have to manually regulate their blood sugar with Insulin injections if they let it get bad enough and don't fix the lifestyle choices that led to their condition.

**So, how does this all relate to bodybuilders who aren't fat slobs and actually eat a clean diet and exercise?**

Bodybuilders have increasing caloric needs as they get bigger.

More muscle demands more fuel, and muscle rips through calories like nothing else.

The more muscle you have, the more calories you expend without even trying, and your muscles thrive on stored glucose, hence carbohydrate demands increase as you get bigger.

As you can imagine, it isn't uncommon for some of the top freaks in bodybuilding to be slamming upwards of 600-700+ grams of carbs per day, and I've even heard of some guys eating upwards of 1000 grams of carbs per day in the off-season.

So, as you can expect, their pancreas gets quite stressed as it has to produce way more insulin to counterbalance all this glucose they are forcing into their bodies.

In addition to that, GH raises blood sugar, which is something that is very commonly ignored, or in many cases not even known about in the first place.

Every time you inject GH, your blood sugar will go up a bit, and as you would expect, injecting a lot of GH will significantly raise blood glucose levels.

Couple a high carbohydrate diet with a ton of GH, for long durations of time, and you have the perfect storm for progression towards Type 2 diabetes.

Is this super common?

No, but it happens more often than you'd think, and that's why keeping an eye on blood sugar is incredibly important, and is something that is commonly overlooked.

Insulin resistance happens all the time though, it just doesn't always progress to full blown diabetes.

Insulin resistance (as outlined earlier) is also deleterious to optimal bodybuilding outcomes, as well as health and longevity.

After years and years of long spans of high dosage GH use, and slamming high calories with tons of carbs, no matter how much a guy exercises, he could very well become so insulin resistance that he induces type 2 diabetes.

Even if someone doesn't get to that point, which most of you wouldn't even if you were unaware that all of that was a concern, it is VERY common to become insulin resistant, especially in the offseason when one is pounding tons of food, doing next to no cardio, and is bombing high dosages of GH.

Insulin resistance is the most counterproductive thing for a physique, as it will lead to a greatly diminished ability to shuttle nutrients effectively and pack on muscle, and ultimately lead to much worse overall body composition.

This is why everyone grows so much better when they're really lean.

You are at your most insulin sensitive state when you are completely dieted down and are shredded and have been carb restricting yourself for months on end.

Does this mean you shouldn't eat carbs or use GH?

No it doesn't, those things are major pathways of growth, but what you DO need to do, is keep an eye on blood sugar levels constantly and have countermeasures in place if necessary to mitigate potential issues that arise.

The first step is getting a blood glucose monitor and meticulously monitoring your glucose levels.

This is also where Insulin could come into play, as micro-dosing insulin alongside your GH shots will relieve your pancreas from being stressed to hell from all these things cranking your blood sugar up all day long.

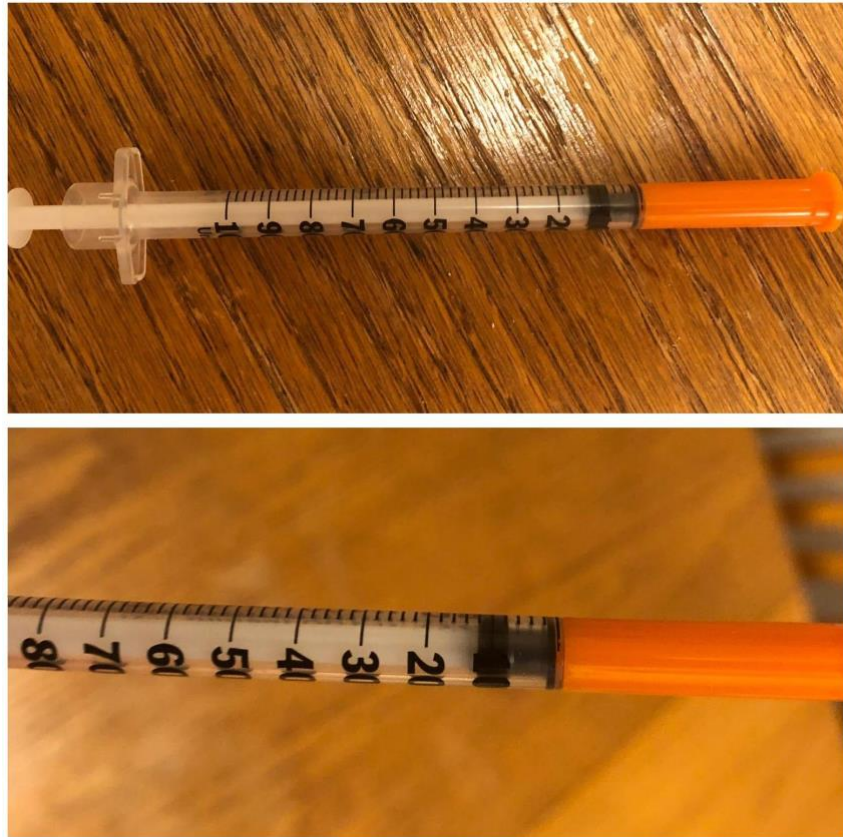
When you relieve your pancreas from having to naturally produce as much insulin, you give it the break it needs that will prevent it from burning out as quickly as it normally would.

This doesn't mean that Insulin is mandatory to use with GH no matter what, but typically if you are getting to a high dose range (about 4-6 iu's or more per day), coupled with high carbohydrate consumption, you can probably expect that you will have less than ideal blood glucose levels around the clock.

If you do use Insulin, make sure you learn how to properly measure it.

When people run into issues using Insulin, it is typically because they don't know how to read an Insulin syringe.

If you are using standard Humilin-R for example that is 100 iu's per ml, that means you need to know exactly how much 1/100<sup>th</sup> of a millilitre is on the Insulin syringe you're going to use is.



This is a standard U-100 Insulin Syringe.

It holds 1 millilitre, or 1 cc, or 100 iu's.

You'll notice that between each 10 units, there are only 5 little tick marks.

These equate to 2 iu's each, as there are 5 little ticks between each large tick, with each large tick being equivalent to another 10 iu increment.

That means if I wanted to shoot 2 iu's of Humilin-R with a GH shot, I would literally only draw up to the first tiny little tick on the syringe.

One common issue that people who screw up run into is they might get a syringe that only says 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 instead of 10, 20, 30, 40, 50, 60, 70, 80, 90, 100.

And then they think that to shoot 10 iu's they have to pin the entire syringe.

So they unknowingly pin 100 iu's thinking it's 10 iu's.

As you'd expect, their blood sugar would plummet, and it could knock them unconscious, at which time they may die if help isn't nearby or they don't slam some sugar.

At that point the body may go into desperation mode to liberate stored energy sources to bring blood sugar levels back up, but obviously this isn't something you ever want to encounter in the first place, and there are very real cases of bodybuilders dropping dead from Insulin overdose.

Got a little off track there from talking about Insulin use with GH, but that's why you need to know exactly what you're doing before you even consider Insulin.

Insulin syringes come in an array of different formats, and they aren't all perfectly laid out like this one is with 10 iu's blatantly divided and showing 100 at the end.

Some are only 50 iu's, some are less than that, some don't show the numbers the same way as others, some have different ways to divide smaller amounts of units, just make sure you know exactly how to measure on whichever one you get before you do anything with it.

### **Other Reason's Bodybuilders Use Insulin**

The main 2 reasons bodybuilders use Insulin is because it cranks IGF-1 output up when coupled with GH, and it shuttles nutrients into the muscles extremely effectively.

This is why the standard protocol you will see calls for a big dose of Humalog either pre-workout or post-workout, coupled with an intra-workout + post-workout cocktail of EAA's or some pre-digested fast absorbing form of amino acids/protein (like Hydrolyzed Whey), with Highly Branched Cyclic Dextrin, or Vitargo, or Karbolyn, or some other form of easily digestible carbohydrate that has a fast gastric emptying rate to ensure that the carbs get used as quick as possible.

The Insulin drives the amino acids + whatever else is in your cocktail right into the muscle cells due to them being starved for nutrients intra-workout and post-workout.

That is the theory behind it anyways, and it seems to work well for some, but aside from the intra-workout window, micro-dosing Insulin around the clock, or using a basal long acting Insulin like Lantus can prove to be a significant growth vector.

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