THE COMPLETE PED REFERENCE GUIDE

Steroids · Peptides · SARMs · HGH · Ancillaries & More

Comprehensive FAQ for Bodybuilders & Coaches

⚠️ *DISCLAIMER: This document is for harm reduction and educational purposes only. All compounds listed are controlled substances in many countries. Always consult a physician and get regular bloodwork. The author assumes no liability for misuse.*

SECTION 1: ANABOLIC-ANDROGENIC STEROIDS (INJECTABLE)

Injectable steroids are oil or water-based solutions administered intramuscularly (IM) or subcutaneously (SubQ). They are the backbone of most bodybuilding cycles due to stable blood levels and superior gains relative to orals.

💊 Testosterone Enanthate

Field	Details
Also Known As	Test E, Enth
Type / Class	Androgen / Anabolic Steroid (Long Ester)
Half-Life	~4.5–5 days (active ~10–14 days)
Common Dose Range	Beginner TRT: 100–200mg/wk | Cycle: 300–600mg/wk | Blast: 600–1200mg/wk
Primary Purpose	Muscle mass, strength, libido, recovery, base of all cycles
Key Side Effects	Estrogenic: gynecomastia, water retention, high BP | Androgenic: hair loss, acne, oily skin, prostate | Cardiovascular: LDL↑, HDL↓, hematocrit↑ | HPTA suppression, testicular atrophy
Notes / Considerations	Gold standard base compound. Most beginners start here. Requires AI (aromasin/anastrozole) if estrogen becomes problematic. Inject 1–2x/week.

💊 Testosterone Cypionate

Field	Details
Also Known As	Test C, Cyp
Type / Class	Androgen / Anabolic Steroid (Long Ester)
Half-Life	~5–6 days
Common Dose Range	Same as Enanthate
Primary Purpose	Identical to Enanthate — muscle, strength, libido, base compound
Key Side Effects	Same as Enanthate
Notes / Considerations	Very similar to Enanthate. Popular in North America. Interchangeable for most purposes. Slightly longer half-life.

💊 Testosterone Propionate

Field	Details
Also Known As	Test P, Prop
Type / Class	Androgen / Anabolic Steroid (Short Ester)
Half-Life	~2–3 days
Common Dose Range	100–150mg EOD (every other day)
Primary Purpose	Cutting cycles, faster-acting test, pre-contest

Field	Details
Key Side Effects	Same as Enanthate but faster onset. More frequent injection site pain (PIP) common.
Notes / Considerations	Requires EOD or daily injections. Faster clearance = quicker detection window. Often used in cutting or contest prep. Can be painful.

💊 Testosterone Suspension

Field	Details
Also Known As	Test Susp, Aquatest
Type / Class	Androgen / Anabolic Steroid (No Ester)
Half-Life	~1–2 hours
Common Dose Range	50–100mg daily or pre-workout
Primary Purpose	Rapid strength/aggression boost, powerlifting, pre-workout
Key Side Effects	All test side effects hit fast. Very painful injections. Massive estrogen spikes possible.
Notes / Considerations	Water-based. No ester = hits bloodstream almost immediately. Brutal PIP. Used by powerlifters pre-meet. Needle clogs easily.

💊 Testosterone Undecanoate

Field	Details
Also Known As	Nebido, Aveed, Andriol (oral)
Type / Class	Androgen / Anabolic Steroid (Very Long Ester)
Half-Life	~21 days
Common Dose Range	1000mg every 10–14 weeks (clinical) | Injectable
Primary Purpose	TRT, HRT — rarely used in bodybuilding
Key Side Effects	Same as other testosterones but very slow release
Notes / Considerations	Mainly clinical TRT use. Very infrequent dosing. Not popular in bodybuilding cycles.

💊 Nandrolone Decanoate

Field	Details
Also Known As	Deca Durabolin, Deca
Type / Class	19-Nor Anabolic Steroid (Long Ester)
Half-Life	~6–12 days
Common Dose Range	200–600mg/wk
Primary Purpose	Mass building, joint relief, collagen synthesis, recovery
Key Side Effects	Progesteronic: gynecomastia, libido loss ('Deca Dick'), lactation | Low androgenic sides | HPTA suppression | Cardiovascular impact | Prolactin elevation

Field	Details
Notes / Considerations	Must run Test alongside (minimum 1:1 Test:Deca ratio). Requires cabergoline/prami for prolactin control. Joint lubrication benefits are real. Deca Dick is a real risk at high doses without proper management.

💊 Nandrolone Phenylpropionate

Field	Details
Also Known As	NPP
Type / Class	19-Nor Anabolic Steroid (Short Ester)
Half-Life	~2–3 days
Common Dose Range	100–200mg EOD
Primary Purpose	Same as Deca but faster acting, better for shorter cycles
Key Side Effects	Same as Deca — prolactin, progesterone, libido issues, cardiovascular
Notes / Considerations	Faster ester of Deca. More controllable. Better for shorter cycles (10–12 weeks). EOD injection required.

💊 Trenbolone Acetate

Field	Details
Also Known As	Tren A, Tren Ace
Type / Class	19-Nor Androgen (Short Ester)
Half-Life	~1–2 days
Common Dose Range	200–400mg/wk (EOD injections of 50–100mg)
Primary Purpose	Extreme muscle hardness, fat loss, strength — pre-contest / advanced
Key Side Effects	Tren cough, night sweats, insomnia, aggression ('Tren rage'), anxiety, prolactin/progesterone issues, cardiovascular toxicity, dark urine, neurotoxicity risk, libido disruption, no estrogen conversion but harsh
Notes / Considerations	Most potent injectable. NOT for beginners. Androgen:Anabolic ratio = 500:500 (Test = 100:100). Short ester = faster sides management. Cabergoline essential. Cardio will suffer significantly.

💊 Trenbolone Enanthate

Field	Details
Also Known As	Tren E
Type / Class	19-Nor Androgen (Long Ester)
Half-Life	~4–5 days
Common Dose Range	200–400mg/wk
Primary Purpose	Same as Tren A but for longer cycles
Key Side Effects	Same as Tren Acetate but sides harder to manage if they occur due to long ester

Field	Details
Notes / Considerations	Twice-weekly injections. If sides become intolerable, takes longer to clear. Some prefer Tren A for this reason.

💊 Trenbolone Hexahydrobenzylcarbonate

Field	Details
Also Known As	Tren Hex, Parabolan
Type / Class	19-Nor Androgen (Long Ester)
Half-Life	~5–6 days
Common Dose Range	150–300mg/wk
Primary Purpose	Same as other Tren — mass, hardness, pre-contest
Key Side Effects	Same as Tren Enanthate
Notes / Considerations	Original Parabolan was the only human-grade Tren ever. Rarer. Twice weekly injections. Considered by some to have slightly different feel than other Tren esters.

💊 Boldenone Undecylenate

Field	Details
Also Known As	Equipoise, EQ
Type / Class	Anabolic Steroid (Long Ester)
Half-Life	~14 days
Common Dose Range	300–600mg/wk
Primary Purpose	Lean mass, increased appetite, RBC production, aesthetic gains, endurance
Key Side Effects	Estrogenic (moderate), anxiety (EQ anxiety is noted), hematocrit elevation (polycythemia risk), hair loss, increased appetite
Notes / Considerations	Very long ester — needs at minimum 16-week cycle to see full benefits. Increases RBC significantly — donate blood or manage hematocrit. EQ anxiety can be significant at high doses.

💊 Masteron Propionate

Field	Details
Also Known As	Mast P, Drostanolone Propionate
Type / Class	DHT-Derived Anabolic Steroid (Short Ester)
Half-Life	~2–3 days
Common Dose Range	300–600mg/wk (EOD)
Primary Purpose	Hardness, anti-estrogen effect, pre-contest, DHT synergy
Key Side Effects	Hair loss (significant — DHT compound), acne, no estrogenic sides, mild cardiovascular impact

Field	Details
Notes / Considerations	Anti-estrogenic at higher doses. Best used when body fat is already low (<12%). EOD injections. Hair loss risk is high for those genetically predisposed.

💊 Masteron Enanthate

Field	Details
Also Known As	Mast E
Type / Class	DHT-Derived Anabolic Steroid (Long Ester)
Half-Life	~4–5 days
Common Dose Range	400–600mg/wk
Primary Purpose	Same as Mast P — hardness, AI-like effect, pre-contest
Key Side Effects	Same as Mast P
Notes / Considerations	Twice weekly injections. More convenient than Mast P. Popular in longer pre-contest preps.

💊 Primobolan Depot

Field	Details
Also Known As	Primo, Methenolone Enanthate
Type / Class	DHT-Derived Anabolic Steroid (Long Ester)
Half-Life	~7–10 days
Common Dose Range	400–800mg/wk
Primary Purpose	Lean, quality muscle with minimal sides — favored by women and those sensitive to side effects
Key Side Effects	Hair loss, mild cardiovascular, low estrogenic activity, mild HPTA suppression
Notes / Considerations	Arnold's favorite. Very mild side effect profile. Expensive. Highly counterfeited. Genuine Primo is excellent for lean gains with minimal water. Women use 25–75mg/wk.

💊 Stanozolol Injectable

Field	Details
Also Known As	Winstrol Depot, Winny
Type / Class	DHT-Derived Anabolic Steroid (Water-Based)
Half-Life	~24 hours
Common Dose Range	50mg EOD or daily
Primary Purpose	Cutting, hardness, strength without mass, pre-contest
Key Side Effects	Joint pain/dryness, hepatotoxic (even injectable), LDL↑ HDL↓ significantly (most toxic to lipids of all steroids), SHBG reduction, hair loss

Field	Details
Notes / Considerations	Water-based injectable. Painful injections. SHBG binding frees up more testosterone. Lipid impact is severe — bloodwork essential. Often used final 4–6 weeks pre-contest.

💊 Sustanon 250

Field	Details
Also Known As	Sust, Sus
Type / Class	Testosterone Blend (4 Esters)
Half-Life	Blend: Prop (2d) / PhenylProp (3d) / Isocaproate (7d) / Decanoate (15d)
Common Dose Range	250–750mg/wk
Primary Purpose	TRT and bulking cycles — sustained test release
Key Side Effects	Same as all testosterone compounds
Notes / Considerations	Contains 4 esters causing variable release. Some find estrogen management harder due to peaks from short esters. Best dosed EOD for stable levels rather than once/twice weekly.

💊 Drostanolone Propionate (see Masteron)

Field	Details
Also Known As	—
Type / Class	See Masteron Propionate entry above
Half-Life	—
Common Dose Range	—
Primary Purpose	—
Key Side Effects	—
Notes / Considerations	—

💊 Metenolone Enanthate (see Primobolan)

Field	Details
Also Known As	—
Type / Class	See Primobolan Depot entry above
Half-Life	—
Common Dose Range	—
Primary Purpose	—
Key Side Effects	—
Notes / Considerations	—

💊 Parabolan (see Tren Hex)

Field	Details
Also Known As	—
Type / Class	See Trenbolone Hexahydrobenzylcarbonate entry above
Half-Life	—
Common Dose Range	—
Primary Purpose	—
Key Side Effects	—
Notes / Considerations	—

SECTION 2: ORAL ANABOLIC STEROIDS

Oral steroids are typically 17-alpha alkylated (17aa) to survive first-pass metabolism. This makes them hepatotoxic. Most are used as kickstarters or finishers in cycles — rarely run alone. Maximum oral use: 4–6 weeks typically.

💊 Dianabol

Field	Details
Also Known As	Dbol, Methandrostenolone, Methandienone
Type / Class	17aa Oral Anabolic Steroid
Half-Life	3–6 hours
Common Dose Range	20–50mg/day (cycle kickstart)
Primary Purpose	Fast mass and strength gains — classic bulking kickstart
Key Side Effects	Heavy water retention, gynecomastia, liver toxicity, high blood pressure, cholesterol impact, acne, hair loss
Notes / Considerations	The original mass builder. Arnold's staple. Fast but watery gains. Liver support (TUDCA/NAC) essential. Do not run longer than 6 weeks. Estrogen management critical.

💊 Anadrol

Field	Details
Also Known As	Abombs, A50, Oxymetholone
Type / Class	17aa Oral Anabolic Steroid
Half-Life	8–9 hours
Common Dose Range	25–100mg/day
Primary Purpose	Extreme mass and strength — most powerful oral
Key Side Effects	Most powerful oral — severe water retention, gynecomastia, hepatotoxic, headaches, lethargy, appetite changes, hypertension. Does NOT bind to aromatase but still estrogenic.
Notes / Considerations	Possibly the most powerful oral AAS. Despite not directly aromatizing, it has significant estrogenic activity. Gains are dramatic but largely water. Use TUDCA. Max 4–6 weeks.

💊 Winstrol (Oral)

Field	Details
Also Known As	Winny, Stanozolol
Type / Class	17aa DHT-Derived Oral
Half-Life	9 hours
Common Dose Range	25–50mg/day
Primary Purpose	Cutting, hardness, SHBG reduction, strength

Field	Details
Key Side Effects	Joint pain/dryness (most common complaint), severe lipid damage, hepatotoxic, hair loss, acne
Notes / Considerations	Best used in cutting phases. Frees testosterone by binding SHBG. Very hard on cholesterol — HDL can crash. Fish oil and lipid support essential.

💊 Anavar

Field	Details
Also Known As	Var, Oxandrolone
Type / Class	17aa DHT-Derived Oral (Mild)
Half-Life	9–10 hours
Common Dose Range	Men: 40–80mg/day | Women: 5–20mg/day
Primary Purpose	Lean gains, strength, fat loss, female bodybuilding — mildest oral
Key Side Effects	Mild hepatotoxicity, lipid impact (LDL↑, HDL↓), mild HPTA suppression, hair loss possible, testosterone suppression
Notes / Considerations	Most popular female AAS. Very mild side profile. Highly counterfeited — often sold as Dbol. Expensive when legitimate. Excellent for strength without mass. Good for women at low doses.

💊 Turinabol

Field	Details
Also Known As	Tbol, 4-Chlorodehydromethyltestosterone
Type / Class	17aa Oral Anabolic Steroid
Half-Life	16 hours
Common Dose Range	20–60mg/day
Primary Purpose	Lean, dry gains — East German sports drug. Quality muscle without water.
Key Side Effects	Hepatotoxic, lipid damage, mild androgenic sides, HPTA suppression
Notes / Considerations	East German Olympic drug of choice. Cleaner gains than Dbol with less water. Slower but higher quality. Longer half-life = once daily dosing.

💊 Superdrol

Field	Details
Also Known As	Methasterone, Methyldrostanolone
Type / Class	17aa DHT-Derived Oral — Extremely Potent
Half-Life	8–9 hours
Common Dose Range	10–20mg/day (training days common in blasts)
Primary Purpose	Extreme strength and hardness — dry compound

Field	Details
Key Side Effects	Severe hepatotoxicity (most liver-toxic oral AAS), lethargy, back pumps, appetite suppression, severe lipid damage, cardiovascular stress
Notes / Considerations	One of the harshest compounds. Insane strength and muscle hardness. Dry compound — no water retention. TUDCA at 500mg/day essential. Max 3–4 weeks. Bloodwork mandatory.

💊 Halotestin

Field	Details
Also Known As	Halo, Fluoxymesterone
Type / Class	17aa Oral Androgen — Extreme
Half-Life	9–10 hours
Common Dose Range	10–20mg/day (pre-workout use only)
Primary Purpose	Aggression, strength — powerlifting, combat sports, pre-contest
Key Side Effects	Extremely hepatotoxic, severe aggression/'roid rage', cardiovascular, acne, hair loss
Notes / Considerations	One of the most androgenic compounds available. Used specifically for strength and aggression before competition. NOT used for muscle building. Very harsh. Very short cycles only (2–4 weeks max).

💊 Methyltestosterone

Field	Details
Also Known As	—
Type / Class	17aa Oral Testosterone
Half-Life	~3 hours
Common Dose Range	10–40mg/day
Primary Purpose	Old-school mass/strength — rarely used today
Key Side Effects	Very estrogenic, hepatotoxic, harsh sides
Notes / Considerations	One of the oldest oral steroids. Largely replaced by superior compounds. High side effect profile.

💊 Oral Primobolan

Field	Details
Also Known As	Primo Tabs, Methenolone Acetate
Type / Class	17aa Oral (Mild)
Half-Life	~4–6 hours
Common Dose Range	50–150mg/day
Primary Purpose	Lean gains — similar to injectable Primo but less effective

Field	Details
Key Side Effects	Mild hepatotoxicity, hair loss, mild cardiovascular impact
Notes / Considerations	Less effective than injectable Primobolan. High first-pass metabolism reduces bioavailability. Expensive. Still mild side profile.

💊 Proviron

Field	Details
Also Known As	Mesterolone
Type / Class	DHT Oral (Non-Anabolic)
Half-Life	~12 hours
Common Dose Range	25–75mg/day
Primary Purpose	SHBG reduction, libido boost, mild anti-estrogen, hardness, ancillary
Key Side Effects	Hair loss (significant), acne, hepatotoxic (mild), androgenic
Notes / Considerations	Not strongly anabolic. Used as ancillary to free testosterone (SHBG binding) and add hardness/libido. Often used throughout a cycle. Popular addition to cruise.

💊 Epistane

Field	Details
Also Known As	Havoc, Methylepitiostanol
Type / Class	Designer Steroid / Prohormone (17aa DHT)
Half-Life	~6 hours
Common Dose Range	20–40mg/day
Primary Purpose	Cutting, lean gains, anti-estrogenic effect
Key Side Effects	Hepatotoxic, joint dryness, hair loss, HPTA suppression
Notes / Considerations	Prohormone-era compound. Anti-estrogenic properties. Dry gains. Requires PCT and liver support like any oral.

💊 Cheque Drops

Field	Details
Also Known As	Mibolerone
Type / Class	17aa Oral Androgen — Extreme
Half-Life	~4 hours
Common Dose Range	200–500mcg before competition/fight
Primary Purpose	Extreme aggression and strength — combat sports only
Key Side Effects	Extremely hepatotoxic, severe aggression, cardiovascular, virilization in women

Field	Details
Notes / Considerations	Used only pre-competition for aggression. NOT a mass-building drug. Extremely harsh. Very short-term use only.

SECTION 3: SARMs (SELECTIVE ANDROGEN RECEPTOR MODULATORS)

SARMs selectively target androgen receptors in muscle and bone tissue while theoretically sparing organs like the prostate and liver. In practice, most SARMs cause meaningful testosterone suppression and some are hepatotoxic. All are research chemicals — not approved for human use.

💊 Ostarine

Field	Details
Also Known As	MK-2866, Enobosarm
Type / Class	SARM (Steroidal-like)
Half-Life	~24 hours
Common Dose Range	10–25mg/day
Primary Purpose	Mild mass, joint healing, recomposition, females
Key Side Effects	Testosterone suppression, mild lipid changes, possible hepatotoxicity, vision issues (rare)
Notes / Considerations	Most researched SARM. Mildest. Good for joint healing. Often used in PCT to preserve muscle (controversial). PCT recommended even for mild cycles.

💊 LGD-4033

Field	Details
Also Known As	Ligandrol
Type / Class	SARM
Half-Life	~24–36 hours
Common Dose Range	5–15mg/day
Primary Purpose	Mass building — most anabolic SARM
Key Side Effects	Significant testosterone suppression, hepatotoxicity, lipid impact, water retention
Notes / Considerations	Most anabolic SARM available. Significant suppression — full PCT required. Liver values can elevate. Water retention possible. Very popular for mass cycles.

💊 RAD-140

Field	Details
Also Known As	Testolone
Type / Class	SARM
Half-Life	~60 hours
Common Dose Range	10–20mg/day
Primary Purpose	Mass, strength, neuroprotective properties — aggressive muscle growth

Field	Details
Key Side Effects	Significant suppression, aggression, hepatotoxicity, lipid impact, hair loss
Notes / Considerations	One of the more potent SARMs. High anabolic:androgenic ratio. Some users report significant aggression. Full PCT required. Hair loss risk for genetically prone individuals.

💊 S23

Field	Details
Also Known As	—
Type / Class	SARM (Most Potent)
Half-Life	~12 hours
Common Dose Range	10–30mg/day
Primary Purpose	Extreme hardness, mass, lean gains — most steroid-like SARM
Key Side Effects	Most suppressive SARM (nearly total shutdown), aggression, testicular atrophy, potential as male contraceptive, hepatotoxic
Notes / Considerations	Closest SARM to a steroid. Causes near-complete testosterone shutdown. Full PCT mandatory. Not for beginners. Twice daily dosing due to shorter half-life.

💊 YK-11

Field	Details
Also Known As	—
Type / Class	SARM / Myostatin Inhibitor (Steroidal)
Half-Life	~6–10 hours
Common Dose Range	5–15mg/day
Primary Purpose	Extreme muscle growth via myostatin inhibition
Key Side Effects	Hepatotoxic (steroidal structure), significant suppression, joint pain, aggressive
Notes / Considerations	Technically a steroidal compound, not a classic SARM. Inhibits myostatin — theoretically allows muscle growth past natural limits. Twice daily dosing. Liver support essential.

💊 MK-677

Field	Details
Also Known As	Ibutamoren — NOT a SARM
Type / Class	Growth Hormone Secretagogue (Ghrelin Mimetic)
Half-Life	~24 hours
Common Dose Range	12.5–25mg/day (before bed)
Primary Purpose	HGH/IGF-1 elevation, muscle growth, sleep, recovery, anti-aging

Field	Details
Key Side Effects	Water retention, increased appetite (significant), lethargy, insulin resistance, blood sugar elevation, carpal tunnel, numbness
Notes / Considerations	Not a SARM despite being sold alongside them. Stimulates pituitary GH release. Does not suppress testosterone. Non-suppressive. Can be run continuously. Take before bed for GH pulse alignment. Monitor blood glucose.

💊 Cardarine

Field	Details
Also Known As	GW-501516 — NOT a SARM
Type / Class	PPARδ Agonist
Half-Life	~16–24 hours
Common Dose Range	10–20mg/day
Primary Purpose	Endurance, fat oxidation, cardiovascular performance
Key Side Effects	CANCER RISK: Studies in rats showed dose-dependent tumor formation at ALL doses — USE AT YOUR OWN EXTREME RISK. Does not suppress testosterone.
Notes / Considerations	⚠️ HIGH RISK. Research was cancelled due to rapid cancer development in animal models. Some bodybuilders use it regardless. Non-suppressive, incredible endurance benefits. Risk vs reward decision for the individual — but the cancer data is real.

💊 SR9009

Field	Details
Also Known As	Stenabolic — NOT a SARM
Type / Class	Rev-ErbA Agonist
Half-Life	~4 hours (very short — multiple daily doses needed)
Common Dose Range	20–40mg/day split into 4 doses
Primary Purpose	Endurance, fat loss, circadian rhythm modulation
Key Side Effects	Poor oral bioavailability questioned, metabolic changes, not well studied in humans
Notes / Considerations	Often marketed as SARMs. Actually a Rev-ErbA ligand. Questionable oral bioavailability — some researchers suggest it barely works orally. Truly experimental.

💊 S4

Field	Details
Also Known As	Andarine
Type / Class	SARM
Half-Life	~4–6 hours
Common Dose Range	25–50mg/day
Primary Purpose	Lean mass, hardness, fat loss

Field	Details
Key Side Effects	Yellow/green vision tint (distinctive side effect — worse in low light and night), testosterone suppression
Notes / Considerations	Vision issues are the defining side effect. Dose-dependent — can become very noticeable. Twice daily dosing. Good for hardness and recomp.

💊 AC-262

Field	Details
Also Known As	AC-262536
Type / Class	SARM (Newer Research Chemical)
Half-Life	Unknown
Common Dose Range	10–30mg/day
Primary Purpose	Anabolic effects, cognitive effects researched
Key Side Effects	Limited human data — suppression expected, cardiovascular, unknown long-term risks
Notes / Considerations	Early research compound. Very limited human safety data. Not recommended for use.

SECTION 4: HUMAN GROWTH HORMONE (HGH) & GROWTH HORMONE PEPTIDES

HGH and GH-stimulating peptides are among the most coveted compounds in bodybuilding. They promote fat loss, muscle growth, recovery, anti-aging, and well-being. True pharmaceutical HGH is expensive; peptides provide a more affordable GH-stimulating alternative.

💊 Human Growth Hormone

Field	Details
Also Known As	HGH, Somatropin, GH
Type / Class	Peptide Hormone
Half-Life	~15–20 minutes (half-life) | IGF-1 elevation lasts much longer
Common Dose Range	Bodybuilding: 2–4 IU/day | Anti-aging: 1–2 IU/day | Pharmaceutical: Norditropin, Genotropin, Humatrope
Primary Purpose	Fat loss, muscle fullness, recovery, anti-aging, sleep quality, joint health
Key Side Effects	Carpal tunnel, water retention, joint pain, insulin resistance, elevated blood glucose, potential IGF-1 driven cancer risk with long-term high-dose use, hypothyroidism, facial/organ growth (at very high doses/long term)
Notes / Considerations	Must be refrigerated. Reconstituted with bacteriostatic water. Inject SubQ. Timing matters — fasted AM for fat loss, around training for anabolic effect. Authentic pharma HGH is $$$. Chinese generic kits are common — quality varies. Run T4/T3 on long GH cycles to offset thyroid suppression.

💊 IGF-1 LR3

Field	Details
Also Known As	Insulin-like Growth Factor 1 Long R3
Type / Class	Peptide Hormone
Half-Life	~20–30 hours
Common Dose Range	20–100mcg/day post-workout
Primary Purpose	Muscle cell hyperplasia (new muscle cell creation), extreme muscle growth
Key Side Effects	Hypoglycemia, organ growth (gut distension), facial growth, insulin sensitivity changes, potential cancer proliferation risk
Notes / Considerations	Causes actual muscle cell hyperplasia vs hypertrophy. Associated with 'GH gut' or 'insulin gut' at high doses long-term. Cycle on/off (4 weeks on, 4 off). More powerful than GH peptides. Requires careful dosing.

💊 IGF-1 DES

Field	Details
Also Known As	DES(1-3)IGF-1
Type / Class	Peptide Hormone (Short-Acting IGF-1)

Field	Details
Half-Life	~20–30 minutes
Common Dose Range	50–150mcg per injection (site-specific)
Primary Purpose	Localized muscle growth — inject directly into target muscle
Key Side Effects	Hypoglycemia (less than LR3), localized effects, similar risks to IGF-1 LR3
Notes / Considerations	Short half-life makes it useful for site-specific enhancement. Less systemic effect than LR3. Must inject into muscle immediately post-workout.

💊 CJC-1295 (with DAC)

Field	Details
Also Known As	CJC-1295 DAC, Drug Affinity Complex
Type / Class	GHRH Analogue (Growth Hormone Releasing Hormone)
Half-Life	~6–8 days with DAC
Common Dose Range	1–2mg/week
Primary Purpose	Sustained GH pulse elevation throughout the week
Key Side Effects	Water retention, headaches, tingling/numbness, fatigue, potential cancer risk (as with all GH stimulators)
Notes / Considerations	DAC version provides sustained GH release ('GH bleed') — once or twice weekly injections. Some prefer no-DAC version for more natural pulsatile release.

💊 CJC-1295 (no DAC)

Field	Details
Also Known As	Modified GRF 1-29, Mod GRF
Type / Class	GHRH Analogue
Half-Life	~30 minutes
Common Dose Range	100mcg 1–3x/day
Primary Purpose	Natural pulsatile GH release — best combined with GHRP
Key Side Effects	Same as CJC with DAC but milder due to shorter activity
Notes / Considerations	Most commonly stacked with a GHRP (see below). Injection 30 min before bed or post-workout ideal. Synergistic effect when paired with GHRPs can be dramatic.

💊 GHRP-6

Field	Details
Also Known As	Growth Hormone Releasing Peptide 6
Type / Class	GHRP (Ghrelin Mimetic)
Half-Life	~15–60 minutes

Field	Details
Common Dose Range	100–300mcg per injection, 1–3x/day
Primary Purpose	GH pulse stimulation, hunger increase, anabolic
Key Side Effects	Extreme hunger (defining effect), cortisol elevation, prolactin elevation, water retention
Notes / Considerations	First-gen GHRP. Causes massive hunger — good for bulking, bad for cutting. Must be used fasted for best GH pulse. Stack with Mod GRF for synergistic effect.

💊 GHRP-2

Field	Details
Also Known As	Growth Hormone Releasing Peptide 2
Type / Class	GHRP (Ghrelin Mimetic)
Half-Life	~15–60 minutes
Common Dose Range	100–300mcg per injection, 1–3x/day
Primary Purpose	Strong GH stimulation — more potent than GHRP-6 with less hunger
Key Side Effects	Cortisol and prolactin elevation (more than GHRP-6), hunger (less than GHRP-6), water retention
Notes / Considerations	More potent GH stimulation than GHRP-6 with less hunger. Higher cortisol/prolactin spike is a tradeoff. Still must be fasted for best results.

💊 Ipamorelin

Field	Details
Also Known As	—
Type / Class	GHRP (Selective GH Secretagogue)
Half-Life	~2 hours
Common Dose Range	200–300mcg per injection, 1–3x/day
Primary Purpose	Clean GH pulse with NO cortisol or prolactin spike — most selective GHRP
Key Side Effects	Water retention, headaches, tingling, mild fatigue — very clean side profile
Notes / Considerations	Best-in-class GHRP for most users. No cortisol or prolactin elevation. Most selective GH stimulator. Best combined with Mod GRF 1-29. Most popular GHRP for body recomposition.

💊 Hexarelin

Field	Details
Also Known As	—
Type / Class	GHRP (Most Potent)
Half-Life	~2 hours
Common Dose Range	100–200mcg per injection, 1–2x/day

Field	Details
Primary Purpose	Most potent GH stimulation of all GHRPs
Key Side Effects	Highest cortisol and prolactin elevation of all GHRPs, desensitization occurs quickly, water retention, cardiac protective (paradoxically)
Notes / Considerations	Most potent GHRP but desensitizes rapidly. Cortisol and prolactin issues. Often cycled. Has shown cardioprotective effects in research.

💊 Sermorelin

Field	Details
Also Known As	—
Type / Class	GHRH Analogue (Truncated, Natural)
Half-Life	~10–12 minutes
Common Dose Range	200–500mcg before bed
Primary Purpose	Natural GH pulse support, anti-aging TRT add-on
Key Side Effects	Water retention, joint pain, fatigue, possible desensitization
Notes / Considerations	Most natural-feeling GHRH analogue. Shorter half-life = more physiological. Often prescribed in anti-aging/TRT clinics. Good entry-level GH peptide.

💊 Tesamorelin

Field	Details
Also Known As	Egrifta
Type / Class	GHRH Analogue
Half-Life	~26 minutes
Common Dose Range	1–2mg/day
Primary Purpose	Approved for HIV lipodystrophy — visceral fat reduction, GH elevation
Key Side Effects	Water retention, joint pain, IGF-1 elevation risks, blood glucose changes
Notes / Considerations	FDA-approved GHRH. Reduces visceral adiposity. Used off-label in bodybuilding for ab definition and GH elevation. More expensive than generic peptides.

SECTION 5: ADDITIONAL THERAPEUTIC & PERFORMANCE PEPTIDES

Beyond GH peptides, a wide range of specialized peptides are used for healing, fat loss, tanning, libido, cognitive function, and more.

💊 BPC-157

Field	Details
Also Known As	Body Protection Compound 157
Type / Class	Pentadecapeptide / Healing Peptide
Half-Life	Unknown (experimental)
Common Dose Range	250–500mcg/day SubQ near injury site or orally for gut
Primary Purpose	Tendon/ligament healing, gut healing (IBD, leaky gut), wound healing, anti-inflammatory, angiogenesis
Key Side Effects	Very low side effect profile in research. Possible nausea. Tumor growth concerns theoretical — not demonstrated in research.
Notes / Considerations	Most popular healing peptide. Strong evidence for tendon/ligament repair. Oral form effective for gut issues. Injectable for musculoskeletal. Can be used systemically (navel injection) or locally. Generally very well tolerated.

💊 TB-500

Field	Details
Also Known As	Thymosin Beta-4
Type / Class	Peptide (Tissue Repair)
Half-Life	Unknown
Common Dose Range	2–2.5mg twice/week (loading) then 2mg/2 weeks (maintenance)
Primary Purpose	Systemic tissue healing, flexibility, recovery — complements BPC-157
Key Side Effects	Mild — fatigue, possible headaches, theoretical cancer proliferation concern
Notes / Considerations	Often stacked with BPC-157 for synergistic healing. More systemic than BPC-157. Excellent for athletes recovering from chronic injuries. Not injectable near-site required — works systemically.

💊 Melanotan II

Field	Details
Also Known As	MT2, MT-II
Type / Class	Melanocortin Peptide
Half-Life	~33 hours
Common Dose Range	0.5–1mg SubQ, start low and titrate

Field	Details
Primary Purpose	Skin tanning without sun, libido enhancement, appetite suppression, erections
Key Side Effects	Nausea (strong on first injection), facial flushing, spontaneous erections, mole growth/darkening, melanoma risk increase theoretically, appetite suppression
Notes / Considerations	Causes skin darkening via melanin stimulation. Significant libido and erection enhancement. Extremely nauseating on first use — start with 0.25mg. Can cause unwanted erections. Concern about existing mole growth/change — monitor skin carefully.

💊 PT-141

Field	Details
Also Known As	Bremelanotide
Type / Class	Melanocortin Peptide (Sexual Function)
Half-Life	~6–12 hours
Common Dose Range	0.5–2mg SubQ or intranasal, 1–2 hours before sexual activity
Primary Purpose	Libido and sexual function in men AND women, erectile dysfunction
Key Side Effects	Nausea, flushing, headache, blood pressure changes, spontaneous erections
Notes / Considerations	FDA-approved (Vyleesi) for female sexual dysfunction. Works centrally on brain — different mechanism to Viagra/Cialis. Very effective for libido. Nausea manageable with antiemetics.

💊 Selank

Field	Details
Also Known As	—
Type / Class	Anxiolytic / Nootropic Peptide
Half-Life	~1–2 hours
Common Dose Range	250–300mcg intranasal 1–3x/day
Primary Purpose	Anxiety reduction, cognitive enhancement, immune modulation, anti-depressant
Key Side Effects	Very mild — slight fatigue, rare headaches
Notes / Considerations	Russian-developed peptide. GABA-modulating anxiolytic without sedation. Used by bodybuilders for anxiety management during heavy cycles. Non-addictive alternative to benzodiazepines.

💊 Semax

Field	Details
Also Known As	—
Type / Class	Nootropic / Neuroprotective Peptide
Half-Life	~1–2 hours

Field	Details
Common Dose Range	300–600mcg intranasal 1–2x/day
Primary Purpose	Cognitive enhancement, BDNF/NGF upregulation, neuroprotection, focus, mood
Key Side Effects	Mild stimulant effect possible, rare irritability
Notes / Considerations	Russian-developed. Increases BDNF and NGF. Strong nootropic and mood-enhancing effects. Popular in Eastern Europe for cognitive performance. Well tolerated.

💊 GHK-Cu

Field	Details
Also Known As	Copper Peptide
Type / Class	Tissue Repair / Anti-Aging Peptide
Half-Life	Variable
Common Dose Range	1–2mg/day (injectable or topical)
Primary Purpose	Wound healing, anti-aging, collagen production, hair growth, anti-inflammatory
Key Side Effects	Generally well tolerated. Possible copper accumulation at very high doses.
Notes / Considerations	Triple action: wound healing + collagen remodeling + anti-inflammatory. Used in skincare and topically. Injectable form used systemically for recovery.

💊 LL-37

Field	Details
Also Known As	Cathelicidin
Type / Class	Antimicrobial / Immune Peptide
Half-Life	Short
Common Dose Range	100–500mcg/day
Primary Purpose	Immune support, antimicrobial, wound healing, potential anti-cancer properties
Key Side Effects	Localized reactions, poorly studied systemically
Notes / Considerations	Antimicrobial peptide with immune-modulating properties. Research compound.

💊 Epithalon

Field	Details
Also Known As	Epitalon, Tetrapeptide
Type / Class	Anti-Aging / Telomere Peptide
Half-Life	Unknown
Common Dose Range	5–10mg/day for 10-day cycles, 2–3x/year
Primary Purpose	Telomere elongation, anti-aging, sleep, circadian rhythm, antioxidant, longevity
Key Side Effects	Very low side effect profile — one of the safest peptides researched

Field	Details
Notes / Considerations	Pineal gland peptide. Evidence for telomere lengthening in aging cells. Popular in anti-aging protocols. Non-refrigeration-stable unlike many peptides. SubQ injection.

💊 Dihexa

Field	Details
Also Known As	PNB-0408
Type / Class	Nootropic Peptide (Extreme Potency)
Half-Life	Long (days)
Common Dose Range	Very low doses — 1–10mg (transdermal common)
Primary Purpose	Cognitive enhancement, memory, BDNF potentiation — extremely potent nootropic
Key Side Effects	Poorly studied. Potential for overstimulation. Long-lasting effects (use caution with dosing).
Notes / Considerations	Extremely potent — reported to be millions of times more potent than BDNF in some models. Very limited human data. Transdermal application common due to potency concerns. Use extreme caution.

💊 AOD-9604

Field	Details
Also Known As	Anti-Obesity Drug Fragment
Type / Class	HGH Fragment Peptide
Half-Life	~30 minutes
Common Dose Range	300–600mcg/day SubQ fasted
Primary Purpose	Fat loss — mimics fat-burning portion of HGH without anabolic/IGF-1 effects
Key Side Effects	Very mild — minimal sides noted in research
Notes / Considerations	HGH fragment (176-191). Specifically targets fat metabolism. No IGF-1 elevation. No insulin resistance. Much cheaper than HGH. Good addition to cutting protocols.

💊 Fragment 176-191

Field	Details
Also Known As	HGH Frag
Type / Class	HGH Fragment (Lipolytic)
Half-Life	~30 minutes
Common Dose Range	250–500mcg/day fasted (AM or pre-workout)
Primary Purpose	Targeted fat loss, anti-obesity
Key Side Effects	Minimal side effects, some users report mild fatigue or nausea

Field	Details
Notes / Considerations	Same as AOD-9604 above. Strictly fat loss focused. Must be used fasted. No anabolic effects.

SECTION 6: INSULIN

⚠️ EXTREME DANGER: Insulin is the most dangerous compound used in bodybuilding. Incorrect dosing can cause hypoglycemic coma and death within minutes. Only experienced users with full understanding should consider this.

💊 Humalog / Novorapid

Field	Details
Also Known As	Insulin Lispro / Insulin Aspart — Fast-Acting
Type / Class	Insulin Analogue
Half-Life	~4–5 hours active
Common Dose Range	4–10 IU post-workout (NEVER on empty stomach without carbs)
Primary Purpose	Extreme muscle glycogen loading, nutrient partitioning, mass building
Key Side Effects	HYPOGLYCEMIA — seizure, coma, DEATH. Brain damage. Weight gain/fat gain if diet not precise.
Notes / Considerations	Rule: 10g fast carbs per IU of insulin, ready to consume immediately. Never sleep after injection. Never inject without carbs ready. ALWAYS have fast sugar nearby. Keep glucagon kit available.

💊 Lantus / Tresiba

Field	Details
Also Known As	Insulin Glargine / Degludec — Long-Acting Basal
Type / Class	Insulin Analogue
Half-Life	~24 hours (flat profile)
Common Dose Range	2–8 IU at bedtime
Primary Purpose	Continuous anabolic environment, glucose management on HGH cycles
Key Side Effects	All hypoglycemia risks — slower onset but prolonged danger window
Notes / Considerations	Even more dangerous than fast-acting due to extended action. Cannot be 'undone' as easily. Used by advanced bodybuilders running HGH + insulin protocols. Extremely high risk.

💊 Humulin-R

Field	Details
Also Known As	Regular Insulin
Type / Class	Short-Acting Insulin
Half-Life	~6–8 hours
Common Dose Range	5–10 IU post-workout with food
Primary Purpose	Muscle glycogen loading, mass building

Field	Details
Key Side Effects	Hypoglycemia risk (extended window vs fast-acting analogues)
Notes / Considerations	Slower than Humalog. Longer window requiring more sustained carb intake. Used by some bodybuilders for more gradual nutrient partitioning.

SECTION 7: ANCILLARIES (AIs, SERMs, PCT, SUPPORT)

Ancillary compounds manage side effects and restore natural hormonal function after cycles. These are as important as the PEDs themselves.

💊 Anastrozole

Field	Details
Also Known As	Arimidex
Type / Class	Aromatase Inhibitor (AI)
Half-Life	~50 hours
Common Dose Range	0.25–1mg EOD (dose dependent on estrogen symptoms)
Primary Purpose	Estrogen control during cycle — prevent gynecomastia, water retention, high BP
Key Side Effects	Crashed estrogen (joint pain, libido loss, mood depression, cognitive fog), bone density loss long-term, lipid impact
Notes / Considerations	Most commonly used AI. Dose to symptoms, not prophylactically. Crashing estrogen is worse than high estrogen for many. Target E2: 20–30 pg/mL on bloodwork.

💊 Exemestane

Field	Details
Also Known As	Aromasin
Type / Class	Suicidal Aromatase Inhibitor (AI)
Half-Life	~24 hours
Common Dose Range	12.5–25mg EOD
Primary Purpose	Estrogen control — permanently destroys aromatase enzyme (suicidal AI)
Key Side Effects	Crashed estrogen risk, androgenic (derived from androstenedione), mild anabolic effect
Notes / Considerations	Suicidal AI — irreversibly binds aromatase. Cannot 'rebound' estrogen like Arimidex can. Favored for PCT (no estrogen rebound). Mildly anabolic. Preferred by many.

💊 Letrozole

Field	Details
Also Known As	Femara
Type / Class	Aromatase Inhibitor (Most Potent AI)
Half-Life	~48 hours
Common Dose Range	0.5–2.5mg EOD (very powerful — start low)
Primary Purpose	Emergency estrogen crash / gynecomastia treatment, extreme estrogen control
Key Side Effects	Severe estrogen crash, bone density loss, cardiovascular impact, lipid changes

Field	Details
Notes / Considerations	Most powerful AI available. Can crash estrogen to near-zero. Used to treat/reverse existing gynecomastia lumps (with Raloxifene). Too strong for routine cycle use — reserved for emergencies.

💊 Tamoxifen

Field	Details
Also Known As	Nolvadex, Nolva
Type / Class	SERM (Selective Estrogen Receptor Modulator)
Half-Life	~5–7 days
Common Dose Range	PCT: 40/40/20/20mg | Gyno: 20–40mg/day
Primary Purpose	PCT cornerstone, gynecomastia prevention/treatment (at the receptor level)
Key Side Effects	Estrogenic effects in some tissues (liver — can raise SHBG), bone protective, rare blood clots, vision (very rare CASOD)
Notes / Considerations	Most important PCT drug. Blocks estrogen at breast tissue. Does NOT lower estrogen in blood (unlike AIs). Combined with Clomid for standard PCT. Can worsen prolactin/progesterone gyno.

💊 Clomiphene

Field	Details
Also Known As	Clomid, Clomiphene Citrate
Type / Class	SERM
Half-Life	~5–7 days
Common Dose Range	PCT: 50/50/25/25mg | TRT restart: lower doses
Primary Purpose	PCT — LH/FSH stimulation to restart natural testosterone production
Key Side Effects	Emotional instability/'clomid craze', visual disturbances, headaches, mood swings
Notes / Considerations	Stimulates LH and FSH more than Nolvadex. Emotional sides are real and significant. Vision sides (blurry) should prompt immediate discontinuation. Synergistic with Tamoxifen for PCT.

💊 Raloxifene

Field	Details
Also Known As	Evista
Type / Class	SERM
Half-Life	~28 hours
Common Dose Range	60mg/day for gynecomastia treatment
Primary Purpose	Gynecomastia reduction/reversal — more effective than Nolvadex for existing gyno
Key Side Effects	Hot flashes, blood clot risk (similar to Nolvadex), joint pain

Field	Details
Notes / Considerations	Superior to Nolvadex for treating existing gynecomastia lumps. Often combined with Letrozole for serious gyno reversal protocols.

💊 Cabergoline

Field	Details
Also Known As	Dostinex, Caber
Type / Class	Dopamine Agonist (Prolactin Control)
Half-Life	~63–68 hours
Common Dose Range	0.25–0.5mg twice weekly
Primary Purpose	Prolactin control for 19-Nor users (Tren, Deca, NPP), libido, well-being
Key Side Effects	Nausea (take with food), dizziness, heart valve concerns (at very high doses/long term), fatigue
Notes / Considerations	Essential when running 19-Nor compounds (Tren, Deca). Controls prolactin-induced gynecomastia and sexual dysfunction. Also used for general well-being / libido on any cycle. Heart valve concern is at very high therapeutic doses, not typical BB doses.

💊 Bromocriptine

Field	Details
Also Known As	Parlodel
Type / Class	Dopamine Agonist (Prolactin Control)
Half-Life	~6–8 hours
Common Dose Range	1.25–2.5mg/day
Primary Purpose	Prolactin control — older alternative to Cabergoline
Key Side Effects	More side effects than Caber — nausea, vomiting, dizziness
Notes / Considerations	Older prolactin control agent. More side effects than cabergoline. Generally replaced by Caber in modern bodybuilding.

💊 HCG

Field	Details
Also Known As	Human Chorionic Gonadotropin
Type / Class	Peptide Hormone (LH Mimetic)
Half-Life	~36 hours
Common Dose Range	On-cycle: 250–500 IU 2x/week | PCT: 500–1000 IU for 2–3 weeks
Primary Purpose	Prevent testicular atrophy during cycle, fertility maintenance, PCT preparation
Key Side Effects	Estrogen elevation (aromatizes in testes), desensitization of Leydig cells if overused, progesterone elevation

Field	Details
Notes / Considerations	Keeps testicles 'alive' during cycle by mimicking LH. Should not be run too close to PCT start as it's suppressive. Do NOT run HCG throughout entire long cycle without breaks. Fertility essential compound.

💊 TUDCA

Field	Details
Also Known As	Tauroursodeoxycholic Acid
Type / Class	Liver Support Supplement
Half-Life	—
Common Dose Range	500mg/day with orals | 250mg/day preventative
Primary Purpose	Liver protection during oral steroid use — most effective liver supplement
Key Side Effects	GI discomfort at high doses
Notes / Considerations	The gold standard liver support for oral AAS use. Far superior to milk thistle. Use from day 1 of any oral cycle and continue 4 weeks after. Combined with NAC for maximum protection.

💊 NAC

Field	Details
Also Known As	N-Acetyl Cysteine
Type / Class	Antioxidant / Liver & Kidney Support
Half-Life	—
Common Dose Range	600–1800mg/day
Primary Purpose	Liver support, kidney support, antioxidant, glutathione precursor
Key Side Effects	GI upset at high doses, possible cysteine accumulation
Notes / Considerations	Glutathione precursor — potent antioxidant and liver/kidney protector. Combine with TUDCA during oral cycles. Also beneficial during SARMs and any hepatotoxic compound.

SECTION 8: ERYTHROPOIETIN, THYROID, AND OTHER HORMONES

💊 EPO

Field	Details
Also Known As	Erythropoietin, Epoetin alfa
Type / Class	Glycoprotein Hormone
Half-Life	~4–7 hours (IV), longer SubQ
Common Dose Range	Endurance: 50–200 IU/kg 3x/week
Primary Purpose	Massive RBC production — endurance, oxygen capacity, stamina
Key Side Effects	Blood thickening — STROKE, HEART ATTACK, DEATH risk (especially during sleep). Thromboembolism. Hypertension.
Notes / Considerations	Responsible for numerous professional cyclist deaths. Blood becomes too thick. Must stay hydrated, avoid dehydration. Sleep heart rate monitoring recommended. Extreme risk at high doses.

💊 T3

Field	Details
Also Known As	Cytomel, Liothyronine
Type / Class	Thyroid Hormone (Active Form)
Half-Life	~2.5 days
Common Dose Range	25–75mcg/day (taper up and down)
Primary Purpose	Metabolic acceleration, fat loss — used in pre-contest cutting
Key Side Effects	Muscle catabolism (must be on AAS simultaneously), heart palpitations, tremors, sweating, thyroid suppression (must taper off slowly)
Notes / Considerations	Powerful fat loss tool but eats muscle without AAS support. Must taper dose (start at 25mcg, increase slowly). Cannot stop cold turkey — taper down. Long cycles can cause prolonged thyroid suppression.

💊 T4

Field	Details
Also Known As	Synthroid, Levothyroxine
Type / Class	Thyroid Hormone (Inactive Prodrug)
Half-Life	~7 days
Common Dose Range	50–200mcg/day
Primary Purpose	Thyroid support during HGH cycles, prevent HGH-induced hypothyroidism
Key Side Effects	Similar to T3 but milder — converts to T3 in body

Field	Details
Notes / Considerations	Body converts T4 to T3. Used to maintain thyroid function during long HGH cycles. Much gentler than direct T3.

💊 AICAR

Field	Details
Also Known As	5-Aminoimidazole-4-carboxamide ribonucleoside
Type / Class	AMPK Activator
Half-Life	Short
Common Dose Range	50mg/day
Primary Purpose	AMPK activation — fat oxidation, endurance, metabolic effects (the 'exercise pill')
Key Side Effects	Rarely studied in humans. Metabolic changes. Potential risks unknown long-term.
Notes / Considerations	Research compound shown to increase endurance in mice without exercise. Very limited human data. Used by some endurance athletes experimentally.

💊 DNP

Field	Details
Also Known As	2,4-Dinitrophenol
Type / Class	Metabolic Uncoupler — EXTREMELY DANGEROUS
Half-Life	~36 hours
Common Dose Range	200–400mg/day (ANY dose can be lethal)
Primary Purpose	Extreme fat loss via uncoupling oxidative phosphorylation
Key Side Effects	HYPERTHERMIA — DEATH. Cataracts, extreme sweating, yellow bodily fluids, dehydration, rapid body temperature increase. Multiple confirmed deaths per year.
Notes / Considerations	⛔ FATAL RISK. Cannot be antidoted. Has killed numerous bodybuilders and young people. Body temperature can rise uncontrollably and cannot be stopped once started. No antidote. Deaths are painful. STRONGLY advise against any use.

SECTION 9: DIURETICS (CONTEST PREP)

Diuretics are used in the final days before competition to eliminate subcutaneous water for maximum definition. Misuse has killed multiple bodybuilders.

💊 Furosemide

Field	Details
Also Known As	Lasix
Type / Class	Loop Diuretic
Half-Life	~2 hours
Common Dose Range	20–80mg (contest — professional guidance essential)
Primary Purpose	Rapid, extreme water elimination pre-contest
Key Side Effects	Electrolyte imbalance (hypokalemia — CARDIAC ARREST risk), dehydration, muscle cramping, dizziness
Notes / Considerations	Most powerful diuretic. Has killed bodybuilders. Must supplement potassium (K+). Cardiac risk from electrolyte imbalance is real. Professional supervision essential.

💊 Hydrochlorothiazide

Field	Details
Also Known As	HCTZ
Type / Class	Thiazide Diuretic
Half-Life	~6–12 hours
Common Dose Range	25–50mg
Primary Purpose	Moderate water loss pre-contest
Key Side Effects	Hypokalemia, hyponatremia, dehydration, photosensitivity
Notes / Considerations	Gentler than Furosemide. Less risk. Still requires electrolyte monitoring.

💊 Spironolactone

Field	Details
Also Known As	Aldactone
Type / Class	Potassium-Sparing Diuretic
Half-Life	~12–24 hours
Common Dose Range	25–100mg/day
Primary Purpose	Water retention control, anti-androgenic (used in women)
Key Side Effects	Gynecomastia in men (anti-androgenic/estrogenic), hyperkalemia, dizziness
Notes / Considerations	Potassium-SPARING — opposite of Lasix. Can cause gynecomastia in men due to anti-androgenic properties. Avoid in male AAS users.

SECTION 10: QUICK REFERENCE TABLES

Anabolic:Androgenic Ratio Reference

Testosterone = baseline 100:100. Higher anabolic ratio = more muscle-building. Higher androgenic ratio = more male characteristic/side effects.

Compound	Anabolic Rating	Androgenic Rating	Notes
Testosterone	100	100	Baseline reference
Nandrolone (Deca)	125	37	High anabolic, low androgenic
Trenbolone	500	500	Extremely potent both ways
Oxandrolone (Anavar)	322–630	24	Very anabolic, low androgenic
Stanozolol (Winstrol)	320	30	High anabolic, low androgenic
Oxymetholone (Anadrol)	320	45	Potent anabolic
Methandrostenolone (Dbol)	90–210	40–60	Moderate both
Boldenone (EQ)	100	50	Balanced, mild
Drostanolone (Masteron)	62–130	25–40	Moderate anabolic, low androgenic
Methenolone (Primo)	88	44–57	Mild and clean
Fluoxymesterone (Halo)	1900	1600	Extreme androgenic/anabolic
Mesterolone (Proviron)	40	60	Low anabolic, moderate androgenic

Standard PCT Protocol

Week	Nolvadex	Clomid	HCG	Aromasin
Pre-PCT (if applicable)	—	—	500 IU EOD x 2 weeks	—
Week 1–2	40mg/day	50mg/day	—	12.5mg EOD
Week 3–4	20mg/day	25mg/day	—	Optional
Week 5–6 (if needed)	20mg/day	Optional	—	—

Bloodwork Markers to Monitor

Marker	Why It Matters	Ideal Range (on cycle)
Total Testosterone	Confirm compound authenticity & dosing	Dependent on goals
Free Testosterone	Active testosterone levels	Upper range
Estradiol (E2)	Estrogen management	20–40 pg/mL
LH / FSH	HPTA suppression level	Suppressed on cycle

Marker	Why It Matters	Ideal Range (on cycle)
Prolactin	19-Nor compound monitoring	<15 ng/mL
Hematocrit / RBC	Blood thickening risk	<52%
ALT / AST	Liver enzymes — oral toxicity	<2x upper normal
Total Cholesterol	Cardiovascular health	<200 mg/dL
LDL / HDL	Lipid balance	LDL low, HDL >40
Blood Pressure	Cardiovascular strain	<130/85
PSA	Prostate health	<4 ng/mL
Thyroid (TSH, T3, T4)	Thyroid impact (HGH use)	Within normal range
Blood Glucose / HbA1c	Insulin resistance (HGH, Insulin use)	Fasting <100 mg/dL
Kidney (Creatinine/BUN)	Renal health	Within normal range

FINAL NOTES: THE COMMANDMENTS OF SAFE PED USE

1. Bloodwork is non-negotiable.

Pre-cycle, mid-cycle, and post-cycle bloodwork is the only way to know what is actually happening inside your body. Use it.

2. Start conservative.

More is rarely better. Start with lower doses and compound counts. Add complexity only when you understand how your body responds.

3. Have your ancillaries ready before you start.

AI, SERM, liver support, and PCT drugs should be in hand before the first injection.

4. Run TRT-level testosterone as the base of every cycle.

Never run compounds without an androgen base unless specifically indicated.

5. Protect your heart.

Cardiovascular damage is the #1 long-term risk of AAS use. Cardio, diet, blood pressure monitoring, and regular cardiac screening are essential.

6. PCT is required unless cruising.

A proper PCT protocol protects natural production and fertility. Never skip.

7. Time off = time on.

Standard harm reduction: time on cycle should roughly equal time off. Allows partial hormonal recovery.

8. Diet and training must match the compounds.

Steroids amplify everything — including bad habits. Your nutrition and programming must support your goals.

9. Hair, prostate, and mental health are real risks.

DHT compounds accelerate MPB in genetically predisposed individuals. Prostate issues accumulate over time. Mental health and aggression management are real.

10. This is a marathon, not a sprint.

Longevity in this sport requires smart, long-term thinking. The guys still healthy and competing at 50 are the ones who were calculated from day one.

Stay safe. Get bloodwork. Build something lasting.