



VIVA LA ENHANCED MAN

THE BASIC MAP WORK FOR HOW TO PROPERLY CYCLE



By; Biohackingdaily



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Part 1: Disclaimer

The contents in this eBook are in no way medical advice and should not be taken as such. Androgenic Anabolic Steroids and “SARMs” are dangerous compounds that could cause serious harm to the user. The contents of this book are theoretical and for entertainment purposes only. If you do wish to start testosterone, please visit your local doctor or testosterone replacement clinic for information on the matter. The purpose of this book is to create a framework for a safer cycle design that can be considered if the user so chooses.

Part 2: Intro to PEDs Pt.1

Greetings biohackers, it is with immense pleasure that I bring you this eBook where you can build a full cycle for yourself. I really want this to serve as a place where I can put all my current knowledge into one place. I plan to frequently update this book as more info comes out. As of writing this currently, this is the best information I have available to me. This is to serve as the intro eBook so it is not going to be the most “technical” eBook I will write in the sense that my goal is not to bore you with overly scientific data but provide you with merely the basics. A lot of the information we have on building these cycles comes from anecdotes and from coaching so with that in mind there are not tons of studies that directly investigate this. I really do not think a lot of studies will be looking into how cerebrolysin helps heal the brain, following the user blasting 1 gram of underground trenbolone. In the world of AAS, there tend to be a few categories. The first family of steroids are testosterone derived steroids; these are the following Equipoise, Dianabol, and Halotestin. The next family of steroids is ones that are derived from Dihydrotestosterone or are better known as DHT derivatives. These include things like Primobolan, Masteron, Anavar, and Anadrol (even though it behaves more like a 19nor). The

final family is steroids that come from the 19nor family; these include things like nandrolone and trenbolone. Those all work through the androgen pathway with some like Anadrol and Tren working through other pathways as well. There are numerous other pathways though that we can use to our advantage. Some of the other ones we can use are the growth hormone pathway which includes things like Growth Hormone, and Growth Hormone Secretagogues. These do tend to drive up blood glucose levels, and so they are often paired with something like insulin, metformin, or berberine. The final category is the myostatin pathway. Myostatin is our body's rate limiting step in building muscle. Many experimental compounds like the steroidal Sarm Yk11 can lower this, but it is also still extremely novel.

Part 3: Intro to PEDs Pt.2: What is Natural and What is Not

PEDs come in all shapes, forms, and sizes. Technically the word PED is short for Performance Enhancing Drug. So, with that definition alone the spectrum becomes pretty wide. Oftentimes people ask obscure questions like well if I take Mk677 and Turkesterone together am I still natural? The conundrum here is that technically they are both PEDs, but chances are you will still look natural. Personally, at the end of the day, I do not think it matters for recreational users. If you are competing though in natural federations or sports leagues taking anything that is banned should always be off limits, that is a situation where it matters. Do not over concern yourself with walking the line of oh well if I take these 4 peptides, and these plant steroids then technically I am still natural. NO! If you are just a recreational user, take what is safest and most effective for your specific goals and go from there. Stop worrying about being called a fake natty, at the end of the day you can always take a plea of silence and tell your friends you do not want to get into it. So, if someone was asking me, is Turkesterone natural? To be honest I

would say who cares if it is natural or not? You will still look natural on it so my answer would then likely be yes fine it is, but it also does not matter! The message here is to stop building weird cycles to try to maintain your “natty” card; unless you are in a tested sports federation it does not matter!

Part 4: Intro to PEDs PT. 3: SARMS, Cardarine, Peptides, and Growth Hormone Secretagogues

Okay let us jump into the research chemical side of the PED world. While prominent it is still a controversial one. If you are interested in following people who promote the research side of things I highly recommend, Tony Huge, Ryan Russo, and Leavingweakness! Now, remember when consuming their content a lot of them are fans of the research chemicals so you might get a more pre-research chem perspective. Which is not bad but something to always remember. Research Chems tend to fall into this category because they have yet to be approved in the medical community. Many of them are in a gray area where they are legal but only under the condition that they are sold for, “research purposes only, and not for human consumption.” This category of products contains all sorts of things including Growth Hormone Secretagogues, various insulin derived peptides, PPAR delta agonists like Cardarine, and a whole lot more. You can read more about these in the glossary section!

Part 5: Sarms vs AAS

This is one of the biggest debates in the community right now and it is something I want to touch on because we are building your cycle from the ground up. If you did not know, Sarms are better known as Selective Androgen Receptor Modulators. We have androgen receptors all

over our bodies. Things like testosterone tend to agonize all the androgen receptors. Which downstream can lead to health issues. The goal in the medical community has now been to create a more tissue selective version of testosterone that only binds to the AR receptors in the muscle tissue. Which is especially helpful for more androgen sensitive individuals like women and younger children. In a perfect world, a SARM would be able to bind to the AR receptors in the muscle tissue and not places like the scalp, prostate, and other locations. This would lead to the SARM being able to preserve muscle mass and tissue for people with muscle wasting diseases while mitigating potential side effects.

In the bodybuilding world, SARMS have caught fire for their ability to be taken orally and for how easy it is to buy them. While SARMS are not dangerous (so far based on incomplete data) many people have downplayed their risks. While I do not think SARMS are perfect, they do hold a place. I will clarify though that in most situations, real androgens are always going to be superior. Especially testosterone and other bio-identical hormones. Below I will list the reasons I think someone should consider using a SARM.

1. If they are a female competitor.
2. If the person is unable to or afraid to pin.
3. If the person for some reason plans to cycle for only 8 weeks (about 2 months) and never again (typically Sarms tend to be easier to recover from than real AAS) For example my friend lost a lot of muscle mass after breaking his arm, so he genuinely wanted something he could use to help keep his muscle mass. His intent was purely to preserve muscle mass and not get huge.

With these reasons laid out, it is fair to say that most people who are willing to pin, plan to stay on for longer than 8 weeks, and cycle again in the future and are male should be using

real AAS. Specifically, at the very least testosterone. While Sarms on paper are theoretically better, the real test is always best. There are a few reasons for this.

1. Things like testosterone, winstrol, anavar, etc have been around for years. We know them very well at this point. As the saying goes, better the devil you know than the devil you don't. While it does appear that SARMs are predictable at this point we still do not know the full picture when it comes to them.
2. When it comes to bio-identical hormones like testosterone, growth hormone, and insulin, the body knows these hormones. The body is smart enough to respond accordingly.
3. SARMs are simply weaker while carrying a lot of the side effects that oral AAS do not. SARMs still cause highly elevated liver enzymes and skewed lipids.
4. Testosterone can realistically be run for much longer cycles whereas Sarms are limited to 8–12-week cycles.
5. Testosterone converts to estrogen which is essential for brain health, gains, and sexual function. SARMs do not.

At the end of the day, SARMs are super cool, but testosterone is still superior. It can be run longer, you can make more gains with it, your body knows it better, and it is much more predictable. One day though it is possible that a perfect SARM is devolved making testosterone obsolete.

Part 6: Beginner, Intermediate, and Advanced Compounds

Now for cycling I want to get into our beginner, intermediate, and advanced compounds. These have been classified by how much they affect your health markers and how difficult they

can be to use. These are not fixed rules, they are just my opinion. The initial beginner compound we should always look at is testosterone. Testosterone is where all our PED journeys should start. It is bioidentical and our body knows what to do with it and it has been used in the medical community for years. To me, we should start off our cycles at around 200-300mg of testosterone pinned as frequently as possible. By pinning more frequently we can positively lower our estrogen levels and keep SHBG levels in range. Testosterone will also be the base for all our cycles, so it is essential that we learn how to effectively use it and how it affects us. Some people do well with higher levels of testosterone and other people keep their testosterone at just a “trt” range and raise the other compounds in their cycle like NPP and EQ.

The next two logical moves on the first cycle will be two add in one of these two compounds. They also tend to be easy to use and synergistic. The first type of compound we can add comes from the family of androgens called DHT derivatives. Oftentimes DHT derivatives are easy for a reason. They help lower estrogen and in the case of masteron, may also lower prolactin levels. Masteron and Primobolan especially really do not tend to be that harsh on blood either. There is a major drawback to these though being that they can in some users cause hair shedding. While this is highly debated personally, I think if you have hair loss issues you are best to just stay away from them or use them with some sort of hair loss medication. Anavar also tends to be favorable for most people as a solid option for a beginner oral compound. The next compound I want to mention is like Dianabol except it does not aromatize. It also tends to be easy on bloodwork. It is a testosterone derived compound and is known as turinabol. To me, it is a good intermediate compound that you can add in and not have to worry about destroyed blood or huge estrogen issues. Finally, the next intermediate compound you can consider adding in is GH at around 2-3 IU per day. Growth Hormone offers tons of benefits including, better fat loss,

better healing from injuries, better sleep, hypertrophy, and hyperplasia. Also, at doses of 2-3, IU offers minimal side effects. It is also another bio-identical hormone, so our body knows well what to do with it.

Let us move into advanced compounds. Now a lot of these can be used in a first cycle situation like Nandrolone, whereas some like trenbolone I would save for later cycles when you have experienced PEDs a bit more. The reason these are here is that there is more that could go wrong. For example, while Masteron might destroy your hair, nandrolone can bring estrogen issues, prolactin issues, and mental issues. Let us get into our first compound. That compound is nandrolone. Now nandrolone is the weakest out of these, but it also can be a bit complex. It can cause prolactin issues and can make your existing estrogen stronger as it agonizes the estrogen receptor. It also causes many men a lot of psychological issues. It can make them more likely to be anxious or emotional, and a wide variety of other things. Nandrolone at none therapeutic doses can be highly cardio toxic and remodel the heart. The next advanced compound is of course trenbolone. This compound does have selectivity for the tissue (as do most compounds that are not testosterone), but trenbolone is advanced because of how neurotoxic it is. Trenbolone has the potential to create amyloid plaque which is thought to be the same thing that causes Alzheimer's. The final advanced compounds are all the ultra-powerful orals like anadrol, dianabol, and halotestin. The reason these can be known as advanced compounds is because of how toxic they can be. I will go over how to use them in later sections, but they are just very toxic and can cause lots of damage fast.

To conclude the section, testosterone should always be our first compound, followed by a DHT derivative or GH, and then followed potentially by something like nandrolone. If you want to toss an oral in then you should lean into something like turinabol or anavar. Then when you

feel ready you can begin looking into things like trenbolone, anadrol, superdrol, and all that fun stuff.

Part 7: Ratios in Cycle Design

People oftentimes tend to try to use certain ratios in cycle designs. Where they will say you should use a 1:1 ratio of test to DHT or a 1:2 ratio of test to NPP. While these can be helpful they are often flawed. The reason they are flawed is that let's say people think you should use a 1:2 ratio of a test to a DHT. This would come out to 200mg test and 400mg Masteron. While for some this might be perfect, for others this could cause them to have super low levels of estrogen depending on genetics. Therefore, I recommend not using these predetermined ratios. The simple reason is everyone is different and the ratios do not account for that.

Part 8: High vs Low Dose Cycles

Ahh this will be a good section. There is constant debate regarding which is better, a low dose cycle or a high dose cycle. This has become a common argument in the PED world now. Some people think you should use lower dose cycles in the 500mg-1000mg range, whereas others find it to be BS and think that if you are going to shut yourself down and risk using PEDs that you should use high doses in the 1-2gram range.

I will say that both do work, it just depends on your goals and level of risk. You can look good with 500mg of androgens, a proper diet, proper training, and decent genetics. But good to the real world and good to the bodybuilding world are two different things. 500mg may have you looking awesome at the beach, but it may not help you become an IFBB pro. The reality is that the average recreational PED user can get away with using lower doses, but the athlete who

wants to be a pro bodybuilder needs to wake up to the reality that higher doses need to be used. While I do not want to prescribe a certain dosing regimen, I do think that in the industry now many people do downplay their doses. I do not want to prescribe pre-determined doses either way, but I do think that if you want to be a hardcore bodybuilder then 400mg of test alone will not cut it. For the more recreational guy though I do not see the point in just blasting your face off when you can look damn good between 500mg to a gram.

Part 9: Blast and Cruise Vs PCT

The next thing I want to get into is if you should blast and then cruise or if you should do your cycle then PCT off. The way I see it, PCT is extremely pointless unless you are trying to have a kid, or you plan to come off entirely. If you do a 16-week cycle, you must wait 5 half-lives of the longest ester for it to clear which if it is test E that is 35 days. After we wait those 5 half-lives then we must go through a long PCT process where we risk losing gains, having low and out of balance hormones, and risk our physical and mental health. Low testosterone negatively impacts our health. SERMs also put us at a higher risk of things like blood clots, vision issues, and can even make people suicidal. On top of that, we are PCTing just to then start this cycle over again. We go on cycle, make great gains then we come off pct and we compromise our gains and health. Also, there is no evidence that shows that by PCTing we are able to better preserve our fertility or anything. Flatlining your hormones just to then spike them up again is not in any way healthy. Instead, I do believe in dropping to a trt dose and adding in GH at about 1-2 IU per day. I will be going into how to properly cruise in the coming sections. Cruising can help maintain our health both mentally and physically and can help maintain our gains in the gym!

Part 10: Optimizing All of Your Pathways

Next, I want to go into how to optimize our pathways for muscle building with PEDs. There are so many pathways so below I will list the main ones and how to effectively use them. This concept has been popularized by Tony Huge and I do not want to short him any credit. The thought process of utilizing multiple pathways is that you are not leaving any stone unturned. By using all our pathways, we can maximize our gains in a full and complete manner. We can also help to build healthier cycles but not hammer the AR. For example, by adding in GH and Metformin instead of another androgen we can help build more tissue and not compromise our health.

The first is of course the androgen receptor pathway. This is the classic one that most androgens like testosterone, Anavar, and Winstrol hit. They agonize the androgen receptors which can lead to amazing muscle gains, but also some pretty harsh side effects. This is the classic pathway through which most drugs build muscle.

The next pathway is the growth hormone pathway. Growth hormone is highly effective at helping to cause hyperplasia. Hyperplasia is the creation of new muscle cells. In addition, growth hormones tend to also help with sleep, injuries, skin, hair, and many other things! It also plays a fantastic role in helping burn fat. The other ideal thing is that at 2-3IU HGH will not negatively impact lipids and things like that too bad. I hope you are starting to see what I am hinting at with how by using lower doses of each pathway we can have fewer side effects and reap the rewards.

Next up we have the pathway that is oftentimes paired with GH and that one being the insulin pathway. Now, this can be fulfilled through a few different things including Metformin and Berberine. I would say Metformin and Berberine should be used first before Insulin, but

Insulin is nothing that we should fear. Many people use insulin daily and are totally fine. The key is responsible insulin usage. Understand insulin, understand the risks, and how to use it safely and you will be fine. Since insulin does carry with it that risk though I will not be giving any insulin dosages or protocols. That is for your coach and you to discuss and you guys only.

The next pathway we can utilize is the estrogen pathway estrogen is hypertrophic, which is something that has not been understood by the community well before. Therefore, many people do not know that by crashing their estrogen they are unnecessarily hurting their gains. This also may be why things like EQ blow some people up so well but not others. This is because of how some people respond to the type of estrogen it produces called estrone.

Next up we must look at the myostatin and follistatin pathway. Myostatin acts as the body's rate limiting step in stopping us from building too much muscle. When we lower this then we obviously will be able to build more muscle. The flip side to this is of course follistatin which is an antagonist to myostatin. By doing either of these we can unlock huge muscle gains. This pathway is of course still highly novel. Gene therapy in the future may help unlock this for us.

Part 11: The Flaw of Predetermined Cycles

You have heard it a million times before. 500mg for 16 weeks of testosterone. There is a massive issue with this. You should never pre-make cycles like this and if you do or your coach does then you need a new strategy. The issue behind this is pretty simple. Let us take two people, person A, and person B. Person A runs testosterone at 500mg for 16 weeks and still has perfectly clean blood after 16 weeks. We would then be cutting his cycle unnecessarily short. Person B though let's say has horrible lipids and high RBC. At week 10, he should then back off sooner. adjust his diet, and add in ancillaries.

The other issue with this is that everyone is different in the sense that 500mg will affect everyone differently. Some people will have loads of estrogen issues and DHT based issues while others will have none. For this reason, I recommend never predetermining your cycles unless you are a veteran in PED usage, and even then I am still not a fan. A better alternative would be to make your decisions from real-time data. You should start at the lowest effective dose and work your way up and make decisions to up the dose or add compounds based on your bloodwork, blood pressure, progress in the gym, and overall feeling.

Part 12: My Cycle Model

Next let us get into my cycle model. This is going to be the most important part of the book as it gives insight into how I design my cycles. I think this ebook will stand apart because it is not merely just telling you that Primobolan is a compound that gives you a hard and full look while being harsh on hair, but rather it gives you the blueprint on how to really use it. My cycle design is data-driven and user dependent. I hope that from this you can have the tools to make your own cycle. Now first off, I think in the first year we should learn how you do with each compound. I want to see if DHTs hurt your hairline, if 19nors make you go crazy, or if testosterone gives you crazy estrogenic sides. Usually, the first compound I introduce is testosterone at a low dose. It is usually around 250-300mg but this is not a fixed dosage. From there we go. After about 4 weeks we will check in and see how you are feeling as well as check your progress in the gym, acne, hair, estrogen, etc. If I feel like your progress in the gym is going well and your health is good, then we will hold the dose. In the next few weeks then we will wait until progress starts to stall out. Once progress has stalled then we will bump the dosage. This will continue until we run into estrogen-based issues. Once we hit these, I will add in either

Primobolan or Masteron. Primobolan is superior but it is expensive and oftentimes faked, hence why I usually lean into Masteron. EQ could potentially be an option also, but I really don't like to use it right off the bat as it can be harsher on bloodwork for sure. These are my second choice because they help act as a substrate for aromatase. Masteron was also designed as a medication for women with breast cancer, so it may be able to help block the estrogen receptors in the breast tissue also. These two also tend to be easy on bloodwork, and easy to use as opposed to something like nandrolone that can compound estrogen issues, create prolactin issues, and cause mental health issues. From here we lock testosterone in at whatever dose it starts to give us estrogen issues and then we raise the Masteron or primo. Usually, from here we will keep titrating the mast or primo up. If the user tends to run into some issues with joints or fullness, then we can also start to add in nandrolone. From here I like to hold it and then make all our decisions based on bloodwork. Once bloodwork gets a bit dirty, I will drop to a cruise dose. When at this cruise dose I like to add in around 1-2 IU of GH to see how the user does and to help maintain muscle mass while using fewer androgens. We will usually cruise clear up blood and then strategize for our next push. If the user liked Primo and Mast, then we will go with that again. If they had issues though or felt it was lackluster then we will usually try something like testosterone and nandrolone for their second push. Or for our second push, we can use a bioidentical cycle design. Which is just testosterone growth hormone, and insulin. Usually, with this, I will use AI. After the first year I really want to know what you can handle and answer a few basic questions.

1. Does masteron and primobolan give you hair loss?
2. Do you aromatize a lot with testosterone?
3. Does nandrolone give you bad acne or make you feel crazy mentally?

4. How does each compound affect blood work?
5. How does each compound makes you look and feel?

Then after this first year of trial and error with the basics of nandrolone, test, GH, insulin, Masteron, and Primobolan then in year two, we can build better cycles tailored to you. In year two we might get more aggressive by adding in some orals and even trenbolone if you do plan to compete. If not, then some of this can wait until year three.

Overall, my model is simple. Make data-driven decisions, start with the lowest effective dose, raise it when we start to plateau in the gym, or lower the dose when our blood work gets too dirty or other health markers become too skewed. I also strongly believe in using multiple pathways like GH, insulin (or metformin). Along with androgens, the three models I really like are:

1. Testosterone, DHT Derivative, 19nor.
2. Low Testosterone+19nor titrating up.
3. Bioidentical Cycle using only hormones that are bioidentical to our body.

My “Blasts” are set up like this:

1. Pick compounds that work well for the user specifically.
2. Optimize all pathways.
3. Check blood every 12-16 weeks.
4. Start with the lowest dose needed then work up.
5. Save orals and stronger compounds for the very end.
6. Do not place any unnecessary stress on the body but still push hard.

I also like to set up my cruises with these few rules:

1. Keep androgens to around 2-3mg per KG. I really like this as a basic outline I tend to be more specific though of course depending on the client and what his or her genetics can tolerate.
2. Using Growth Hormone and Insulin (or metformin) at low doses.
3. Potentially using an oral two times per week on a lagging body part day.
4. Be as aggressive as possible on our cruises right before we muddy up bloodwork and blood pressure so we can maximize gains but also recover our health.
5. Add in aids like carnitine, meldonium, or carnitine to help optimize our performance without hurting or affecting our blood markers.

I have created an example sheet here for how I would respond to certain issues:

Action	Response
Introduce Test at 300 mg.	N/A
Week 4 users are plateauing in the gym.	Raise the dose to 100mg.
Week 6 user is running into estrogen-based issues.	Add in Masteron or Primobolan and hold the test dose.
Week 14 user pulled bloods and bloods looked good, complaining about some mild joint pain.	Add in 150mg of NPP, and continue titrating doses up as bloods came back clean.

This wraps up my cycle model.

Part 13: What Makes a Good Source

Okay now here will be a quick yet important section. What makes a good source? Hint, it is not just that the source gives you what they are selling. Yes of course it is super important that if you buy testosterone or Primobolan, they serve their purpose, but there is much more to it! The first thing I want to state is that pharmaceutical sources are the best. There are many ways to obtain this for some things, but it can be a bit tricky. The first thing I highly recommend any of you do is to join the Bostin Lloyds Forum. It is an extremely amazing and thorough place to find sourcing for tons and tons of things. However, if you do not want to pay, I am building a telegram sourcing group that you can join for free, which will help with sourcing.

One of the best things I recommend is that you join a TRT clinic. There are many to choose from, but Ryan Russo runs a particularly good one (Elevate Alternative Medicine). You may be asking how you can do this. The first thing you need to understand is that it can be costly and more costly than a UGL. One of the best ways to get them to prescribe you with TRT is to tell them that you want to switch from underground lab gear to pharma grade for your own health and safety. Be prepared with clean blood work so they will help you. The benefit to being on pharmaceutical-grade testosterone at least during your cruise is that you know that you will be injecting a clean product that does not cause an inflammatory response. Many sources tend to use harsh solvents and additives to help keep the compound in solution which can also negatively impact our health and raise our crp. This can be checked through blood work or other weird symptoms like increased acne at the place of injection. Therefore, it is important to always try to use pharma-grade products. It is equally important to try and steer away from products with higher mg to ml counts. The reason is that 400mg per ml of test vs 200mg per ml of test is going to have more solvents to hold the solution in place.

In my eyes, the two best carrier oils you should look for are MCT and GSO. MCT is short for Medium Chain Triglycerides and GSO is short for Grape Seed Oil. Castor oil and cottonseed oil also tend to be popular in pharmaceutical-grade formulations. Ethyl Oleate or EO tends to be a more problematic carrier oil. Guaiacol also tends to be added as a solvent also which can be problematic for some people. What is especially important and what I always do is when you first are pinning, just pin a small amount at first to see how you respond.

Now there tend to be a few issues with sources:

1. The product they are giving you is not what they say it is. This is common with Primobolan, Anavar, and other exotic AAS like Halotestin. Roid test kits do exist though to help ease your mind.
2. The product they are giving you does not use a carrier oil that agrees with you. You may be allergic to it which can be problematic of course. A Lot of times people will claim that they are using one thing but are really using something else or using harsh solvents. As I said, the two least problematic ones tend to be MCT and Grape Seed Oil (GSO), but it is still possible one of these your body may not like. Like I said this can be seen on blood work through an inflammatory marker called CRP. Or if you are getting things like acne in the places where you are pinning.
3. The product is not clean. This might be due to improper filtering or numerous other things, but again this can be very problematic. Therefore, I recommend buying your gear from well trusted and reputable sources.

To conclude, please vet your sources properly (by checking out Boston's Forum), check CRP, and keep an eye on your body when starting a new source.

Part 14: Pinning 101

Okay let us get into some pinning. Before you ask, I will provide a source for needles. I want to tell you what I do and what my coach recommends. This has always worked well for me. If you want to use larger needles and think this is too small then that is fine, but please just be aware this is what I do for myself. The internet is also full of videos on how to pin which I will link in the resource section.

Here is what you will need for an AAS Shot:

- 1 3ml Syringe (Luer Lock)
- 1 22 Gauge 1 Inch Needle to Draw into the syringe
- 1 27 Gauge half inch Needle to pin yourself with
- Alcohol Swabs

Here is what you will need for a Peptide Shot:

- 1 30-gauge half-inch insulin pin
- Alcohol Swabs
- BAC Water to Reconstitute the peptide

Where should I pin it?

- I tend to lean into spots like my ventrogluteal and shoulders because these are spots that are commonly used by nurses and doctors when giving shots, making them safe spaces. Please refer to the resources section for how to properly locate and pin these spots.

You should practice clean injecting practices. Please clean the injection area with rubbing alcohol and wash your hands before touching anything. Once your hands are clean you

may grab the vials and needles. Then properly swab down the area you are injecting by making a small initial circle and then bigger circles. This should be repeated post-injection.

I also tend to aspirate just to be safe even though it is not necessary, especially in places like the shoulder or ventral glute. Aspirating is when after you have injected yourself before pushing in any medication you pull back on the needle and see if the air that comes up is either clear or if there's blood. If there is, it means you have hit a blood vessel and need to move over slightly. This is not used in the medical community widely today.

Injections should be done with a sharp dart-like motion, in the proper spot. There are two types of injection. The first is intramuscular. This is a typical injection where the needle goes in at a 90-degree angle. It goes deep into the muscle. This is standard for large oil-based injections. Although things like testosterone can also be injected subcutaneously. The second is a subcutaneous shot. This is quite common for peptide shots. This is typically done in the area to the side of the belly button. You are supposed to pinch the outer skin (the fat, not muscle) and then enter the fat at a 45-degree angle. These tend to be easier than intramuscular shots.

Part 15: How to Monitor Your Health

Blood Pressure Monitoring

Once a week with an over-the-arm cuff, morning and night, make sure to follow proper blood pressure monitoring practices by keeping your feet flat on the ground, being seated, and being relaxed. Make sure there are no distractions and you have not consumed coffee yet. This device can be bought and used at home. If you want to get a baseline, do it three times per day for the first week. This can be helpful to establish a better baseline.

Blood Glucose Monitoring

Especially if you are using GH or anything in that pathway then monitoring blood glucose is important. Also if you are bulking then it should be monitored. This should be done in the morning while still fasting and then after a meal. Maintaining insulin sensitivity is extremely important not just for our gains but for our overall health and wellness.

Sleep Monitoring

Sleep is extremely important. Not only to see how much we are sleeping but the quality of sleep we are getting. One of the best ways to monitor this is through something like an Aura Ring. Sleep studies are also very important. These can help rule out issues like sleep apnea which can be detrimental to bodybuilders.

Skin Cancer Monitoring

This is a small issue but something I still wanted to note. With all the growth that goes on, tanning bodybuilders can be very susceptible to skin cancer. Please get your skin checked twice a year by a dermatologist. Also, be on the lookout for existing moles by checking the ABCDs of skin cancer. If the mole is asymmetrical, has an undefined border, has multiple colors, has a diameter larger than about a pencil eraser, and is evolving, then it should be checked out for sure.

Heart Monitoring

Monitoring your heart should be done with a blood glucose monitor and blood pressure monitor. The other thing that can be done is an EKG every 1-2 years especially before starting gear. Along with a cardiac fMRI. Remember things like CT scans are exposing you to radiation so you do not want to overdo it in any way.

Liver Monitoring

Along with monitoring blood work liver values, liver ultrasounds can also be incredibly useful if there is any damage from oral usage.

Bloodwork

Typically, I like to check these markers. Yes, there is a lot more but if you are getting these done then you should have a decent idea of how your health is. Also depending on who I am coaching, we will do more, less, or different ones. Yes, bloodwork tends to be expensive so please if you can only afford some that is totally fine. Getting ALL of these done could quickly cost 600+ USD. There are the markers I like to check:

- Lipid Panel
- Alt/Ast
- GGT
- ALP
- Albumin
- Bilirubin
- AFP (cancer)
- Ferritin
- Cortisol
- CBC
- Estrogen
- Free Test/Total test
- SHBG
- CMP 14 (Overlaps with some already listed yes)
- FSH LH

- Growth Hormone Serum
- Progesterone
- Thyroid Peroxidase
- T3 and Free T3
- TSH
- Cystatin C
- CRP (inflammation)
- Neutrophils
- Lymphocytes
- Homocysteine
- Uric Acid ADMA
- Lipoprotein A
- PSA
- SDMA (calculator eGFR based on creatinine and cystatin C.)
- D-dimer (clotting)
- Red cell distribution, width, hematocrit, hemoglobin
- HBA1C
- AFP
- CA125 (cancer)
- CA19-9
- Anti TSHR
- Anti TPO
- Anti TG

Gut Health

Now a few good tests to help with your gut health are an H-pylori test and a Gluten allergy test. I also recommend getting a test kit for your gut that shows what foods work most optimally for you. This will all be linked down below, but your digestion is huge and super important for your health and success in the gym.

Part 16: How to Protect Your Heart

This will be one of the most important sections, no doubt. I do not want to overcomplicate it and want to be straightforward. There are a few ways to protect our hearts. By modulating blood pressure, blood glucose, lipids, and not overstressing the heart. This section has been highly inspired by Leo and Longevity so thank you, my friend. I do not want to snub any credit there.

The first basic thing we should do is just make lifestyle changes. These ancillaries will be less helpful if your lifestyle sucks. First please clean up your diet. This book is not about diet but just logical in the sense that you should not be overconsuming sugary and fatty foods. If you are looking into PEDs then you should be familiar with how to structure a diet properly. Next, do cardio daily. Personally, I try to get 30-60 minutes of cardio in every day no matter cut or bulk. Many people just think about cardio for fat loss, but it is exceptional for proper heart health and function. Third, make sure you are getting stress under control. Whether it is from work or relationships, being an ultra-stressed and anxious person is very counterproductive to bodybuilding and your health. Learning how to manage it through meditation, therapy, or medication will be essential. Fourthly make sure your sleep is locked in. When we do not sleep, the risk of heart attacks and cancer go up.

The first thing I think everybody should look into is an ARB. Personally, I lean into telmisartan because of its activity with PPAR which can help be a performance aid. Telmisartan does a whole host of things including, helping prevent and reverse left ventricular hypertrophy, lowering blood pressure, protecting the kidneys, and protecting the brain. ARBs are super effective agents for bodybuilders. They also help to lower hematocrit which is super problematic in the bodybuilding community. Please discuss this with your doctor or coach before using. Also, just because telmisartan is the popular one does not mean you should limit yourself if it is not for you. There are plenty of other great ARBs that also work very well! Make sure to watch your potassium levels though when using!

Next up I want to discuss how we can help our lipids through medication and supplementation. A medication I really like is ezetimibe. Ezetimibe at 10mg tends to be extremely easy on the body and does not produce many side effects for most users! Ezetimibe helps lower the absorption of cholesterol including dietary cholesterol which can be particularly important for people eating diets high in cholesterol. The second pharmaceutical action you should look into is a low dose of rosuvastatin twice per week at around 5mg. Yes, I know statins are highly controversial but also at this low of a dose you can sometimes get some favorable results minus the side effects. The next natural supplements I really like are Ubiquinol, EPA, Citrus Bergamot, and Baby Aspirin. I prefer Ubiquinol over something like CoQ10 simply because as our body ages it can be harder for it to make the CoQ10 work. EPA supplementation is highly effective, so effective in fact, they made a pharmaceutical medication from it. Therefore, I lean into it over regular fish oil. I will link the product below in the resource section. Citrus Bergamot is another great supplement that when I add it my lipids, they become

much more favorable. Finally, baby aspirin is a cheap way to help prevent blood clots, protect your liver, and protect your heart.

The next thing I want to investigate is a beta blocker. Now since I have asthma, I tend to lean into a more cardio selective beta blocker like Nebivolol. Essentially when we work out we can raise our heart rate super high which can be stressful for the heart. There are three types of beta receptors. Beta 1 tends to be in the heart, Beta 2 is found in many organs throughout the body, and Beta 3 relates more to fat cells. Beta blockers that are selective to the heart are known as cardio selective beta blockers because they block the beta receptors in the heart. This usually does not really matter but can be problematic for those with asthma like myself. As asthma medication is of course doing the opposite of beta blockers so you can imagine how problematic that could be. I have asthma and Nebivolol does not negatively impact my breathing in any way, but I would stay away from one like propranolol for that reason.

Maintaining Insulin Sensitivity is also key for our heart health. A few ways to help this are by walking for 10 minutes after meals, and then through supplementation. One of the best supplements that is also dirt cheap is Berberine. Berberine is highly effective in helping to manage blood glucose levels. If you want a pharmaceutical intervention, then I think one of the best things you can start with is 500mg of Metformin extended release with food before bed. Metformin hosts a wide array of health benefits like keeping your insulin sensitive, which I think also makes it really anabolic. Many claim it hinders muscle building, but this simply is not true in my eyes for enhanced athletes. The studies showing that were done on natural athletes and older adults. Personally, I like metformin and have found it has never hindered my performance but instead gives me better pumps and whatnot, but if you still do not want to use it then by all means do not! SGLT-2 Inhibitors can also be helpful in that they lower blood glucose but also

have a diuretic effect. This is extremely helpful with things like GH or Mk677 as they can raise the amount of water our body holds which is detrimental for the heart.

My final tip for protecting your heart is to please watch your weight and watch the water you hold. By walking around like a fat and watery mess you will be significantly causing damage to your heart and overall health. This can be mitigated by keeping electrolytes balanced, not overdoing bulks, and keeping estrogen in check.

Part 17: How to Protect Your Liver

For me protecting your liver is simple so I do not want to ramble on. The first thing I always have year-round is TUDCA. Does TUDCA negatively impact orals bioavailability? Maybe, but also you cannot take orals if your liver is in failure. TUDCA always keeps my bloodwork, in regard to my liver, looking super clean. The next thing I think is essential is NAC. NAC is not only great for your liver but also your lungs! NAC can also boost your immune system. Staying properly hydrated and sticking to a clean diet will be beneficial for liver health also.

Aspirin is also an important player in helping to prevent liver cancer. So that is another reason I like using it. Supplementing choline can also be highly beneficial for the health of our liver.

Of course, the best thing we can do to recover our liver is a glutathione injection or IV. I personally think when done via IV it is at its best. I would never recommend trying an at home IV but many places like Restore Wellness which are all over the states do offer it. If you cannot afford that then I recommend doing it 1-2 times per week for 4-6 weeks after high stress periods.

Do not use it year-round! As potentially exogenous glutathione can shut down the body's own production.

You must also be aware of all the stress you are putting on your liver and not stress it out year-round. It can become quite easy while you are not blasting. Using nootropics like DMHA or Modafinil can also negatively impact the liver. So, it is quite easy for biohackers to stress our livers year-round.

Part 18: How to Protect Your Kidneys

Kidney protection must start with keeping blood pressure in check. If blood pressure is not in check, then very simply put you will not have healthy kidneys. Therefore, ARBs like Telmisartan are crucial for proper kidney health. Also, by steering away from compounds like Equipose we can help protect our kidneys. Equipose is notoriously problematic for the kidneys. So, if blood pressure is in check and we are keeping ourselves properly hydrated then the next thing that is important is using certain supplements. By far one of my favorites is astragalus. Astragalus really is one of the most important supplements you can take. Also, things like NAC and TUDCA will also be extremely helpful for your kidneys. I really think that if you are doing these things and monitoring your kidneys then you should be in a good place. Remember kidney markers can be skewed simply due to working out, so checking markers like cystatin c is essential.

Part 19: How to Protect Your Brain

Now this section, just to clarify, is highly theoretical, this is just my theory. But steroids do negatively impact the brain so I wanted to try and talk about how we can mitigate these

effects in very theoretical terms. The reality is we do not know how to mitigate brain damage from steroids, but I do have a few theories I will list below about how we can help.

Before I get into this, I do think it is important that keeping sufficient levels of neurosteroids, DHT, testosterone, and estrogen are all essential in brain health. But when estrogen or DHT become insanely high they can become problematic. Certain compounds like Masteron and DHB tend to provide neurological aid whereas things like 19nors tend to be problematic for our brain health. Of course, the most problematic is trenbolone.

The first thing we must do is lower inflammation. Now when inflammation is high it is not just high in the body but also in the brain. Personally, CBD, Turmeric, NAC, and Glutathione are extremely important to help lower this inflammation. I recommend all these for lowering inflammation in the brain.

Secondly, I find it essential that we use HCG to help fill certain neurosteroid pathways that are absent due to our endocrine system being shut down. When we inject testosterone yes, we get testosterone, DHT, and estrogen, but it also causes us to miss certain neurosteroids that are essential for our cognitive function. HCG acts as a synthetic LH pulse meaning it can help fill those pathways properly.

The next one that is important is cerebrolysin. Cerebrolysin is BDNF extracted from pig's brains. Cerebrolysin is extremely helpful for the brain in numerous ways. I think it can be especially helpful after using compounds like trenbolone as trenbolone can increase amyloid plaque and cerebrolysin can help get rid of it. In my eyes, cerebrolysin is one of the best things we can use for the brain to help heal and repair it. It is also especially effective when it is paired with growth hormone.

The next compounds I want to get into also help boost BDNF. That compound being Semax. Semax is a highly effective nootropic agent that can be amazing in helping boost your brain's production. Many users report it helps aid in the brain fog that can come with working out.

While this might not be super effective in protecting the brain, they will really boost your performance. Injectable Choline or an Alpha GPC supplement plus noopept one hour before your workout makes for a highly effective performance boosting pre-workout.

An interesting discovery I made too was that when micro-dosing psilocybin, it helped alleviate a lot of the 19nor symptoms I usually get like excessive nervousness and anxiety. Now I always try microdose when using 19nors. If you did not know, mushrooms tend to work comparably to SSRIs by increasing serotonin.

The final thing that I think can be helpful is 9-me-bc as it can help repair our dopaminergic system. 19 nors of course tend to place a lot of stress on it and can downregulate dopamine.

By lowering our inflammation, increasing BDNF exogenously and endogenously, and supplementing with choline, we can help protect our brain and mitigate damage. It is also worth noting that growth hormones can be key in helping our brain due to their neuroprotective properties.

Part 20: How to Protect Your Thyroid

The next thing I want to touch on is how to support your thyroid. Now usually two compounds negatively impact the thyroid. The two compounds are trenbolone and high-dose growth hormone. Oftentimes when people are cycling with these two, adding in a low

replacement dose of levothyroxine can help to support the thyroid and feel normal again. Many people can alleviate a fair amount of trenbolone side effects by adding thyroid hormone. Also once growth hormones start to get up in higher doses like 4iu+ it can cause thyroid hormone to go down in the body. The key is just being familiar with your thyroid. Pull bloods on it, and have it checked by a Dr, that way you can get in front of any potential issues.

Having adequate levels of T4 and T3 is essential for feeling normal and for proper health. I think it is essential to pull blood markers and check in on your Thyroid regularly. In my eyes, the best way to begin properly treating your thyroid is by using a replacement dose of T4.

A few solid natural supplements that exist that can also help the thyroid function are selenium, tudca, zinc, iodine, and iron. It is important we do not blindly take these vitamins, but first check our bloodwork to see if the thing in question is low.

Part 21: How to Protect Your Reproductive System

In cycling, this is one of the most important things we need to do. Now again there is tons of debate around how we can do this or what is the best way to do it. Some even argue that by having something like HCG we can desensitize ourselves to it, and it will no longer be effective. Firstly, I do think having HCG for most of the year is beneficial. It helps backfill neurosteroid pathways and can also keep the testicles full. One thing that was noticed in autopsies of bodybuilders was fibrosis in the testicles. So it is possible that when we allow them to shrivel up for long periods it is doing damage to them. With that being said, I do not think you need to be on all of these year round. I simply want to introduce them to you so you can have the tools to properly recover your fertility and reproductive system.

The next two things I want to introduce for optimal fertility and your reproductive system are HMG or rFSH. rFSH is recombinant Follicle Stimulating Hormone and is a key piece in bringing back fertility especially when paired with HCG, which acts as LH. This can give us the full spectrum as we know both LH and FSH are responsible for optimal endocrine system function. HMG also has FSH and some LH but it is not as refined and pure as rFSH. HMG tends to not be as pure and has a bunch of other things in it. It is in no way bad but it is just inferior to HCG.

The next thing I think that is worth mentioning is injectable carnitine. Aside from fat loss, upregulating androgen receptors, and the many other benefits it offers, carnitine is also excellent for fertility. Making this amazing compound a no-brainer for periods when you are trying to be as fertile as possible.

The final tool I wanted to introduce that I think is highly effective is enclomiphene. Clomid is made up of two isomers, zuclomiphene and enclomiphene. Many people think that zuclomiphene is responsible for a lot of the emotional side effects that come with Clomid. People report that enclomiphene is a better alternative with fewer side effects than the standard Clomid. It really is excellent for boosting fertility and test levels without all the standard side effects that come with clomiphene.

Part 22: Hair Loss Protocols

With hair loss I like to start with the most non-invasive method. Also before we begin, it is important to get a hair catcher so you can see how many hairs you are losing in the shower. It is also important to be aware that hair loss is normal. We tend to lose 50-100 hairs per day. Also,

androgens are not the only thing that causes hair loss. Hair Loss can be caused by thyroid issues, certain deficiencies, and even stress.

First off I think it is best to introduce nizoral shampoo. I tend to start by doing it every 3 days with a good conditioner as it can dry your hair out. If you can manage it, an every other day dosing schedule can also be done.

If this does not work then I recommend adding in minoxidil. You can get it over the counter at drug stores. Minoxidil should be used twice per day every day. It can also be paired with derma rolling and tretinoin to make it stronger and work better.

The third compound I recommend adding is the topical anti androgen RU58841. Now RU58841 is effective because it blocks androgenic activity at the hair follicle on the scalp. It does not, from what we know, go systemic and if it does it is only in a small amount. Now if you are doing all of these and still experiencing hair loss then you might want to change your cycle or introduce Finasteride.

Finasteride is highly controversial because of something known as PFS or post finasteride syndrome where the user can get erectile dysfunction, anxiety, and a whole host of other symptoms. Finasteride works by blocking something called 5 alpha reductase. It is responsible for converting hormones like testosterone into things like Dihydrotestosterone. But testosterone is not the only hormone that goes through these conversions. Many others do also, so by blocking it we are blocking many other processes. It is with this that I say finasteride should not be used lightly, but it is an effective option.

A good friend of mine started a fantastic topical hair loss company with some amazing formulas that have had great results. This will be linked in the resource section.

Part 23: Acne Prevention Protocols

Acne is also caused by many other things. Like with hair loss we want to try to address everything that could be causing it before using accutane.

The first thing for acne we need to do is to optimize our hygiene. By washing our face regularly after any type of sweating, morning, and night, we can keep our face clean. It is also important that we moisturize regularly. Washing sheets and pillowcases regularly and changing clothes after sweating in them can also help mitigate acne.

Diet and hydration are important too. For me cutting out dairy was very helpful, and just eating cleaner in general. Also staying hydrated did aid in my acne, yet it still was present for me. Once you have addressed all these lifestyle factors then you can move into medication.

A skincare company I like a lot is one called The Ordinary. They have an amazing skincare quiz you can take so that you will have all of the best products that are optimal for your skin type.

After this, I think it is good to move into some pharmaceutical topicals. One of the best is tretinoin. It is the topical form of isotretinoin aka accutane. It has a few different concentrations that you can work your way up to but it is highly effective for many people. Clindamycin and Benzoyl Peroxide can also be stacked with them. The protocol I received from my doctor was Clindamycin and Benzoyl Peroxide in the morning and tretinoin at night. This was a very effective protocol.

The final thing that can be looked into is accutane. Now please only use this under a Doctor's supervision as it can come with some harsh side effects. This also should be used only when you are on a cruise dose of testosterone as it carries with it similar symptoms to an oral

steroid. It can stress the liver and lipids greatly so it is essential you have bloodwork pulled on it.

Part 24: A Quick Note on PEDs for Women

I wanted to add in a quick note about PEDs for women. My knowledge is still growing but I do have a decent basic understanding of it. The first thing women should look at is to not use the androgen pathway right off the bat. Instead using things like growth hormone or L-carnitine can help reduce the risk of masculinizing side effects. The other thing that must be known for women is that it is important that we do not unnecessarily expose them for long periods of time to these androgens. I would say the sweet spot is about 6 week cycles. Now let's look into some acceptable androgens for women. Of course as you guys hopefully know by now women can make great gains by using things like growth hormone, L-carnitine, and clenbuterol, but they also can handle androgens for short periods of time.

First off weaker sarms like ostarine or S4 are excellent for women. They are very selective and tend to not produce masculinizing side effects; this is what they were literally designed for. Primobolan and anavar are both also great options as they are refined androgens that women tend to do quite well with. Finally, nandrolone is actually a bioidentical female hormone that rises during pregnancy meaning at low doses it can be tolerated.

It is important that when dealing with women and PEDs we must ensure that we are not over exposing them to androgens and that we are using other pathways than the androgen receptor.

Part 25: My Favorite Types of Cycles I like

It should be understood that all of the cycles can have GH added into them!

1. Test at a trt dose and nandrolone being titrated up. Easy on hair, less acne, tons of gains but it is cardio toxic.
2. Test+Primobolan+Trestolone=a fun cycle that is costly but produces really good gains. I like to bring primo up higher so I do not need an AI. Mentally I also feel really good on this.
3. TRT plus Ostarine= I like this because it is easy and has virtually zero side effects. I feel amazing mentally, yet the gains are pretty underwhelming.
4. Bioidentical Cycle= I tend to just simply feel amazing and you can make great gains with this cycle. Something about using bio identical hormones just helps you to feel really good mentally.

Part 26: Estrogen Management

In this section I want to touch on how to manage estrogen as AAS users. I am not going to say that Aromatase Inhibitors are evil or should never be used, but we should not jump to them first. The very first way to modulate estrogen is by increasing our pin frequency. Even with longer esters, you can still benefit from lower estrogen levels by pinning more frequently.

The second thing I think is important that we look at is adding a compound that can help lower estrogen levels. Most of the time the most popular choices for this are Masteron, Primobolan, and Equipoise. These are all effective at bringing down E2 levels (Equipoise does raise estrone). These compounds tend to be effective, but it does vary. Some people can raise masteron crazy high and still have estrogen issues whereas others can leave it at a 1:1 and run into low estrogen levels.

Thirdly, you can use natural supplements like DIM or Calcium D-glucarate. I tend to not be the biggest fan of these. While I do think they work I see them as being effective only for dropping estrogen a small amount. Honestly, if you are on androgens I would rather you knock down your estrogen with a pharmaceutical ancillary as these natural supplements can be ineffective.

Finally, we get to the devil of the enhancement world, Aromatase Inhibitors. To be honest yes, in the past they have been misused. They have been abused. When they are used in the capacity of tanking one's estrogen, they become highly problematic. But when an athlete has sky high estrogen, is bloated, emotional, and has already done one of the above or does not want to do one of them (like add in a DHT), then yes I think it is fair to introduce an Aromatase Inhibitor. When it comes to selecting an aromatase inhibitor we have 3 options. Technically a fourth does exist over the counter in the form of one called Arimistane. First, we have Arimidex. Arimidex is a breast cancer medication that is non suicidal and instead binds with Estrogen rendering it inactive. Of course, when you stop the medication there is a large estrogen rebound where the estrogen that has been bound up is released causing an influx of estrogen. This is good and bad. Good in the sense that if you drop estrogen too low you can get it back up pretty fast, but bad in that this estrogen rebound can cause a huge influx of estrogen. This is why it can be superior for new users as the margin of error is a bit higher. Letrozole acts similarly to Arimidex in that it is non suicidal, but it is by far the strongest AI that you can use. The final AI we will discuss is Aromasin. Aromasin is my favorite, but it is what is known as a suicidal aromatase inhibitor meaning it kills off the aromatase enzyme. With this enzyme killed off, you won't have estrogen rebound, but you will have a higher possibility of crashing your estrogen

and waiting slightly longer to get it back. Aromasin also has some positive effects. It does not impact lipids, increases testosterone, and increases IGF-1. It also can cause alopecia.

Finally, we get into our SERMs. Now SERMs are selective estrogen receptor modulators. There are three I will touch on for this book. Before I go into them, the goal of a SERM is to antagonize receptors that are problematic like at the breast tissue, and then agonize the good ones that are responsible for things like keeping lipids good. SERMs can be problematic and have two major side effects along with minor liver toxicity. For one, they can cause ocular issues especially Tamoxifen and Clomid. Secondly, they can make the user extremely moody. Clomid is the worst for this but Tamoxifen can be bad too. SERMs are super useful for PCT, gyno, and can be a great way to drop estrogen levels in certain areas rather than the systemic drop that comes with AIs. By this I mean, if someone is experiencing just sensitive breasts then something like Tamoxifen can help antagonize the ER in the breasts while not tanking estrogen.

Tamoxifen or Nolvadex is kind of like the jack of all trades serms. Great for boosting test levels, but also can definitely help decrease gyno. It can be stacked with Enclomiphene as part of a pct protocol. While this is a misuse it also has the ability to help dry you out fast and get water off.

Next up is Raloxifene. This is one of the best SERMs for decreasing gyno. It is much less effective for test boosting, but it is also the best for getting rid of gyno.

Finally, we have Enclomiphene. Enclomiphene is the isolated isomer of the popular SERM clomid that is thought to give all the great test boosting benefits without having to deal with the horrible mental side effects that come with clomid usage. Clomid on some occasions

has driven men to suicide. Enclomiphene is by far the most effective for boosting and restoring testosterone levels. Making it highly valuable in the PCT process.

Part 27: Prolactin Management

Prolactin management is an interesting theory. The most common practice is to deploy dopamine agonists. The old practice was to simply use cabergoline and while that is effective it has been found that cabergoline is potentially cardio toxic as it increases the risk of cardiac valve diseases. Pramipexole is a better alternative to cabergoline and still works just as well but can still be problematic. Dopamine agonists in general raise your risk of engaging in risky behaviors and raise your risk of addictions. A theory now being floated around is that by using Bromantane for prolactin, you could be creating a safer way to deal with it. Masteron also can lower prolactin and can be effective at that for some people. The final option for mild prolactin based issues is P5P, which is an effective form of B6. This should not be pushed too hard though, as too much B6 can have very negative effects like loss of muscle control, heartburn, and nausea. So if it is too much for the P5P then simply switch to prami.

It should also be noted that estrogens are a stimulus of prolactin secretion so when estrogen is sky high, you are much more likely to have prolactin based issues.

Part 28: Conclusion With Practical Application

Finally I would like to give a special thanks to the mentors I have learned from. This includes but is not limited to, planetmike, alchemist23, victorblack, leo and longevity, moreplatesmoredates, vigorous steve, Alex Kikel, leavingweaknessbehind, ergohealth, Ryan Russo, Tony Huge, Teamevilgsp, and many more!

Before I go, let's do a quick exercise to see what we have learned:

- Question 1: If you are someone who has issues with hair loss and you struggle with fullness then what compound should you lean into?

Answer: If you answered Nandrolone then you are right that would potentially be a good compound to lean into. It is not the only option but it would be an effective start.

- Question 2: You are contest prepping a client and you notice he struggles a lot with being dry and full. What oral would be good?

Answer: If you answered superdrol then you would be correct! Superdrol is excellent for helping the person get dry and full.

- Question 3: What if your client struggles with hair loss and mental health issues? Now, this is hard because it takes things like nandrolone and equipoise off the table as they both can be problematic for mental health issues, but it also takes things like DHT derivatives off the table.

Answer: For this, I would build a cycle that features bio identical hormones while keeping testosterone low. I would also consider adding Dianabol, Turinabol, or DHB (if it can be sourced properly). These are good on mood and hair usually.

Part 29: List of AAS, Sarms, and Performance Enhancers with Quick Descriptions (Glossary)

AAS

1. **Testosterone (test):** The starting place of all steroids. Testosterone tends to make the user feel good mentally and give the user a wet look. It is estrogenic and converts into DHT meaning it can cause hair loss and acne. It can yield the user some amazing gains and should not be underestimated. It should be a part of all cycles even if it is just at a trt dose
2. **Primobolan (primo):** Primo is one of the most refined anabolics. It tends to be very unproblematic for bloodwork for many people. It provides the user with not only a more dense and vascular look but also a full look. It also provides mild strength gains (comparatively). The main issues with it, is that it is extremely costly and very often faked so you must get it from a good source. Some people also get really devastating hair loss with it. It also is able to act as a substrate for aromatase enzymes and help bring down estrogen levels.
3. **Masteron (mast):** Masteron is very good at providing the user with a dry, hard, and vascular look, but do not expect fullness with it. In fact, some users tend to go flat on it. Masteron is an excellent neurological driver, can do a good job at bringing estrogen levels, and is cost effective compared to primobolan making it a useful compound.
4. **Anadrol:** While anadrol is in the DHT family it acts more like a 19nor. It is incredibly powerful. In fact, it is one of the most powerful androgens for strength and muscle mass yet it has a rather weak affinity for the AR meaning it likely exerts its effect through other

mechanisms or downstream metabolites. It is a more wet compound, but not as wet as an oral like dianabol. Anadrol is extremely hard on the liver and has been associated with liver cancers. While it is highly powerful it can wreak havoc on blood work.

5. **Anavar:** Anavar in a way is like oral primobolan. It can provide some amazing pumps, vascularity, and fullness. It is one of the least toxic orals but that does not mean it is in any way weak. Unfortunately, it is also oftentimes faked by many companies which is why people have weird experiences with it. It does negatively impact kidney, lipid, and liver markers but again it is very tolerable compared to other orals. It also can increase collagen synthesis.
6. **Winstrol:** While anavar is like oral primobolan, winstrol is more like oral masteron. Winstrol provides the user with an insanely dry and hard look. It can also boost strength big time. The main issue is that it can be super harsh on lipids, liver values, and joints. I think it is actually more toxic than people think but still is a highly effective compound. Many people also get a nice boost in athleticism.
7. **Nandrolone:** Otherwise known as NPP or Deca, is just nandrolone with different half lives. Nandrolone is in the 19nor family. It is a highly effective mass builder that is fairly anabolic without being as androgenic. Yet it is also very cardio toxic and can remodel the heart. It provides the user with wet gains but the shorter half life version of NPP tends to be slightly dryer. It can create a wide array of issues in terms of prolactin, estrogen, and mental issues. It can make the user extremely nervous and anxious, and alter personalities. Nandrolone is effective for helping with joints, strength, and tissue accrual. It is also extremely suppressive so if the user plans on coming off they should not use it close to their pct.

8. **Trestolone (ment):** Ment is another compound in the 19nor family that is highly effective. It is likely one of the most estrogenic compounds around. It was originally designed for male birth control so of course, it is highly suppressive. Interestingly enough it also tends to provide the user with feel-good emotions whereas most 19 nors do not. It is still a research chemical so we do not know as much about it.
9. **Trenbolone (tren):** Tren is one of the most popular and powerful compounds around. It also comes with the most side effects. Aside from the standard AAS side effects like skewed lipids, liver damage, and out of balance hormones like prolactin, tren is also highly neurotoxic. Tren also interacts with the glucocorticoid hormones which is what gives it anti catabolic effects. It is highly effective for strength and muscle gains, but it also carries with it tons of sides. It is also notorious for making the user either highly anxious, angry, or both. While tren is extremely effective it is also very problematic which is why it should be used sparingly.
10. **Dianabol (dbol):** Dianabol is an oral steroid that is highly estrogenic and wet. It is a good mass builder, but the key thing it has going for it is that the estrogen it converts into methyl estrogen gives the user a really good mood boost.
11. **Equipoise (eq):** Equipoise comes from the testosterone family of steroids. It gives some users an amazing, full, and vascular look. Particularly filling out the traps, shoulders, and upper chest. It does also boost appetite and athleticism greatly. Its pitfalls are that it causes the user anxiety, higher hematocrit, and it can be especially hard on the kidneys.
12. **Halotestin (halo):** Halo is a very powerful oral steroid that is used before powerlifting shows and bodybuilding competitions. It gives the user an insane amount of strength,

aggression, and fullness very fast. It also helps create a granite-like look. While it is super powerful it also comes at a cost as it is highly toxic.

13. **Turinabol (tbol):** Turinabol is the second generation version of Dbol. It is similar except it does not convert to estrogen and does not come with the ultra full look that dbol does. It was designed to be used by athletes so it gives a great boost to athleticism. It also is a bit easier to use than dianabol since it is not causing tons of estrogen based issues.
14. **Superdrol:** this is one of the strongest oral steroids that exist. Providing the user with a combination of both hardness and dryness. It also gives some insane strength gains, but man is it truly toxic. It is an effective contest prep drug.
15. **Cheque Drops:** Originally used for dog fighting, this compound is highly effective for promoting and boosting aggression in the gym. It will make you mad and make you mad fast.

Sarms

1. **Ostarine:** A more mild SARM that provides the user with dry gains, and a mild boost in strength. Ostarine is mildly suppressive and provides the user with a nice mental boost. It tends to not skew blood markers too badly.
2. **S4:** S4 is similar to Ostarine except some find it to give a bit more vascularity. It also binds to receptors in the eyes which can give the user some temporary yet noticeable vision side effects
3. **Rad 140:** Rad is a highly effective SARM yet comes with a lot of side effects. It is very harsh on hair, makes the user hyper-aggressive, and can really hit liver values hard. Yet it is highly effective for strength and muscle gains, providing the user with a nice dry and full look.

4. **LGD4033:** LGD has a bit less side effects than RAD and is much easier on the hair. One notable side effect it does have is that it sometimes causes something called the LGD flu. It is a pretty watery compound that bloats the user pretty heavily. It is still an effective SARM that gives a nice boost but at the cost of the user being ultra bloated.
5. **LGD3033:** This is an older generation SARM and one of the most powerful SARMS that are around. It's dryer and more powerful than LGD4033. I can honestly say that this is one of the strongest sarms around on the market. It also comes at the cost of being super harsh on bloods.
6. **S23:** S23 is another one of the most powerful sarms that exists. It is a highly dry SARM. It is in a way like the masteron of SARMS. It is so dry that it makes some users go flat. It also provides a very nice boost in strength. Again this is likely the most powerful cutting SARM around. It is also one of the most suppressive.
7. **ACP 262:** The new SARM on the block that has been popularized by Tony Huge during his latest mass blast. Tony has compared it to EQ giving the user a dry yet full look. Some users have reported negative mental side effects when deploying this compound. It is still new so as data comes out, I will update this.
8. **ACP105:** Many compare this to being like S4 just without the vision side effects which is extremely useful because the vision side effects tend to be the limiting factor in people attempting to use S4.
9. **Yk11:** Now this is one of the most fascinating SARMS. It has a steroidal structure but is also a SARM. It causes tons of hair loss but is extremely powerful and effective. One of its key features is that it has the potential to lower Myostatin. This makes it an extremely

cool and unique compound that can unlock new gains but to be fully transparent, the understanding of myostatin and how to lower it is still fairly novel.

Performance Enhancers

1. **L-Carnitine:** An effective tool for fat loss, fertility, pumps, and upregulating the androgen receptors. It also can aid in depression. There is not much that carnitine can not do, it is best when it is injected.
2. **Cardarine:** a PPAR delta agonist that provides the user with insane cardio gains and better fat loss. Some users also get increased energy from it.
3. **Meldonium:** Meldonium is a cardio protective agent that acts by altering carnitine levels in the body. It tends to increase endurance, make the user more tolerant to stress and exhibit cardio protective effects.
4. **Mk677:** This is an oral growth hormone secretagogue. It works by raising ghrelin in the body which is the body's hunger hormone. People estimate that it likely gives around 2 IU of growth hormone per day. While it is effective it is also literally like diabetes in a bottle and can dramatically raise blood glucose levels, prolactin, and cause lethargy.

Part 30: Resources and Links to Products

- [Independent Bloodwork Domestic \(code: biohack\)](#)
- [Amino Asylum: Sarms, Peptides, Injectable Pump Formulas \(code: biohack\)](#)
- [Skin Care Company](#)
- [Needles and Syringes](#)
- [Swiss Chems: Oral Sarms, Peptides, IGF, Kratom, Nootropics \(code: biohack\)](#)
- [TRT Clinic for Pharma Grade Test, Deca, Cialis, and much more!](#)
- [Nizoral Shampoo](#)
- [Minoxidil](#)
- [RU58841](#)
- [Telegram Group For Sourcing Ancillaries, Underground Information and the GOOD STUFF](#)
- [Cosmic Nootropic: Meldonium, Cerebrolysin, Pharma Grade Racetams \(Code: biohack7\)](#)
- [Henian Cosmetics: Topical Finasteride, RU58841, Minoxidil, Tretinoin blends. \(code biohack10\)](#)
- [Protogenis Top Notch Research Chemicals and Peptide Nasal Sprays, Ment \(code: biohack\)](#)

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