

Most often, the athletes during the use of anabolic steroids used a combination of several drugs at once or gradual change of several drugs during the course. Or both at once. For what? Experience shows that when combining drugs, or by changing the formulations, the effect in terms of increase in muscle mass and strength much better. The principle of 1 + 1 = 3 often works.

The first basic courses for beginners contain, as a rule only a combination of anabolic steroids (One type of hormones - sexual modified). Professionals necessarily include the "three pillars" (the three major anabolic hormone): Steroids (hormones), insulin and growth hormone . As well as a number of drugs that help combat the negative effect on the body.

What are anabolic steroids used most often domestic builders? Despite the fairly extensive list of medications that you can get, often use the following classics (in descending order):

- "Meta" ( methandrostenolone tablets, most "old" and the most famous drug)
- TESTOSTERONE (injection: enanthate , sustanon 250, propionate .... "heavy artillery")
- Nandrolone decanoate ( " deck " injection. Vysokoanabolichny preparation)
- Winstrol® and stanozolol (injections and tablets. Vysokoanabolichny preparation)
- Boldenone (injection, similar to the "deck" need a lot of chop)
- Trenbolone (injection, "professional" preparation)

That's actually all ... it takes an athlete to be completely happy. There are certainly more Anavar , oxymetholone , Primobolan , Turinabol and other bourgeois propaganda, but dozens of years, people have raised significant muscle mass and strength in the three formulations:

- METHANE
- TESTOSTERONE
- DECA (nandrolone)

This "base" use of pharmaceuticals. If you can not add 10 kg of muscle in the course of the testosterone with methane, then you will not add more of them than anything else. Such adjustments, of course. For example, to replace boldenone nandrolone or trenbolone. But, in my opinion, this must be done very experienced athletes.

In general, the most popular combination of speakers for bulking HERE:

- Testosterone + Methane
- Deca + Methane
- Testosterone + + Methane or Deca Stanozolol
- Testosterone Boldenone + + Methane
- Testosterone + Trenobolon + Methane
- Nandrolone and Stanozolol Trenobolon +
- Oxymetholone Winstrol

## If I were a novice?

newcomers are often looking for some super-secret and super-efficient courses of steroids for muscle growth. They think that in order to become bigger as the Hulk, you need to know what that secret magic. And in fact, all that is necessary - it is able to grow muscle without steroids! If a man can do that, then it is sufficient to take only one drug, and it will be achieved growth of about 10 kg minimum. This drug - methandrostenolone (methane, Dianabol) - at a dosage of 30 mg / day can help you break through all the genetic "ceilings", if you have them, of course, have achieved. The main thing - to learn by the time to train properly and eat.

### **1st Course: METHANE SOLO "hill" (old school)**

Week 1: Methane = 10 mg / day

Week 2: Methane = 15 mg / day

Week 3: methane = 20 mg / day

Week 4: methane = 25 mg / day

5 weeks: methane = 30 mg / day

6 weeks: Methane = 30 mg / day

week 7: methane = 30 mg / day,

8 weeks: methane = 10 mg / day

Methane occurs in various forms of release. Previously was popular 5 mg (per tablet) version. It was very convenient for fans of low dosages. Because now all the more likely to occur only 10 mg version. I understand the advantage of increases at low dosages, so of course I would give preference to 5 mg version.

Many now say that it is too small dosage. I do not agree with this. In fact, when I spoke at the event for three years, but then I began to eat at 6-Th 5 mg tablets per day. And until that time, for years I raised the dosage to a maximum of 25 mg. (5-five tablets). It's not enough. It is enough if you are not an idiot. Because the lift always have time.

You probably noticed that I use the "hill" (ie, the dosage is increased gradually and then decreases).

This is old school. Who is most often recommended to lift immediately the dosage to 30 mg of workers and stay on it all the time. It is possible to argue both for a new school, and for the old. So I start with the "classics" (the old school). Although it can be done and the new (modern school).

### **1st Course: METHANE SOLO (Modern School)**

Week 1: Methane = 30 mg / day

Week 2: Methane = 30 mg / day

Week 3: methane = 30 mg / day

Week 4: methane = 30 mg / day

5 weeks: methane = 30 mg / day

6 weeks: Methane = 30 mg / day

week 7: methane = 30 mg / day,

8 weeks: methane = 30 mg / day

In any case, the day the administration methods of the same: try to carry on taking the tablets uniform time intervals. If you have three tablets, then take the first morning, the second in the afternoon, and the last night before going to bed.

Methane - mystic drug. As I write this, scientists still do not understand why he was working effectively. Most likely this is due to a reduction of dependence on globulin (which "binds" any hormones in the blood), or exposure to other (non-androgenic) cell receptors. In general, we do not wonder about the theory. The practice of millions of users said that this stuff works in such a scheme.

In principle, you can at first repeatedly repeating similar or equivalent courses of metal solos. 2-month wa methane + 2 months without Islands (vacation). You should not immediately jump to a more powerful courses (of several drugs), because the later you do, the more likely your potential for muscle growth will manifest itself.

I would repeat at least 2-3 of their first course only one METHANE SOLO. And only after that I would have passed the courses of the two drugs. I would take for this: Methane (tablet) + nandrolone decanoate (injections). Methane I would eat on a daily habit pattern. And the injections "Deca" I would bet every week. For example, every Sunday I would bet 100-200 mg intramuscularly.

Many will say that the 100-200 mg dosage is very small. Perhaps it is not much. But I know that even at 50 mg per week can grow. So it should not be at the very beginning to shoot out of a cannon on the wheel. We appreciate not only the greatest possible progress over time, as regular progress. And for this you must have "room for maneuver" (increase in dosage).

In addition, a dosage greater than 200 mg Deca can cause side effects due to their progestogenic substance. This can be avoided either by chemical manipulation (+ testosterone Proviron or reception stanazolol), or by "reasonable" (not scary) dosages. I favor the second solution. Especially in the beginning.

Deca greatly stabilizes the androgen receptor (several times more powerful than even testosterone).

This means that your muscle cells better and longer synthesize protein (grow). Minus - the suppression of the intensity of the passage of nerve signals. At high doses (more than 200 mg), this can result in poor libido and poor neuromuscular connection (brain-muscle).

Methane + = Deca is one of the most classic combinations of drugs in bodybuilding. And at a dosage less than 200 mg., This combination also reasonably safe. But keep in mind that Deca, unlike methane, a very long time to play. This drug comes into operation only after 3 days! hormone concentrations will peak through 7-10 days! Then concentration decreases gradually in a few weeks. In fact, the drug retains its active properties for 3-4 weeks. Of which 2-3 weeks it is active.

Therefore it is necessary to adjust the administration of the deck in such a way so that after completion of the blood left at least the drug or not is left to direct the rest of the course began. Make no mistake: if you are in the last week of the course prick Deco, after completion of the course, a whole month, you'll "officially on the chemistry" and your sex glands begin to recover. On the other hand, and the concentration of the drug is no longer sufficient for muscle growth. Exit - to do the last injection of Deca a couple of weeks before the end of the course.

### **2nd Course: methane + deck (old school)**

Week 1: Methane = 10 mg / day + Deca = 200 mg / week

2 week: methane = 15 mg / day + Deca = 200 mg / week

3 week: methane = 20 mg / day + Deca = 200 mg / week  
4 weeks Methane = 25 mg / day + Deca = 200 mg / week  
5 week: methane = 30 mg / day + Deca = 100 mg / week  
6 week: methane = 30 mg / day + Deca = 100 mg / week  
7 week: Methane = 30 mg / day,  
8 weeks: methane = 10 mg / day

This is also, so to speak "old school" (old school). Who is more likely to use more even dosing of methane and decks. Moreover, in recent weeks, continue to use nandrolone, so as not to lose the effectiveness of the course in the last weeks. But the problem of "postponement of rest" achieved by using a shorter nandrolone phenylpropionate, which "lives" not a month and a week.

Personally, I am a supporter of the old school, but I like the new solutions. Therefore, most likely, I first tried to classic (old) course from the deck, and after the rest would repeat it in a more modern interpretation.

You have to understand that Deco can be pricked once a week (for example on Sundays). But Finil - it's shorter preparation, so it is necessary to prick often. Ie, at least twice a week: Sun and Wed-Thurs The course looks like this

### **2nd Course: METHANE DECA + + Phenyl (new school)**

Week 1: Methane = 30 mg / day + Deca = 200 mg / week  
2 week: methane = 30 mg / day + Deca = 200 mg / week  
3 week: methane = 30 mg / day + Deca = 200 mg / week  
4 weeks Methane = 30 mg / day + Deca = 200 mg / week  
5 week: methane = 30 mg / day + Deca = 200 mg / week  
6 week: methane = 30 mg / day + phenyl = 200 mg / week  
7 week: Methane = 30 mg / day phenyl + = 200 mg / week  
8 week: methane = 30 mg / day + phenyl = 200 mg / week

I would repeat variations on these courses with nandrolone and methane at least several times (changing the dosage of both drugs) before you have switched to using more powerful dosing schemes of the three drugs. In fact, every version of the course can be reused for a year before moving on to the "next level."

Moreover, before moving on to the course of the three drugs, I would have tried a bunch of double-METHANE + testosterone (enanat or Sustanon 250). Here we must clarify. There are people who respond better to Nandrolone (an anabolic drug more), but there are those that are best rushing from pure testosterone (more androgenic). It is necessary to try. By the way, I'd better go testosterone for muscle growth and strength. Who can say that methane + testosterone bad combination because both drugs are strong androgens. This is not true. Methane is not such a strong androgen, as many mistakenly believe. Another thing is that in such a combination can be a significant water retention than with the deck. But it is the "price", which should be ready to pay. A large amount of weight gained on testosterone literally drained after the course. This is normal.

So I would take testosterone (Sustanon 250 or enanthate) instead of the deck. And to increase the dose to 300-400 mg per week.

### **3rd RATE: METHANE + TEST enanthate (base)**

Week 1: Methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
2 week: methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
3 week: methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
4 week: methane = 30 mg / day + Testosterone enanthate = 400 mg / week  
5 week: methane = 30 mg / day + Testosterone enanthate = 300 mg / week  
6 week: methane = 30 mg / day + Testosterone enanthate = 300 mg / week  
7 week: methane = 30 mg / day + Testosterone enanthate = 200 mg / week  
8 week: methane = 30 mg / day

It can be to upgrade to a more advanced by retracting the "long" enanthate at the end and adding instead "short" propionate. "It's better for the effectiveness of the second half of the course, but worse in terms of convenience, because testosterone propionate necessary to prick through the day, or even every day . Such frequent injections tire Here's how it might look.:

### **3rd Course: methane + TEST TEST enanthate + propionate (advanced version)**

Week 1: Methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
2 week: methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
3 week: methane = 30 mg / day + Testosterone Enanthate = 400 mg / week  
4 week: methane = 30 mg / day + Testosterone enanthate = 400 mg / week

5 week: methane = 30 mg / day + Testosterone enanthate = 300 mg / week  
6 week: methane = 30 mg / day + Testosterone enanthate = 300 mg / week  
7 week: methane = 30 mg / day testosterone propionate + = 100 mg / day over  
8 weeks: methane = 30 mg / day testosterone propionate + = 100 mg / day via

Good. Let's say I have a minimum of 5 years experience in strength training at the gym, of which 2-3 years I have been using the initial chemical schemes based on methane and nandrolone (or testosterone). By this time, I have to add at least 10-20 kg without chemistry + 10-20 kg chemistry. My weight should have close to 100 kg. And only then you can connect the heavy artillery of the simultaneous reception of three drugs.

I would not be wiser to exotic, but took all the same proven three drugs: a meta TESTOSTERONE + + DECA. I would not change the usual dosage injectable drugs for the first time. My course is likely to look like this:

**4th RATE ( "TRINITI"): METHANE + TEST (Soest or enanthate, and at the end - propionate) + DECA**

Week 1: Methane = 30 mg / day + Test Enanthate = 400 mg / week + Deca = 200 mg / week  
2 week: methane = 30 mg / day + Test Enanthate = 400 mg / week + Deca = 200 mg / week  
3 Week Methane = 30 mg / day + Test enanthate = 400 mg / week + Deca = 200 mg / week  
4 weeks: methane = 30 mg / day + Test enanthate = 400 mg / week + Deca = 200 mg / week  
5 week: Methane = 30 mg / day + Test enanthate = 300 mg / week + Deca = 200 mg / week  
6 week: methane = 30 mg / day + Test enanthate = 300 mg / week + Deca = 100 mg / week  
7 week: methane = 30 mg / day + propionate Test = 100 mg / day over  
8 weeks: methane = 30 mg / day + propionate Test = 100 mg / day via

This is the course for very experienced athletes who have built up a large amount of muscle on your body. In the future, you can change the drugs and dosages in this course, to get the desired effect. For example nandrolone can be easily changed on trenbolone. This course will be very effective to grow more and force apart the muscles. Besides it is possible to remove methane and put instead stanozolol (tablets). This is particularly relevant when using nandrolone or trenbolone, because they have a progestogenic activity, which inhibits oral stanozolol.

Option Advanced Course on the weight might look like this:

**5th RATE: stanozolol + TEST (Soest or enanthate, and at the end - propionate) + trenbolone (triten)**

Week 1: Stanaza = 40 mg / day + Test Enanthate = 500 mg / week + Tren = 300 mg / week  
2 week: Stanaza = 40 mg / day + Test Enanthate = 500 mg / week + Tren = 300 mg / week  
3 Week : Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
4 weeks: Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
5 week: Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
6 week: Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
7 week: Stanaza = 40 mg / day + propionate Test = 100 mg / day,  
8 weeks: Stanaza = 40 mg / day + propionate Test = 100 mg / day

If your goal - drying, this course can be immediately adapted to this by cutting away many of testosterone esters. The fact that drying is used conventionally, or medicines that are not aromatizing in principle (such as Winstrol or trenbolone) or very short of testosterone esters (in fact here is suitable only testosterone propionate). This is done in order to have a lean, rather than a "watery" look muscle. I recall that in mass phase aromatization need (so we use a long test), but on drying, it will only interfere. In general, we remove enough at once or one month prior to the competition of testosterone enanthate (or other long testosterone), in order to become a course in the "course of drying." It looks like this:

**6th COURSE "drying": stanozolol + test + trenbolone**

Week 1: Stanaza = 40 mg / day + Test Enanthate = 500 mg / week + Tren = 300 mg / week  
2 week: Stanaza = 40 mg / day + Test Enanthate = 500 mg / week + Tren = 300 mg / week  
3 Week : Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
4 weeks: Stanaza = 40 mg / day + Test enanthate = 500 mg / week + Tren = 300 mg / week  
5 week: Stanaza = 40 mg / day + Test propionate = 100 mg / day + Tren = 300 mg / week  
6 week: Stanaza = 40 mg / day + Test propionate = 100 mg / day + Tren = 300 mg / week  
7 week: Stanaza = 40 mg / day + propionate Test = 100 mg / day + Tren = 300 mg / week  
8 week: Stanaza = 40 mg / day + propionate Test = 100 mg / day + Tren = 300 mg / week

Now I will not describe in detail the professional courses with the use of GH and insulin. Because those people who can use it, themselves already know everything. And those people who do not know, in 99.99% of cases were not yet ready for such occupational schemes.

## Useful trinity

I want to draw your attention to three drugs, which we have already spoken, and shall speak at the end of the material. It's about Proviron, Tamoxifen, and HCG (gonadotropin). All of these drugs will be needed only when you already have side effects or may be by taking anabolic steroids.

Proviron blocks aromatization of steroids in female hormones. Those. Unlike classical antiestrogen (such as tamoxifen) Proviron eliminates the cause rather than the consequences. Moreover, Proviron to some parts may destroy and "effects" (to block the work of existing women hormones) ie It is also an anti-estrogen. Add to this a remarkable fact that Proviron takes work globulin, which "binds" testosterone in the blood. This leads to an increase in the concentration of the latter. Well, the little things as increased potency and strong erection, we will not even mention. This is a nice bonus.

### When to use Proviron?

If you have a predisposition to flavor (you have been "youthful gynecomastia" in the transition to adulthood, or you are the owner of loose bodies, or you know from previous courses that mammary glands swell hardens), in this case, is usually sufficient 50 mg (2 tablets) in day. In severe courses (I'm here are not described) may need 100 mg (4 tablets).

If your course is, flavoring agents (this is primarily testosterone), in the presence of predisposition to enable flavor throughout the course (starting 2nd week) 50 mg Proviron. If there is a predisposition, but I'd like to err, then just turn 25 mg (1 tablet) per day Proviron.

If you have greatly reduced the effectiveness of the course in the middle (4 weeks), then perhaps this is due to "hazardous" work-binding globulin excess testosterone. Proviron, in this case can greatly increase the effectiveness of the course, because it blocks the binding globulin. To improve the feel, it is enough for one week (exactly in the middle of the course) propyl Proviron® a dose of 50 mg (2 tablets) per day. If you dry off (for competitions or for yourself). Proviron in the usual dosage of 50 mg (2 tablets) can seriously add stiffness of your muscles. That is why this drug is used in the preparation of athletes to compete as often as American actors in preparation for filming action movies or photo session.

Moreover, do not forget that the less your system will be excess estrogen (female hormones), the faster will recover your endocrine system after the course, and the less you will lose muscle in the process.

Tamoxifen - a classic antiestrogen. If you already have female hormones in the system (as a result of aromatization of testosterone), it will be weak Proviron assistant. In this case, the need tamoxifen because it is fighting directly with the consequences, if they have already started gynecomastia, fat deposition on the female type, etc.). Now I will not for a long time to describe all the benefits of tamoxifen. Let's understand better when you need it. To do this, there are two points.

Firstly, as I said, tamoxifen is needed on the course only when already happened aromatization (you feel the seal under the nipples) and this must be addressed. In this case, you need to take 20-40 mg of tamoxifen daily. It will block the estrogen receptor, and the latter will not be able to harm your body. But we should not use tamoxifen "just because" (for prevention), if the nipple is all right. For these purposes, Proviron is suitable rather than tamoxifen. The fact that tamoxifen reduces the production of growth factors in the liver (in particular, the main IGF-1), thereby reducing the effectiveness of the steroid course. Therefore, no tamoxifen prevention. It is needed only if you have "roasted rooster pecked."

Secondly, in my opinion tamoxifen - the best preparation for the FCT (recovery after a course of testosterone). several studies have been conducted in which only 20 mg of tamoxifen for 2-weeks increased testosterone production in half (i.e., 50%). That's a lot. And it very well after the course, when the testosterone production is reduced. It is only necessary to understand that tamoxifen will begin in this plan to work efficiently not before no longer "play" all artificial hormones in the system. Those. you have to wait to stop completely artificial testosterone action and only then take tamoxifen to raise natural testosterone levels. To do this, consider the terms "life" of an artificial hormone.

HCG - is an intermediate between your brain and testosterone. It gonadotropins give orders to your testes to produce testosterone. Why do you need it? In the middle of the course, when your testicles stop producing its own testosterone (because a lot of the system of artificial testosterone as a steroid), hCG can promote their work "no matter what" further. Those. your testicles are not "shrink" in size and

do not "go to sleep" from a standstill. After the course, the work of the endocrine glands is recovering faster.

In practice, it is best to wait until the middle of the course and within one week puncture of 500-1000 IU daily in the muscles with insulin (thin) syringe. This will protect your testicles from "drying up" in size. It warns that the phenomenon is not all there is equally a fact always reversible.

Take HCG after a course NOT! Because that's how you'll slow down a full recovery arc hypothalamus-pituitary -YAICHKI! Remember I said that it is "intermediate"? So, this "intermediate" should vrabatyvatsya naturally, only if the arc is fully restored. If you continue to prick artificial hormones after the course, it will mean to your brain that the course continues, and the system will not be fully restored.

## Progestogenic steroids, and combinations thereof

And the last thing I want to tell you in the practical part, it's about the combination of drugs in terms of progesterone. In general, progesterone can be very useful hormone (stimulates appetite, water retention and calms the central nervous system), and is very harmful (gynecomastia, fat on the female type, weak erection, etc.). But to progesterone began his negative activity need estrogen ( i.e. testosterone or methane aromatization into estrogens).

We have a number of steroids in chemical structure of the molecule similar to progesterone longer than testosterone. That is why they are often called progestantami. And all of what I wrote above, for them actually.

### Main Progestanty :

- nandrolone
- Trenobolon
- oxymetholone

Good. But fight a possible pobochki PROGESTANTOV?

1. The first option is the solution. When we use the above-mentioned drugs, it is necessary to combine them with non-aromatizing steroids (those that do not convert to estrogen)

- Primobolan
- Winstrol
- Turinabol

Such combination will be safe in terms Gino. This is especially good for those who have a tendency to this is not aesthetically pleasing pobochki.

2. The second option if you do use testosterone and its analogs, the block aromatization with anti-aromatase prep:

- Proviron
- Arimidex

It is important to use these drugs as a preventive at once throughout the course. And not once roasted cock bite nipple.

3. The third way and eating a small fish in a puddle not sit down - use stanozolol. I remember I mentioned that this is a steroid anti-progestantom. Effective dosages will range 25-50 mg. In a day.

Well, the list of my thoughts on how to combine the AAC:

- cycle time = rest time (no "eternal cycle")
- Most of the MG (dosage) best recruit injecting drugs, not oral. So as not to burden your liver.
- Any testosterone ester can be combined with other Testosterone ether.
- Pronounced anabolic agent can be combined with an androgen for the best effect.
- Oral medication can not be combined with other oral. And only with the injection.
- Nandrolone is always desirable to combine with testosterone or stanazolol. This will help against such unpleasant phenomena as DekaDik. But if it is testosterone that is needed in addition Proviron.
- Stanazolol has anti-progestogenic activity, and so good with nandrolone
- Winstrol dehydrates the joint capsule and therefore it is desirable to "lubricate" the test or deck.
- Receiving aromatizing drugs (testosterone), preferably combined with Proviron (antiaramotazny effect).
- HCG is very good with atrophy of the testes and in the middle of the course is relevant but not after the course!
- After a course of tamoxifen use and Tribulis in a few weeks to restore the work of the endocrine glands.

