Injectable Steroids

The guidelines for anabolic steroid use can be counterintuitive at times. The coverall advice that's doled out in substance misuse teams regarding any injecting is "*don't*". However, the lines become blurred on the subject of steroids.

Due to the harmful nature of oral anabolic steroids, injections are generally preferable. They enter the bloodstream directly from the muscle. Our flesh is very blood rich, hence the blood red colour. By contrast, ligaments and tendons have a whitish hue. Their blood supply is far inferior to that of muscle. This explains why joint injuries heal slower than a muscular one. Less blood supply equals a poorer transport route to the injury site for all the healing factors requiring delivery.

Injecting a steroid (which is always into a muscle, never a vein) bypasses the stomach - liver - bloodstream route. More of the active steroid gets into circulation intact. Administration needs to be deep into the muscle. Only a few sites allow for this. The glutes (upper outer aspect), the side of the thigh (halfway between the hip and knee, exactly where you'd give a cracking dead leg), and the outer shoulder muscle. Injection sites must be rotated to minimise scar tissue.

Site injections to bring up lagging body parts (lats, calves, biceps etc.) isn't clever. Steroids don't work that way. The blood supply of the muscle whisks it away into circulation. Most steroid users inject into their glutes. How many have arses like Kim Kardashian? None. I rest my case.

All injectable steroids have a curious surname. Testosterone Enanthate, for instance. The last name refers to the type of ester it is. The huge majority of steroids are 'esterified'. This is a process where the active steroid compound (the 'first name') has a varying number of fatty acids attached to it. Put simply, the longer the chain, the longer acting it is. Making the steroid an ester prevents it all being dumped into the bloodstream straight away. A massive spike (or peak) is not desirable and it will also cause a dramatic slump (or trough) soon afterwards. Being an ester allows for a slower, steadier and more controlled release of the active compound.

There will still be peaks and troughs of the steroid level, but it is now much more manageable. For example, the popular steroid Testosterone Enanthate (commonly called 'Test E') peaks - or gives the highest blood testosterone concentration - around 48 to 72 hours' post injection. It's often injected weekly, but many prefer twice weekly jabs to optimise the peak levels. When prescribed for medical conditions 250mg is injected once every 2 – 3 weeks.

Now this may seem like bugger all to those on a cycle. But bear in mind that a healthy functioning pair of testicles will make about 70mg of testosterone a week. On-cycle doses are frequently 10 times this normal amount, if not considerably more. In this context, a cycle dose is actually rather a *lot.* There is no need to exceed 500mg of testosterone a week.

Legitimate pharmaceutical steroids are rare in the UK. Overwhelmingly, Under Ground Lab (UGL) products are used. I've had numerous samples tested and read the results of others. A third of those tested contained either no active ingredient, a different steroid altogether or, more troubling, an "unknown compound".

No pharmaceutical company, that which produces medicine for prescribing and dispensing, makes a 10ml multiuse vial. They are always 1ml ampules. The dose within them is never more than 250mg

per ml. The box they come in will contain a patient information leaflet, regardless of country of origin. The language may differ, but the rules are the same. The key to identifying dodgy amps lies on the box they come in. The area where the lot number and expiry date is printed will not be glossy. The printing will be stamped, or rolled, into this space and differ in appearance.

Some (but not all) UGL products are not only suspect in content, but poorly made. If the rubber stopper is loose, the solution has particles in it or become cloudy when shaken, do not use.

This begs the question: So, what *is* best? Fair one. I get asked this a lot. The consensus amongst professions in the field is "Testosterone". There are a number of good reasons for this.

1) It's cheap. When compared to the cost for raw ingredients of other steroids, testosterone costs the least. In fact, when other steroids (masteron, equipoise etc) are found to contain a different steroid, it's almost always a testosterone ester. Usually Test Propionate. Honestly, could you tell the difference?
2) It's produced naturally. It is far less likely to fuck you up than other steroids. Yes, Trenbolone, I'm looking at you… Generally, testosterone is well tolerated by the body. The stuff is secreted inside us, after all. Side effects are very dose related. Take more than the body can utilise and the excess gets turned into other stuff like DHT (acne, baldness) and Oestrogen (bitch tits).
3) It's a vital hormone for virility. All steroids will suppress natural testosterone production. A cycle that consists of other anabolics, rather than testosterone, can result in sexual dysfunction. Ever heard of "Deca Dick"?

Always have your testosterone levels checked prior to starting any anabolic steroid cycle. This will give you a 'baseline' to check if full recovery has occurred post cycle. In summary, presuming your gear contains what you think it does, testosterone is preferable.

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