

Oral Anabolic/Androgenic Steroids

There are plenty of makes and models to choose from. Some are worse than others for your health. Or better for putting on size, depending on your priorities, of course. Regardless of which oral anabolic steroid you choose to use, the duration of the cycle must be limited to 6 weeks.

The huge majority of the popular ones are chemically altered to enable the active ingredients to pass through the liver into the blood stream. This places stress on the liver. It's being prevented from doing its job. Oral steroids which do this are C-17 alpha alkylated, or c-17 aa for short. It's a complicated bit of chemistry to explain, but, basically, some stuff is added to the first part of the 17th Carbon atom of the steroid's structure. It is now armour plated. It remains intact and active, so it gets to the receptors on the muscles to do its party piece.

This results in the steroid convoy getting to the reception party parking lot. The road block set up by the liver gets sideswiped along the way. The more potent and toxic the steroid, the greater the damage will be. If this happens aggressively, and for long enough, the liver can be written off. Not that the Meerkats will give a shit. Liver failure isn't covered under third party damage by uninsured steroids.

It is always advisable to have your liver tested when using oral anabolic steroids. Is it in good nick before you start necking gear? Is the cycle causing hidden harm? It is not possible to feel liver damage. The symptoms don't present themselves until you look like a Simpson's character. By then the liver is well and truly fucked, to use the proper medical terminology.

What the blood test looks for is signs of damage. The lab sniffs about for the presence of enzymes which ought to belong inside healthy liver cells. When the liver is damaged, its cells die. They spew out their contents into the blood stream and the blood test picks them up. The greater the number detected, the worse your horoscope.

Non c-17 aa orals

Of all the oral anabolic steroids knocking about out there, only three have not been subjected to chemical tinkering on their 17th Carbon atom. They are; Primobolan (methenolone), Pro-Viron (mesterolone) and Restandol, aka Andriol (testosterone undecanoate). The latter is a fairly pricey soft gel capsule. As a result it's not that popular. Nor is it very strong. How it works is unique, though. Like the injectable esters, it has fatty acids attached to the testosterone. But rather than being injected into the muscles – and thence into the bloodstream - it gets absorbed through the lymphatic system, avoiding the liver.

Milder orals

Not only are these steroids considered less toxic to the liver, they are generally less potent, too. Often this selection of steroids is preferred during a 'cutting cycle' as part of contest prep, or for a modest gain of lean muscle mass. They tend to aromatise (be converted to oestrogen) less, if at all, and have fewer androgenic side effects. These are the undesirable ones such as acne, oily skin, growth of body/facial hair and male pattern baldness. Understandably, these oral steroids are favoured by females over their more potent equivalents. Beards and deepened voices are not viewed favourably, especially as they're not reversible.

Regardless of the fact that these steroids are milder, natural testosterone suppression will occur. Although less pronounced, these steroids still cause a post cycle crash. This happens when the male hormones are dominated by female and stress hormones, such as cortisol. It is not uncommon for those using exclusively anavar to report sexual dysfunction. Production of testosterone by the testes is important to ensure everything works as it should.

Two popular examples of the milder oral steroids are Stanozolol (winstrol) and Oxandrolone (anavar)

Harsher orals

These bad boys are popular with those seeking to gain both size and strength. Often a smooth or bloated appearance occurs. This may be particularly noticeable around the face in some users. Water retention is the cause of this. It is not uncommon for those new to anabolic steroid use to put on quite a dramatic increase in weight, but not all of this will be actual muscle, but water. This weight soon drops off after the steroid is stopped.

These more potent oral steroids are both very anabolic and androgenic. Commonly used ones are Methandrostenolone (Dianabol), Fluoxymesterone (halotestin) and Oxymetholone (Anapolon 'nap' - 50)

More muscle mass can be achieved, but the side effect profile will be greater. Significant suppression of natural testosterone, deranged liver values, altered cholesterol in the bloodstream and raised blood pressure are commonplace. So long as you don't rip the arse out of it, these are usually reversible after a sensible 'off cycle'.

The trouble with many oral steroids is they're not used in isolation. A common trend in bodybuilding circles is to 'front load' with a potent oral steroid. The theory goes something like this; Injectable steroids can take a while to start working to a noticeable degree. So orals are used to 'kick start' a cycle. Is this necessary? Probably not.

The general rule of thumb in harm minimisation circles is that it's safer to inject anabolic steroids than use orals. Provided proper cycling and dosage protocols are used, either is preferable to pro-hormone, designer steroid and other research chemical use. Their safety is simply not known.

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