

### ANABOLICS Q&A

By William Llewellyn

Q: I'm on testosterone only, 500-1000 mg/week year round, playing with doses. So any health tips I should consider?

A: In the vast collection of steroids that are available in the world, testosterone is the one that tends to have the lowest risk to benefit ratio. You mention using only testosterone. This would have been one of my points of advice right off, if you can do it. Granted, many bodybuilders cannot mold the physiques they want with this drug alone. If you are not a competitive bodybuilder though, and are using AAS to maintain a developed physique only, it can be done very easily in most cases (it really is an effective muscle building steroid). Of course, there is also the option of cycling instead of using all the time. This is safer, but I'm sure you know that.

So let's get to some of the less obvious things you can do to make the cycle a little more comfortable on your body. First, keep an eye on your diet. Anabolic steroids often give you a great deal more latitude in what you eat. They can boost the rate at which your body uses its nutrients, so less is stored as fat (usually, not always). Don't get complacent about what you eat. Aside from eating the normal protein rich foods, try to keep away from refined carbohydrates/sugars, saturated (excess) and trans fats, and processed foods. You want to try to minimize the buildup of arterial plaque, which is a very real possibility with regular nonmedical steroid use.

Next, are you using an estrogen maintenance drug with the testosterone? I assume you probably are with taking up to a gram per week. The choice of drug may also be important to minimizing any negative changes to your blood lipids. Aromatase inhibitors such as anastrozole and letrozole significantly lower the synthesis of estrogen in the body (reducing all of its activity). We know from studies that this can significantly enhance the negative effects on cholesterol. Estrogen is an important hormone for the male cardiovascular system. You really don't want to suppress it if you don't have to. The other option is Nolvadex, which acts as both an estrogen and anti-estrogen depending on the tissue. Most importantly, it seems to be estrogenic in the liver, a key site of cholesterol management. So it may be comparatively less "harsh" on the cardiovascular system. Choosing Nolvadex over Arimidex might be a better option.

You should also think about natural dietary supplements for helping to maintain optimal health.

I pay more attention to this area than many, probably because I work in the dietary supplement industry. You are not going to need a liver support supplement, but something for cholesterol would be a good idea. There really are many good options to you. I will not run down particular brands or products, but here are a few ingredients that I really like for cholesterol management: Omega-3 EFA's, Garlic, Green Tea extract, Phytosterols, Resveratrol, and Niacin. Vitamin D is also a very good all around health support supplement. Honestly, you probably wouldn't go wrong with a good balanced multi-vitamin/mineral supplement too, just in case you need anything.

Lastly, you mention you fluctuate your dosage. I'd try to keep in mind that the higher doses are probably going to have a stronger negative effect on your cardiovascular system, and will probably give you more estrogen issues to deal with too. If you can, you might want to consider backing off the dosage a little, or at least limiting the amount of time you escalate it. Even 100 mg per week of a testosterone ester is usually enough to bring your levels above normal, at least part of the time. Once you are up to 500-1,000 mg of the same drug, we are talking many orders of magnitude above normal. It is best to approach anabolic steroids with the mindset of using the smallest dose possible to elicit the benefits you want, be it growth or maintenance of the physique. Maybe there are things you can do with alternating your training, diet, etc. to get more out of less. Either way, you are definitely thinking about the right things. I trust this will lead to good decisions. Best of luck with it.

Q: I've enclosed an empty box of methandrostenolone from Austria. Is this real or counterfeit?

A: This is a "fake". As you may have read here before, I use this word to describe products that don't really exist. I reserve "counterfeit" for those that are copies of real drug products. In this case, Austria simply does not make methandrostenolone, and hasn't for a very long time. The backlash against steroids, of course, is very old. It began in the 1980's, when the U.S. drug companies were forced to discontinue methandrostenolone because they could no longer justify its sale to the FDA (rules had changed, and Ciba could not substantiate a legitimate medical use for the drug). Soon after, drug companies from all over, especially Western/Central Europe and North America, began discontinuing methandrostenolone products.

By the end of the 1990s, there were very few legitimate sources for "Dianabol" left in the world, and Austria was certainly not one of them. Today, you really do not find this drug anywhere except very loosely regulated markets (Asia, Eastern Europe), where companies can still sell the high demand item without need to substantiate its use to steroid-fearing medical boards. I really can't tell you much about what is in your product. Your guess is as good as mine. My advice is always not to take such a product. Either way, good luck with. Be safe.

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Written by Robbie Durand

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Got a question for William Llewellyn? You can ask him directly on the MD website and have William personally answer your question! Go to [www.musculardevelopment.com](http://www.musculardevelopment.com), MD Forums, MD Staff and Pros, Q and A for William Llewellyn.

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