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PRINCIPLES OF CYCLE DESIGN:
AAS & GROWTH FACTORS

TYPE-IIX

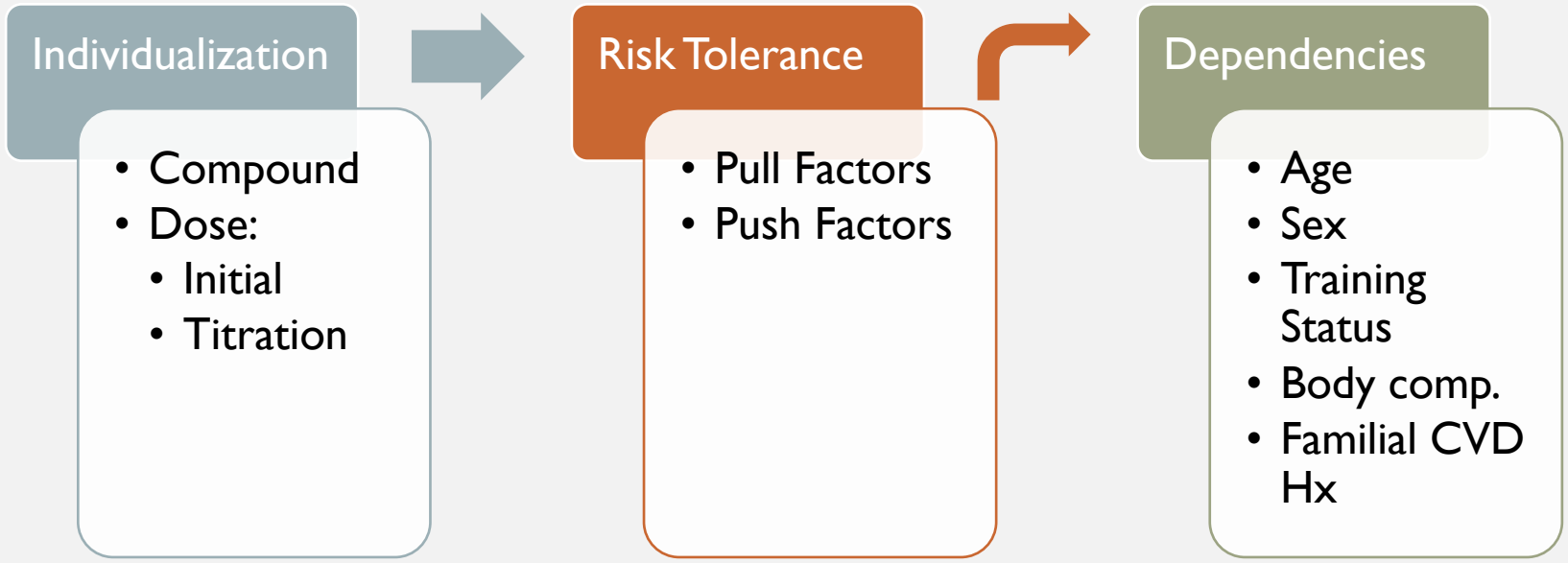
31 August 2024 – Presented 11:00 AM EST

SECTION OVERVIEW

- sex
- risk tolerance
- age
- training status

1. Individualization
   - A. Compound Selection
   - B. Dose: Initial & Titration
2. Efficacy
   - A. Dose/Response
3. Tolerability
4. Monitoring: Efficacy vs. Tolerability
   - A. Push Factors
   - B. Pull Factors
5. Application: Combination Strategies (Two [2] Worked Examples)
   - A. Synergy
   - B. Complementary
   - C. Additive
6. Q&A
   - ❖ Principles of Cycle Design

INDIVIDUALIZATION (*WORKFLOW*)



ASSESSING RISK TOLERANCE

Individualized CVD Risk Profile (*proprietary materials*)

Objective-Oriented Planning and Monitoring of Body Comp. (*proprietary materials*)

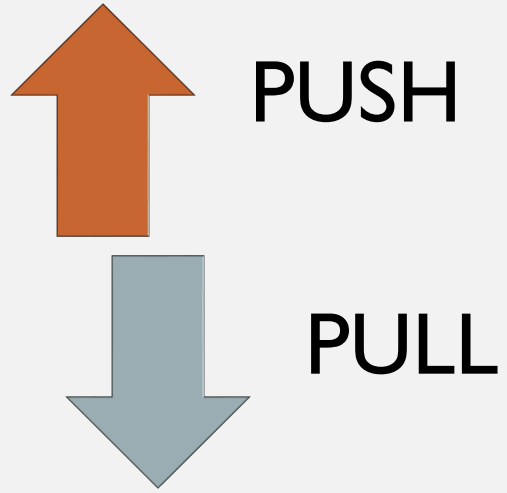
Basic Health Self-Monitoring for Long-Term AAS Users (*proprietary materials*)

PULL

- Familial Hx of thromboloembolic or fatal cardiovascular disease
- Elevated CVD Risk Profile
- Female

PUSH

- Age < 30
- Training Status: FFMI; derives income from physique, or reasonably might within < 1.5 y
- Average or Below CVD Risk Profile
- Adherence to Basic Health Self-Monitoring Guide



COMPOUND SELECTION & DOSING

SELECTION CONSIDERATIONS:

1. SEX: ANDROGENICITY
2. OBJECTIVE: CUT, RECOMP, BULK
3. RISK TOLERANCE: PULL VS. PUSH

INITIAL DOSE:

1. SEX: ANDROGENICITY
2. TRAINING STATUS
3. FFMI
4. RISK TOLERANCE: PULL VS. PUSH

DOSE TITRATION:

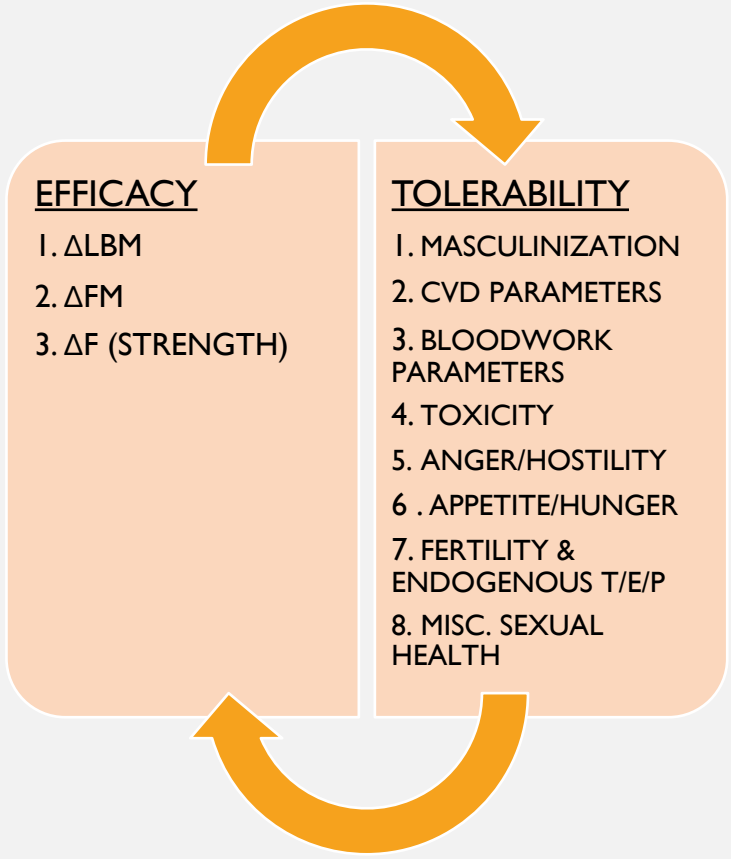
1. UP *OR DOWN* DEPENDING ON:

(A) TOLERABILITY

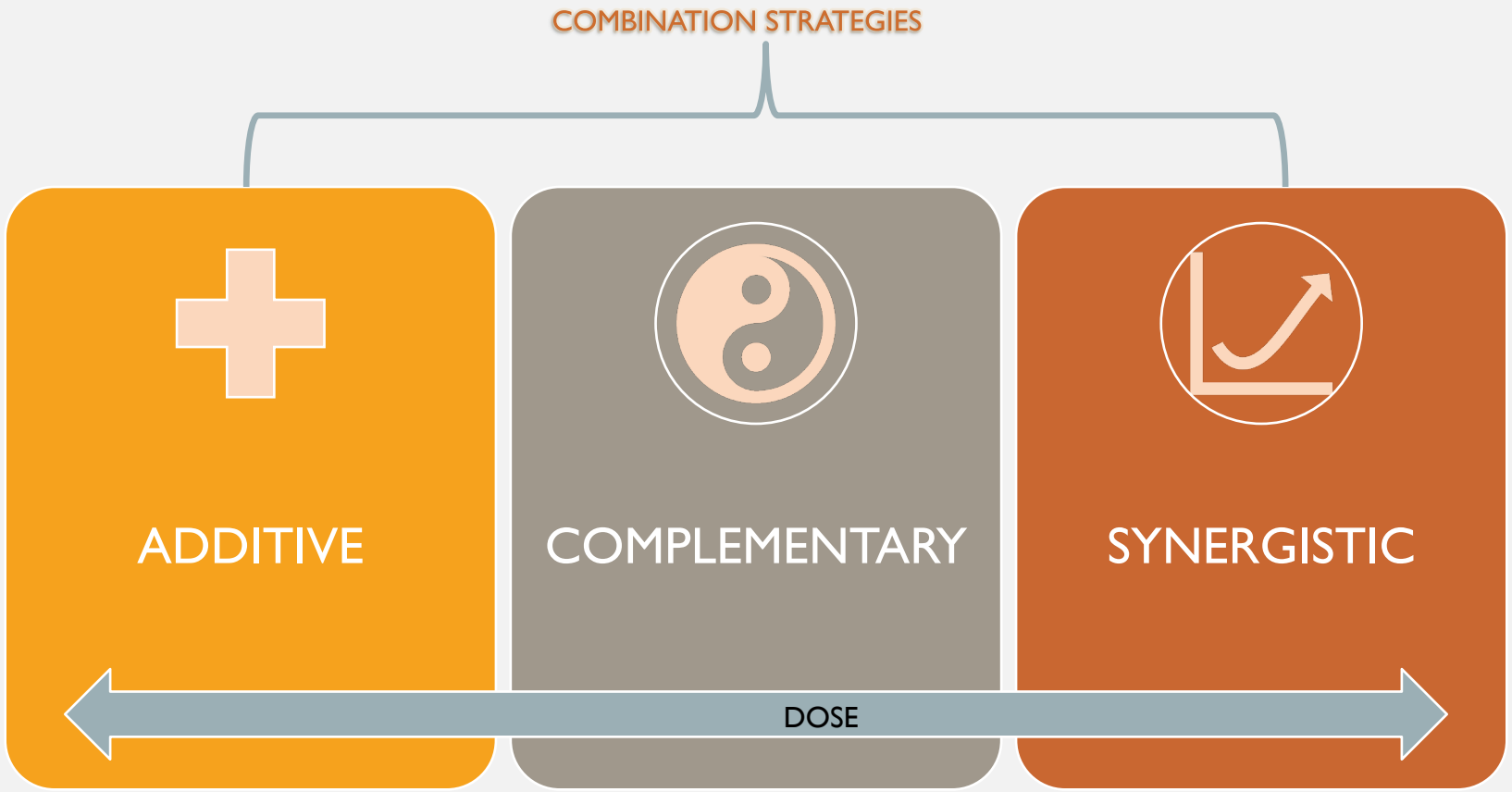
(B) EFFICACY

(C) TIME-BOUNDED OBJECTIVE (SHOW DATE)

MONITORING
TRADING-OFF EFFICACY VS. TOLERABILITY



OPTIMIZATION OF EFFICACY/TOLERABILITY



WORKED EXAMPLE
CASE 1: MALE MODEL WHO DERIVES AN INCOME FROM HIS PHYSIQUE

The subject is a healthy (10% b.f., 25 kg/m ^{2} FFMI) 26-year-old man who derives an income from his physique (modeling, acting). His principal objective is *recomp* (↑FFM & ↓FM) for a photo shoot in 8 weeks:

Considerations:

- Absolute unwillingness to "blast & cruise," therefore
  - Maximal maintenance of FFM (i.e., skeletal muscle) and endogenous T secretion after the course has completed
- Inaccessibility to or no availability for hCG or hMG, that serve the task of maintenance of spermato- & steroid-genesis
- Absolute unwillingness and/or intolerability for edema (fluid retention) from growth factors (e.g., rhGH)

Assumptions:

- Suppressive effects on spermato- & steroido- genesis are a product of time & dose – synergy reduces dose
- Total exogenous AAS washout is not necessary to remove the stressors to HPG axis, exerting a permissive effect on restoration of spermato- & steroid- genesis, and/or
- Modest concentrations arising out of the doses and metabolism/excretion of short-chained esters (e.g., acetate, propionate) are less than maximally suppressive

WORKED EXAMPLE
CASE 1: MALE MODEL WHO DERIVES AN INCOME FROM HIS PHYSIQUE

Practical (Design):

Objective: ↑FFM & ↓FM with *de minimis* suppressive effects on spermato- & steroid-genesis:

OPTIMIZE: Fertility & Endogenous T [balancing efficacy/tolerability]

Compound Selection & Dosing:

- Testosterone
- Trenbolone
- Masteron ("TMT"), and
- Anavar
  - ✓ Leveraging synergistic (1 + 1 > 2) combinations (to reduce dose as fAUC nmol*h/L), as propionate (TP), acetate (TBA), propionate (DP), and HCl (OX), respectively

WORKED EXAMPLE
CASE 1: MALE MODEL WHO DERIVES AN INCOME FROM HIS PHYSIQUE

Practical (Design):

Time-Course: 6+2 – THE initial 6 weeks oriented at maximal muscle anabolism, seeking to use doses & compounds that are synergistic and potent, with *de minimis* suppression that can be ameliorated by temporal placement (i.e., first) of most suppressive (i.e., androgenic) compounds considering durations of activity, PK/PD, clearance/elimination, $t_{1/2}$, etc., and a subsequent temporal placement (i.e., last) of less suppressive compounds (i.e., attenuated androgens) that serve as a taper in net suppressive effects with moderate anabolism.

Practical (Implementation):

- Weeks 1 – 6: potent androgenic short ester AAS that are synergistic (TP, TBA)
- Weeks 7 – 8: less suppressive ("attenuated androgens") AAS that serve recomp (DP; OX)

IMPLEMENTATION: CYCLE DESIGN
26-YEAR-OLD MALE MODEL PREPPING IN 8 WEEKS FOR SHOOT

- WORK-PRODUCT:
  - Weeks 1 – 6:
    - Testosterone propionate (TP): androst-4-ene-3-one [e.g., 450 mg i.m. q.w., moderate, e.g., T, R, Su]
    - Trenbolone acetate (TBA): triene (Δ 4,9,11) [e.g., 150 mg i.m. q.w., moderate, e.g., 50 mg T, R, Su]
  - Weeks 7 – 8:
    - Drostanolone propionate (DP): 5α-androstan-3-one [e.g., 150 mg i.m. q.w., low, e.g., 75 mg R, Su]
    - Oxandrolone HCl (OX): 5α-androstan-3-one [e.g., 150 mg p.o. q.w., low-moderate, e.g., 25 mg T – Su]

WORKED EXAMPLE
CASE II: FEMALE NPC WELLNESS CONTENDER FOR PRO CARD

The subject is a healthy (17% b.f., 24.5 kg/m ^{2} FFMI) 26-year-old woman with 1-year contest experience in a wellness category on the NPC circuit who can reasonably become professional within 4 months. Her principal objective is *cutting* (↓↓FM, and *de minimis ↓FFM, or slight* ↑FFM) for a show in 16 weeks:

Considerations:

- Preventing masculinizing effects is paramount (priority 1)
- Willing to risk, but seeking to prevent, infertility (priority 2)
- Moderately aggressive cutting:
  - Near-maximal maintenance of FFM (i.e., skeletal muscle) with a
  - Feminine fat distribution (neither *excessively* conditioned nor muscular)
- Training and Meal Structure are optimal
- Willing to deal with short-term fluid balance perturbations (e.g., edema) for the final polish on stag

Assumptions:

- *Rational* risk tolerance (neither exceedingly risk-averse nor risk prone)

WORKED EXAMPLE
CASE II: FEMALE NPC WELLNESS CONTENDER FOR PRO CARD

Practical (Design):

Objective: ↓↓FM, and *de minimis* ↓*FFM, or slight* ↑FFM with *de minimis* masculinizing effects:

OPTIMIZE: Fertility & Endogenous T/E/P [balancing efficacy/tolerability]

Compound Selection & Dosing:

- Rimobolan (metenolone enanthate)
- Anavar (oxandrolone HCl)
- Mod GRF (1-29), and
- Ipamorelin
  - ✓ Leveraging synergistic (1 + 1 > 2) combinations (to reduce dose as fAUC nmol*h/L), preferring shorter-acting drugs if unaccustomed, and attenuated androgens for reduced masculinizing effects, especially those accustomed-to

WORKED EXAMPLE
CASE II: FEMALE NPC WELLNESS CONTENDER FOR PRO CARD

Practical (Design):

Cyclical AAS pattern, to promote maintenance of menses [*proprietary materials*]

Practical (Implementation):

Individualized Menses Profile
(*proprietary materials*)

- Weeks 1 – 3, 6 – 8: 11 – 13 (i.e., [3+2] × 3 + 1), oriented to start at the most-opportune moment to ensure menses continues, and monitoring [*proprietary materials*]:
  - Oxandrolone
  - Metenolone
- Weeks 1 – 16:
- Mod GRF (1-29)
- Ipamorelin

IMPLEMENTATION: CYCLE DESIGN

26-YEAR-OLD FEMALE NPC WELLNESS COMPETITOR PREPPING IN 16 WEEKS FOR SHOW

- WORK-PRODUCT:
  - Weeks 1 – 16, in cycles of on/off to promote menses:
    - Oxandrolone, e.g., from 2.5 mg p.o. q.o.d. up to 15 mg p.o. q.d.
    - Metenolone enanthate, e.g., from 35 mg i.m. q.w. up to 135 mg i.m. q.w.
  - Weeks 1 – 6, continuously:
    - Mod GRF (1-29), e.g., up to 100 mcg s.c. b.i.d.
    - Ipamorelin, e.g., up to 100 mcg s.c. b.i.d.

QUESTIONS?

TYPE IF YOU MUST

SPEAK IF YOU DARE (*WHY NOT?!*)