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A bodybuilding and powerlifting guide :.

Front-loading steroid cycles

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There is a lot of scrutiny regarding proper anabolic-androgenic steroid cycle structure for maximal muscle gains with minimal risks. Front loading is one practice gaining attention in the bodybuilding community. This process immediately elevates blood androgen levels. Front loading omits the customary delay of obtaining peak and stable blood levels by increasing the cycle's front-end use.

Athletes stumble onto AAS use while scavenging for further ways to promote a progressive strength training routine – especially bodybuilders and powerlifters. Strength athletes often search for ways to develop productive steroid cycling protocols by combining the clinical research that is available with personal experience; as well as gathering insight from others. Formal clinical trials analyzing anabolic steroids in sports and exercise are rare. The medical community perceives little application for large performance-enhancing amounts of AAS to treat disease – even though many athletes would argue poor performance is an adverse health condition. Mostly through trial and error, numerous informal studies and private research examines various steroid cycling methods and how they can present a positive impact on performance and body composition. This information is generally shared through social networks, to include using online messaging software.

Steroid hormones meant for intramuscular injection have attached fatty (carboxylic) acid esters to delay the hormone's actions. They create a slow-release depot within the muscle for sustained and even blood levels. Instead of being immediately metabolize, the parent hormone is steadily released for days, or weeks. The rate at which the hormone is released is based on the ester's characteristics; such as length and weight. Commonly available heavy, long esters are: enanthate, cypionate or decanoate.

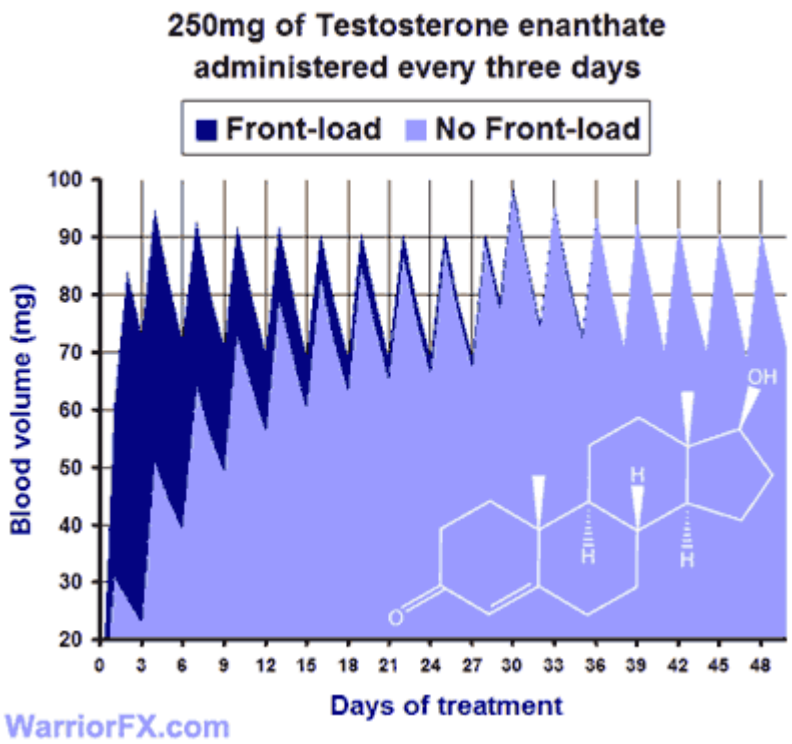
Due to a slow release, when a steroid with an attached heavy ester is injected at routine intervals, peak plasma concentrations can take weeks to elevate and remain stable. This is why most users do not notice performance results with heavy esters until a few weeks into the AAS cycle. Plasma levels must first build up to significant amounts to support the events associated with gains in strength and muscle mass. The ester's speed of release is typically documented by it's associated half-life, the time it takes for half of the administered steroid to metabolize. Active lives are also published,

indicating the estimated time for full absorption of the compound.

Many bodybuilders and powerlifters have begun to omit the waiting period for peak blood levels with front loading. Most users report muscular gains are best made during the first several weeks of an anabolic steroid cycle; results dwindle after six to eight weeks of application. Immediately flooding the system with growth hormones makes the most of this sensitive period. Simply put: front loading gets the cycle started quicker – while the body is most receptive of growth cues. Also, a quicker onset can present an option for shorter cycle duration; resulting in less impact to the hypothalamic-pituitary-gonadal axis for easier post-cycle recovery of natural androgen production.

Normally, the same drug administered during the cycle is used to front load. The perfect front-load can be accurately calculated for stable release using figures and charts, but it's cumbersome. There is some simplified guidance for front loading a heavy-ester cycle. First, calculate weekly use; administering 250 milligrams of testosterone enanthate every three days is equal to 583 milligrams per week (250/3*7). Then, double the weekly use and administer that amount prior to the first half life from the first injection – around four days for testosterone enanthate. Alternatively, the same compound with a lighter ester can be used, such as acetate or propionate.

Today, many users are starting to front-load steroid cycles every time a heavy ester is used – to eliminate delayed affects on body composition and strength. Many others merely jump start a cycle with orals or suspensions, drugs without an ester allow quick absorption. Either method will boost blood levels up quickly to fully exploit the early responsive period – a time when the body is primed for growth and will best use the hormonal signals for amplified muscle growth.



According to basic pharmacology, a single dose of 250mg of testosterone

> enanthate will deliver the parent hormone at it's highest values the first 10 days; around 31, 27, 23, 20, 18, 15, 13, 12, 10 and nine milligrams, respectfully. After 10 days, the amounts released become negligible. Repeated injections create an overlap that gradually builds up blood levels. Actual amounts are affected by the injection site and technique, personal differences in physiology and the sites body fat levels.
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> The above cycle illustrates testosterone enanthate administered at 250 milligrams every three days; with and without a front load. The front loaded portion was accurately configured and applied with 500 milligrams on day one, 250 milligrams on day two, a day off and then 250 milligrams every third day for the cycle's duration. The front load is 1000 milligrams within the first four days – almost twice the weekly administered amount (583mg). Blood testosterone volume is immediately elevated and reasonably stable the first week with the front load.
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> Non-front-loaded administration did not elevate and stabilize blood levels until over three weeks after the cycle's launch. This is why results normally don't manifest themselves for many weeks without a proper front load.

This information has not been prepared by a licensed medical professional and is not meant to replace advice given by a qualified physician. Anabolic-androgenic steroids should only be considered by advanced athletes after reaching full sexual maturation.

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