



"Contrary to popular belief, steroids alone do not
build muscle." - Jason Mitchell

MY FIRST CYCLE

*How To Guide for
Beginners*

BY KYLE FRED

INTRODUCTION



So you've done your research and you think you're ready for your first cycle. Let me first tell you that the chances of you being ready based on your research is slim to none. In this article I hope to deliver important information that is often missed or looked over during research. There's a lot more to cycling than reading a few experiences online. That said, this should serve as an informational base so that you can make more informed decisions. Nothing in life is guaranteed, but if you follow the points listed in this thread, you will not be setting yourself up for failure.

CONSIDER YOUR AGE

1

I'll try and keep this one short as I know it's the last thing anyone wants to hear. The fact is, young folks are not developed fully. Your bones have not reached their maximum potential. [Steroids](#) will more than likely halt any potential growth you may have had waiting for you. Never assume that you're fully developed! There rarely such thing as an 18 or 19 year old that is fully developed. This is incredibly rare and chances of you being one of the few in the world is as slim as it gets.

To verify your growth plates have fused, you'll need to have X-Rays done. X-rays will give you a clear and visible evaluation. You're looking for an epiphyseal line or plate. If you still have plates, you're still growing. Once you develop an epiphyseal line, you've reached your growth limit. So you think about it, it is really worth it? Running a single cycle could possibly hinder your growth. Why would you risk it if you can gain a couple more inches in height and maybe even a few inches in width? This will keep you a step back from everyone else, even if your genetics are fantastic.

Another concern is your the potential damage that can occur to your HPTA & endocrine system. This a very complex system that is very sensitive to changes. It's especially sensitive at a younger age because your body has yet to stabilize and mature. While there's no "rule" or stated age, it's in your best interest to wait at least until you're 24 years of age. I urge you to pause for a moment, and [read this post here.](#)

HAVE A NUTRITIONAL PLAN IN PLACE THAT'S BEEN IMPLEMENTED

2

Contrary to popular belief, steroids alone do not build muscle. That would be magic, and we all know, there is no such thing. Unless you believe in magic, of course. Think of steroids as a stereo/mono amplifier for your subwoofer in your home or car. What would happen if you installed an amplifier to connect your subwoofers, and you used a puny 30 gauge wire to connect them together. Well, just like a water pipe, there is only so much audio that can be fed through a puny wire. But if you use a 10 gauge wire, you're suddenly unleashing some serious BOOM!

Your nutritional plan is the pathway to successful results. You have to feed the muscle to produce growth. If you eat properly, you will build muscle. If your diet suffers, your results will suffer. It's very possible to inject gram after gram of steroids each week with zero physical results. It's ALL about diet; which is why it's considered 80% of your physique. "Abs are made in the kitchen" is a very true saying.

Your Nutritional Plan Should Be Based On Your Goal:

First thing you need to do is to find out what your Total Daily Energy Expenditure (TDEE) is. This is the amount of calories you burn in a single day. There are far too many ways out there to figure this out so it can be confusing. Obviously the most accurate way is to wear a calorie-burn-counter all day, such



as "body bugg". But I've found that you can use an easy estimate of your TDEE by multiplying your Lean Body Mass (LBM) by 15. This will give you a great starting point for your TDEE and with some trial, you'll get it right.

To get your LBM, you'll need to find out what your body fat percentage is. Unfortunately, this is not easy to do with the common methods such as calipers and gym scales. The margin of error is too large. To get an accurate body fat percentage you will need to have it checked via a Bod Pod assessment, or a Dual-energy X-ray absorptiometry (Dexa) scan.

- To locate a Bod Pod near you, [click here](#).
- To locate a Dexa scan near you, [click here](#). (Replace the city with yours)

Either of these scans will give you both your body fat percentage and your LBM. But to calculate your LBM, you would simply subtract your body fat percentage from your total weight. For example, a 200 lb man at 15% BF, would calculate TDEE like so:

200 x 0.15 = 30. So 30 lbs is how much fat you carry.

200 - 30 = 170. So 170 lbs is how much lean mass you have. AKA your LBM.

170 x 15 = 2550 <~ Your estimated TDEE.

Again this is a rough estimate and you will notice very quickly if it works for you, or if you need to make adjustments. Obviously if your job keeps you super active, your TDEE would be high. If you have a desk job, it's likely lower than this. But you get the idea, at least you have a starting point.

How Do I use My TDEE to My Advantage?

Very simple. If you want to gain weight, you would need to eat in a caloric surplus from your TDEE. If you want to cut down, you would do the opposite and eat in a caloric deficit from your TDEE.

Unless you're a pro-dieter, I don't recommend that you ever go into a surplus or deficit greater than 500-800 calories. Doing so will cause too much fat gain, or in the case of a cut, it can simply be unhealthy. So for our example, the 200 lb man would need to bulk at 3050 calories daily, or cut at 2050 calories day. Now, you'll need to break that number down to protein, carbs and fats. These are called "Macronutrients", or macros. To ease your calculations, use the following scale:

Proteins = 4 calories each

Carbs = 4 calories each

Fats = 9 calories each

Contrary to popular belief that was pushed upon us from marketing agencies, protein intake does not have to be super high. Most folks are multiplying body weight by some number. You do not need to feed your fat. Just your lean mass. I personally eat no more than 1.2 to 1.5 grams per LBM. So for our example, the 200 lb man with 170 lbs of LBM would only need $LBM \times 1.5 = \sim 255$ grams of protein daily.

If he is bulking, then $255 \text{ grams of protein} \times 4 \text{ (calories each)} = 1020 \text{ calories}$. Remember, he is bulking at 3050 calories total, so that leaves him with 2030 calories. That remainder is split up between carbs and fats. Jumping into fats,

I've personally always stayed under 100 grams of fat. Generally, 75 grams or less. So if the 200 lb man copied me, he would eat 75 grams of fat. Multiply that by 9 (calories per gram of fat) and you get 675 calories.

So now we have 1020 (protein) + 675 (fats) = 1695 calories so far. Subtract that from your total intake to get your carbs. So $3050 - 1695 = 1355$ calories remaining to eat. Since all that's left is carbs, and we know each carb is 4 calories, we can divide $1355 / 4 = \sim 340$ grams of carbs.

This is how a sample diet would look like on a bulk:

255 grams protein [1020 calories] which is 33 % of caloric intake
340 grams carbs [1360 calories] which is 45 % of caloric intake
75 grams fats [675 calories] which is 22 % of caloric intake

The above example would be referenced as 33/45/22 (p/c/f). Of course, this is merely an example, and you might have to adjust these percentages/ratios to maximize your results based on your goals. But make no mistake about it, too much protein is not healthy. Too much of anything is not healthy. Use the same example I gave you for a cut, just reduce calories about 500 below your TDEE.

Simple Science: Eat more than your TDEE and you will gain weight. Eat below TDEE and you will lose weight.

There are no windows of opportunity! Eat whenever, just get your calories and macros in. Try to spread your meals out, but timing has no real relevance. Don't overthink this. Remember, you can be on control of your TDEE. If you want to eat more, simply increase your Cardio level.

HAVE A SOLID FOUNDATION TO BUILD OFF OF

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This is another common mistake that most beginners make. Your body is just like a house. If your house has a weak foundation, resistance such as wind will knock it over and break it to pieces. You need to have a decent build before you introduce strength gains so that your body handles the pressure. Otherwise you are at a high risk of injuries such as shoulder injuries, tendons and ligaments. This can occur no matter how good your form is, and how many tools you use as a preventative measure. Connective tissue does not develop as fast as muscle, making it weak and unsupportive.

There are 2 physical characteristics to consider before you run your first cycle:

1. Your overall weight to height ratio.
2. Your body fat percentage.

Weight to Height ratio is mostly what determines a safer cycle for preventing injury. This will give you a good idea of your overall size and how well you might be able to train considering the strength you'll be gaining. This is obviously not set in stone. But you'll need to use some common sense. A 6'ft tall man has no business cycling steroids at 150 lbs total weight. I'll give you, what I believe is a fair starting weight for your height. Again, this is not set in stone, however, it will serve you better and help you reach a naturally developed goal...

5'3" to 5'5" tall - 155 to 165 lbs

5'6" to 5'7" tall - 165 to 175 lbs

5'8" to 5'9" tall - 175 to 180 lbs

5'10" to 5'11" tall - 180 to 185 lbs

6'0" to 6'1" tall - 185 to 195 lbs

6'2" to 6'3" tall - 195 to 205 lbs

6'4" to 6'5" tall - 210 to 220 lbs

The bigger the better, but generally, this is a good idea. It's very possible to cycle at lower weight safely, but the lower you are, the higher your risk of injury. I realise that many competitors get on stage lighter than these figures, but these are generally natural competitors and it's in your best interest to continue building naturally.

If you cycle when you're too skinny/small or just have a poor foundation, many things can go wrong. Regardless of your diet, you will gain strength. Especially for smaller folks, these strength gains can be astronomical at times. Suddenly you're picking up the 80 lbs dumbbells for a press for the first time ever. Just because your stamina is high at the moment, it does not translate to strong internals. This type of sudden pressure is a surefire way to hear a couple of "pops" in your shoulder or elbow. So make sure you have a solid foundation. If you are stubborn and going to start your cycle anyway, then you need to refrain from lifting super heavy, even if you're feeling like a champ for the moment.

Lastly, you're probably looking to cycle because you assume that your body has plateaued. This is the biggest, most classic mistake. I'll refer you back to rule #2, which is your nutrition. The most important thing is to get that dialed in. Do not start your diet and then immediately start using steroids. You need to verify 100% that you've committed to your nutritional plan and gained as much as

possible naturally. Remember the "Simple Science" statement above. It works without steroids, too.

Body Fat Percentage is a very important gauge for beginning a cycle. The fact of the matter is, this is not set in stone. As a wide range of body fat percentages can cycle safely. However, there are some things to consider before you begin your cycle. Remember what I said earlier, steroids are not magic. So starting a thread titled "What cycle to get me ripped?", is absolute nonsense. That would be the first step to failure. So here is what needs to be considered with regards to body fat:

1. Safety and side effects.
2. The Results in the mirror.

Side Effects of cycling at higher body fat are plentiful. Here are some risks you will incur when cycling at high body fat:

- Increased [Testosterone](#) to Estrogen conversion (Good luck managing Estrogen)
- Increased level of water retention. (You think you're bloated now?)
- Increased blood pressure.
- Risk of thromboembolic episodes (blood clots)
- Pulmonary embolisms (blocked lung artery)
- Higher risk of prostate cancer
- [Steroid](#) -induced fatty liver disease
- 200 kittens die (you heartless bastard!!)

Some of these risks may seem extreme to you, but the fact of the matter is, the higher your body fat is, the closer you're getting to these risks. The estrogen

related symptoms are very likely and common, such as [gynecomastia](#) . The more fat you carry, the more aromatase enzymes you have. It's simple science. Blood pressure is inevitable and especially dangerous at higher body fat. Don't be the guy that says "Oh that will never happen to me". Be responsible.

The results in the mirror is what you're ultimately looking for, right? Well, cycling at high body fat will do nothing for you in the mirror. If you hear that [Winstrol](#) , [Anavar](#) or [Trenbolone](#) are steroids that make you "Ripped", you're in for a big surprise. So long as you have layers upon layers of fat, you'll never ever see your results. You'll end up disappointed and frustrated at the amount of money you've spent. You're probably thinking to yourself... "Well I can add the muscle and then shed the fat to expose the muscle I built". Good luck with that! That's not how it works. Retaining muscle is MUCH harder than gaining it. Unless you're an experience CHAMP, forget about it. You'll lose your muscle before you lose the fat.

In closing for this segment, I'll say that an ideal body fat would be under 16%. I do not recommend that anyone "Bulk" at 16%. You should be closer to 13% for a decent and manageable bulking cycle. Compounds such as Winstrol and Anavar really don't even do much at 15%, for those compounds you'll need to lower your BF down to 13 or 12%. And please forget about [Clenbuterol](#) and other fat loss aids, they're still not safe for high BF.



MAKE SURE THAT YOU HAVE TRAINING EXPERIENCE

4

Here's a mistake that most beginners make. They join the local gym and hit it "hard" for a couple of months. They get frustrated because they're not seeing any appreciable results. They see John Doe over there who is always "Jacked"... that guy has to be on steroids! Well, it's great that you want to be like John Doe, but he didn't get there overnight, not even with steroids. It's a lot of hard work, dedication to diet, training and sleep. So cut the nonsense and lose the instant gratification attitude. You want to look hot for the broads this summer? You're still young. Plenty of time for that.

A good friend of mine once said:

It's human nature in a "more is better" society full of a younger generation that expects instant gratification, then complain when they don't get it. The problem will get far worse before it gets better. I couldn't have put it better myself. It took me years in the gym just to figure out everything I was doing wrong. You need to spend time in the gym and research different exercises for a very long time. You have to be able to mature, grow and build muscle naturally. This will prove that you've done research, fixed your diet and allowing time for muscle to grow. Otherwise you will be fighting a losing battle and fail with steroids. These are the same guys that I see at the gym for the past 4 to 5 years, yet their physiques never change. And I've even heard of some of them using steroids.

Heck I can see some of them lifting more than they should, it's obvious. But they don't grow.

I believe that at an absolute minimum, 2 years of consistent training is vital. Preferably 3 years or more.



PLANNING & BUDGETING FOR YOUR CYCLE AHEAD OF TIME

5

My brain fails to comprehend many thread-starters. How many times have we heard "I just purchased [dianabol](#), how do I take it?". This is mind boggling to me. Please, for the love of whatever you're into, do not make a single purchase or start taking anything without proper research first. This isn't like going to a restaurant and then deciding what to eat. This is serious business and you need to maintain safety and retain some knowledge first. Otherwise you're only wasting your time and money.

There are several things you need in order to have a successful cycle. You can't just buy your gear and hope for the best. Which unfortunately, is what the majority does when they first start. Not only do you need your choice of steroids, but you also need to have backup plans should you run into issues. Never ever plan on purchasing the rest "later". That's just poor planning and will do nothing but get you into trouble.

Here is a list of things to budget for:

1. Food (this is typically your biggest expense)
2. Steroids
3. Aromatase inhibitor
4. [Post Cycle Therapy](#) drugs
5. Gym Membership

6. Accessories (syringes, alcohol wipes, etc...)
7. Blood Work - 3 times
8. [hCG](#) (if you're smart)

Your budget, especially if bulking, will consist mostly of food. If you do it right, you'll end up spending more on good food than you would on your gear. Next is steroids, once you've decided on your cycle, do as much research as possible. Do not, ever log into a discussion forum and ask for a source. This is not only a rule violation for most boards, but also setting yourself up to be scammed. Check board sponsors and search for verifying reviews from tenured members.

You'll need an aromatase inhibitor (AI) such as [Arimidex](#) or [Aromasin](#). This will prevent and reduce elevated estrogen levels so that you don't get bloated, develop gynecomastia and cry when watching movies such as The Titanic.

Post cycle therapy (PCT) drugs are used to help restore your natural testosterone and spermatogenesis, since it is shut down during your cycle. Without these PCT drugs, you could end up with a host of issues. Such as erectile dysfunction, infertility, etc... No need to become a [Testosterone Therapy](#) Patient so soon. It's not fun being married to a needle for the rest of your life. And please don't ever assume that you'll never have kids. You never know what life throws your way. Even if you've been married and divorced. You may remarry one day and want kids.

Have enough syringes and sanitation accessories and then some more. You'll run into issues where you may have to dispose of a needle or two. Not a good idea to run short and then wonder what to do.

hCG is vital if you are concerned about recovery. In short, it will prevent

testicular atrophy, maintain your natural testosterone production (Because steroids shut that down); thus resulting in a healthier and a more speedy recovery.

Lastly, the most important part is your blood work. Steroids will wreak havoc on your blood levels. So you need to have panels ordered before, during and after your cycle. This will identify many things so that you can succeed and maintain a good state of health.

Blood work you need (at minimum):

1. Testosterone, Total
2. Testosterone, Free
3. Sensitive E2 Assay (Not basic estradiol, that's for women)
4. CBC (Complete blood count)
5. CMP (Comprehensive metabolic panel)
6. Lipid Profile (post cycle is fine)
7. LH and FSH (pre-cycle and post PCT)

These panels need to be done pre-cycle to ensure that your internals are ready for this ride. Mid-cycle to verify that your estrogen blocker dose is working, your blood isn't too thick, your liver is still safe and that your gear is legitimate and not fake or underdosed. Post cycle so that you can verify that you've completed your cycle safely and no issues need attention.

Here is your blood work timing:

Pre-Cycle blood work: 2 weeks prior to cycle.

Mid-Cycle blood work: 7 to 8 weeks into a 12 week cycle. Or 5 weeks into an 8 weeker.

Post-Cycle blood work: 6 weeks after PCT.

Thickening of the blood is very dangerous and steroids will thicken your blood. The increased RBC production will result in higher hematocrit levels. This number comes back with your CBC panel. It is best to keep this close to 50%. Once it reaches 55% or higher, you're at risk of a blood clot, extreme fatigue, high blood pressure, headaches and a host of other concerns. To resolve this issue, you'll need to donate blood. This will lower your hematocrit levels. Be very cautious, because if your level reach 55%, most donation centers will reject/refuse a donation from you. Then you'll have to get a prescription from a doctor for a therapeutic phlebotomy. This is why mid-cycle blood work is important.

Take a look at this thread; courtesy of Docd187123: [How to get accurate testosterone level results on blood work.](#)



WHAT YOUR FIRST CYCLE SHOULD CONSIST OF

6

Regardless of whether this is your first cycle or not, oral only cycles should be avoided. Even if you've read that the compound is not very suppressive and/or toxic. Oral only cycle will lead to lethargy and a very poor state of mind. You'll be miserable once the compounds kick in and your results will suffer. This is very common and you'll see many folks say that they feel like terrible and unmotivated on cycle.

Next thing, testosterone only for your first cycle. I'm sure you've heard this everywhere. Let me tell you why. As mentioned above, oral only cycles are a poor choice. That said, Testosterone should be your base for all future cycles. But should be the sole compound in your first cycle. This is because you need to find out how your body reacts to testosterone. Once you have a couple of testosterone only cycles under your belt, you can begin to introduce other compounds. That way you'll be able to identify exactly which compound is causing the side effects. Otherwise you'll be lost.

Think about eating 2 or 3 exotic foods in one sitting. If you get food poisoning, how will you know which one caused it? You'll never know. So don't rush into things, one step at a time is wise.

Choosing your ester is important. If it's your first time, you're likely not a fan of frequent injections. Long esters, such as [enanthate](#) allow you to inject twice weekly. Every 3.5 days. But short esters, require more frequent injections, such

as daily or every other day. So for this example, we will use a long ester, because that's what I recommend for a beginner...

Here is a perfect beginner cycle layout:

- Week 1 to 12: [Testosterone enanthate](#) @ 250 mg every 3.5 days (500mg/week total)
- Week 1 to 12: hCG @ 250 iu every 3.5 days (500 iu/week total)
- Week 1 to 14: Arimidex @ 0.25mg every other day (From day 2 up until PCT starts)

After your last testosterone injection, you'll need to wait 14 days to start PCT. This allows just enough time for the enanthate ester to clear your system so that you can start therapy. Remember to continue taking your AI during those 2 weeks. You can also choose to use Aromasin, the recommended dose is 25mg daily.

Post Cycle Therapy should consist of both [Tamoxifen](#) (Nolvadex) and Clomiphene ([Clomid](#)). The combination is important as they work in synergy to help you recover. Running only one of them will hinder your chance of recovery some. Your PCT protocol for this cycle should look like the following:

Clomid @ 75/50/50/50 & Nolvadex @ 40/20/20/20

Each number above is representative of the daily dose for that week; for a 4 week total PCT run. So clomid would be taken at 75 mg daily for 1 week, then 3 weeks at 50mg daily. And Nolvadex would be 40 mg daily for 1 week, then 20 mg daily for the last 3 weeks. Make sense?

If you chose to go with a short ester such as [Testosterone Propionate](#), you'll need to inject at a minimum of every other day. A good starting dose is 100 to 150 every other day, or 50 to 75 daily. Short ester cycle should last 8 weeks. hCG and AI dose remains the same as outlined above. PCT however, starts 3 days after your last injection of testosterone.

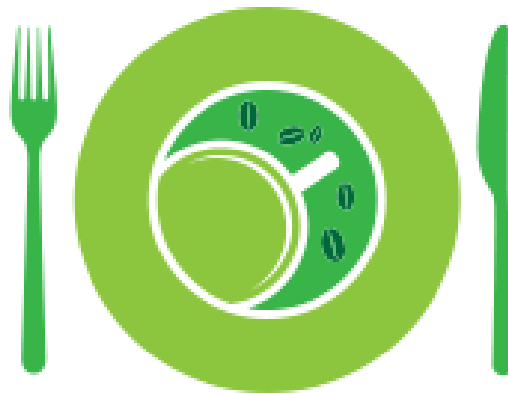
PCT start times:

Testosterone Enanthate = 14 days after last injection

[Testosterone Cypionate](#) = 18 day after last injection

Testosterone Propionate = 3 days after last injection

Finally, I recommend that you protect your liver. Yes, even on injectable cycles. For that I recommend 600 mg of N-Acetyl Cysteine (NAC) daily. or just buy this product from [Amazon : Liv 52](#)



TDEE Calculator