



THE SARM HANDBOOK

@SARMSINFO



DISCLAIMER

None of the content provided within this e-book is to be deemed legal or medical advice in any way, shape or form. All decisions are yours alone and I am not responsible for your actions.

This e-book is for educational purposes only. Do not take supplements or drugs without the supervision or direction of a qualified medical professional.

Before deciding to take SARMs, we suggest you do your own research alongside reading these opinions (not to be deemed medical advice).

DISTRIBUTION

Use, distribution or disclosure by others is prohibited. This product is not to be re-sold at any time.

RIGHTS RESERVED

The materials contained in this product are protected by applicable copyright and trademark law. SARMSINFO is the author and owner of this product.

SARMs ARE NOT APPROVED FOR HUMAN CONSUMPTION. DO NOT TAKE THEM WITHOUT THE APPROVAL AND SUPERVISION OF YOUR DOCTOR.

TABLE OF CONTENTS

INTRODUCTION	3
THE SARMs	5
OSTARINE (MK-2866)	6
LIGANDROL (LGD-4033)	12
TESTOLONE (RAD-140)	20
ANDARINE (S-4)	29
S-23	36
YK-11	44
LGD-3303	51
ACP-105	57
OTHER RESEARCH CHEMICALS	63
CARDARINE (GW-501516)	64
STENABOLIC (SR-9009)	67
IBUTAMOREN (MK-677)	69
RU-58841	75
GETTING BLOODWORK	77
ON-CYCLE THERAPY	79
CONTROLLING CHOLESTEROL	80
TESTOSTERONE BASE	81
MITIGATING OTHER SIDE-EFFECTS	86
POST-CYCLE THERAPY	92
DO YOU NEED A PCT?	93
OTHER FORMS OF PCT	94
SAMPLE CYCLE LAY OUTS	96
BULKING CYCLES	97
CUTTING CYCLES	100
FAQs AND FINAL NOTES	104

INTRODUCTION

The goal of this E-Book is to dispel all the misinformation about *SARMs* and other research chemicals that is being spread on the internet.

It aims to provide you, the reader, with the most reliable and up-to-date information about the benefits and dangers of *Selective Androgen Receptor Modulators* and similar compounds.

WHAT ARE SARMs?

Selective Androgen Receptor Modulators are a new class of anabolic drugs. They were designed to have the same positive effects as Anabolic Androgenic Steroids (AAS) without the dreaded side effects that come with these.

In order to achieve this, SARMs were designed to be as selective as possible. Unlike steroids, which target multiple organs and parts of the body besides the muscles, SARMs only target muscles and bones, which (on paper) means that they have less side effects than AAS since they do not impact the prostate, the heart, the hair, the estrogen receptors, etc...

ARE SARMs SAFE?

You should not believe those who say that SARMs are entirely safe.

While it is true that some clinical studies were extremely successful at proving the safety of these chemicals, you must take into consideration the fact that the doses taken recreationally for the purpose of building muscle are 10-20 times greater than the doses used in the clinical studies.

The reality is that SARMs are **NOT** entirely safe. You will experience side effects, whether you notice them or not. Fortunately, these side effects are completely reversible and some can even be avoided entirely with the proper use of ancillaries. We have no information on the long-term side effects of SARM usage, therefore, even though the short term side effects can be managed, there is no guarantee that you will not suffer permanent side effects down the line.

ARE SARMs LEGAL?

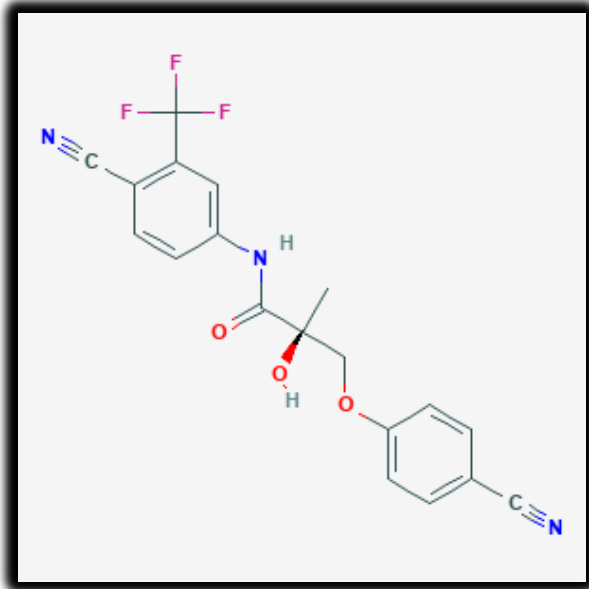
As of April 2020, SARMs fall under the category of Research Chemicals. Therefore, they can **ONLY** be legally sold as such and never for the purpose of human consumption. Possessing SARMs is legal in most Western countries (there are exceptions). Check the laws of your own country before attempting to buy SARMs.

All SARMs have been banned by the World Anti-Doping Agency.

THE SARMs

OSTARINE (MK-2866)

(2S)-3-(4-CYANOPHENOXY)-N-[4-CYANO-3-(TRIFLUOROMETHYL)PHENYL]-2-HYDROXY-2-METHYLPROPANAMIDE



HALF-LIFE: 24 hours

DOSE: 10-25 mg/day

CYCLE LENGTH: 8 to 12 weeks

Ostarine (also known as Enobosarm, MK-2866, GTx-024 and S-22) was one of the first SARMs ever created and the most popular one in the market today. It was developed by GTx, Inc. for the treatment of muscle wasting conditions and osteoporosis.

MK-2866 is the most well-researched SARM available today because it has gone through numerous clinical trials. Even though not all clinical trials have been successful at proving the efficacy of Ostarine in a variety of different situations, every single clinical trial has proven its efficacy at building lean muscle mass with minimal side effects.

BENEFITS

MUSCLE

Ostarine will definitely increase your muscle mass. You can expect gains of up to 4-5 pounds of lean muscle gains in 8 to 12 weeks, while eating on a caloric surplus.

With proper training and nutrition, you can even gain 1 to 2 pounds of lean muscle mass while on a caloric deficit. This makes Ostarine an excellent cutting compound.

STRENGTH AND PERFORMANCE

Ostarine will increase your strength considerably if you are on a caloric surplus. On a caloric deficit, your strength will increase during the first few weeks of the cycle, but it will then plateau as you start losing a significant amount of weight.

Users often report increased stamina in the gym, which translates into shorter resting times between sets, more reps, and the ability to train longer than they are used to.

FAT LOSS

Contrary to what some people believe, Ostarine will not help you lose more fat. It is not a fat burner by any means.

However, it will help retain and even gain muscle mass during a cut, making cutting cycles more effective and allowing you to lose fat without sacrificing your hard-earned gains.

BONES AND JOINTS

Ostarine will increase the density and strength of your bones. This has been proven to be true in clinical studies and it is one of the purposes it was designed for in the first place.

It is often claimed that Ostarine helps strengthen and heal joints and tendons. While there is not any clinical evidence to prove that this is true, anecdotal reports suggest that Ostarine can indeed strengthen joints and tendons.

RECOVERY

Ostarine will make your recovery faster. You will feel less sore the next day and your muscles will be ready to work out again sooner.

COSMETIC BENEFITS

Ostarine will not cause any extra water retention and it will significantly harden your muscles, giving them a lean and dense look. Users often claim that Ostarine makes their muscles pop more. It will also make your pumps more pronounced.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

Ostarine, like all SARMs, will cause a significant drop in your Testosterone levels. Fortunately, it is one of the least suppressive SARMs out there and this side effect is very manageable and easily reversible.

The consequences of this drop in your testosterone levels can be:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

Thankfully, the vast majority of users do not experience more than a couple of these and only for a very limited amount of time, usually by the end of the cycle and during the first week or two after the cycle is over.

It is also worth noting that Ostarine, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which may cause libido, motivation and well-being to improve during the first few weeks of the cycle, until the suppression of the Total Testosterone levels offsets the increase in Free Testosterone.

CHOLESTEROL

Ostarine, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased and your LDL (bad) cholesterol will probably increase.

There is some evidence indicating that your LDL levels could actually decrease during the cycle, but there is evidence pointing the other way as well.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

OTHER SIDE-EFFECTS

The two side effects we just touched upon will impact every user, but there are some side effects that only happen to an extremely small minority of people.

For example:

- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take Ostarine.

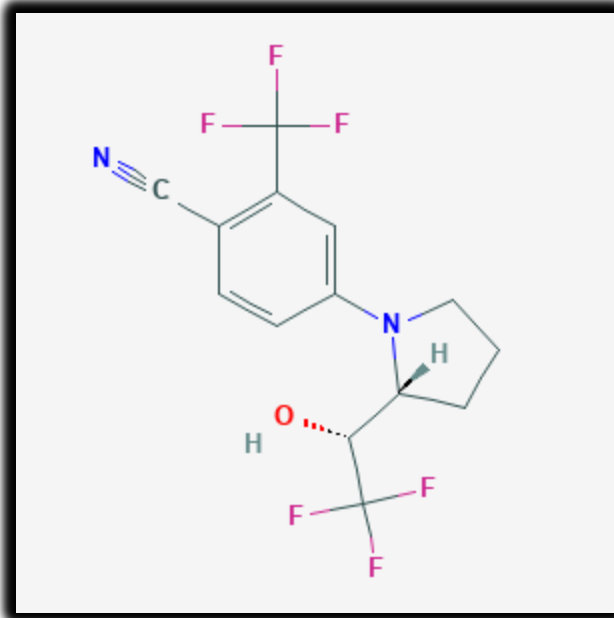
- **Hair shedding:** This side effect is even rarer than the previous one, and thankfully it only seems to be temporary and completely reversible. Any substance that interferes with your hormonal levels has the potential of causing hair shedding, and Ostarine is no exception.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may suffer from insomnia and your friend may sleep even better on Ostarine. You may experience increased hunger and your friend may have zero appetite on Ostarine. You will not know how it impacts you until you try it out.

You will find more information on how to manage and mitigate all these and other side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

LIGANDROL (LGD-4033)

4-[[2R]-2-[[1R]-2,2,2-TRIFLUORO-1-HYDROXYETHYL]PYRROLIDIN-1-YL]-2-(TRIFLUOROMETHYL)BENZONITRILE



HALF-LIFE: 24-36 hours

DOSE: 2.5-10 mg/day

CYCLE LENGTH: 8 weeks

Ligandrol (also known as LGD-4033 and VK5211) is an extremely popular SARM, known for its ability to significantly increase muscle mass in short periods of time.

It was discovered by Ligand Pharmaceuticals, but it is currently being developed by Viking Therapeutics. Like Ostarine, it was designed for the treatment of muscle wasting conditions and osteoporosis.

It has gone through multiple clinical trials, which have proven it to be extremely effective at building lean muscle, even at very low doses. It was well tolerated in all studies, but it usually comes with more side-effects than weaker SARMs like Ostarine and Andarine.

BENEFITS

MUSCLE

Ligandrol is most people's go-to SARM for bulking up. You can expect gains of up to 10 lbs of weight in 8 weeks. Some people report gains of up to 15 lbs.

Now, unlike dry SARMs like Ostarine and Testolone, Ligandrol is known for adding water weight, meaning that not all the weight you gain will be lean muscle. You will lose 2-4 lbs of excess water after the cycle is over.

Ligandrol will also increase your muscle mass on a caloric deficit, but it is rarely used in cutting cycles.

STRENGTH AND PERFORMANCE

Ligandrol will increase your strength more than weaker SARMs like Ostarine and Andarine. By the end of the cycle you will be able to rep weights that you could barely rep once before the cycle.

Like all SARMs, it will boost your stamina and performance in the gym. Shorter rest times between sets, the ability to do more reps and to work out for longer are to be expected. A lot of users report a feeling of euphoria, a desire to keep working out endlessly when they take LGD-4033.

FAT LOSS

Contrary to what some people believe, Ligandrol will not make you lose more fat. If anything, it may make you look fatter due to the water retention it causes.

However, like all SARMs, it is excellent at preserving muscle mass and even increasing it while on a caloric deficit, even though other SARMs are better choices for that purpose.

BONES AND JOINTS

Ligandrol will increase the density of your bones and it will make them stronger. This has been proven to be true in clinical studies and it is one of the purposes it was designed for in the first place.

It does not have the ability to heal joints and tendons that Ostarine is purported to have, but the water retention that it causes can help protect and lubricate them, making an injury less likely.

RECOVERY

Ligandrol will make your recovery faster. Like with any SARM, your muscles will feel less sore the next day and it they will be ready to work out again sooner.

COSMETIC BENEFITS

Ligandrol is not the SARM you want to take if your goal is to look as aesthetic as possible. It will not give your muscles the hard, dry look that most other SARMs will.

The water retention can make your muscles appear less lean and blurrier. The benefit of this added water, however, is a fuller look and better pumps.

If you don't care about looking dry and you just want to fill out your clothes, Ligandrol is your best choice.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

Ligandrol, like all SARMs, will cause a significant drop in your Testosterone levels. Ligandrol is a moderately suppressive SARM, and proper measures must be taken in order to manage and reverse this suppression.

The consequences of this drop in your testosterone levels can be:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

The suppression of testosterone levels will be more noticeable during a cycle of Ligandrol than it will be during a cycle of Ostarine or Andarine. In fact, some users struggle so much with the drop in testosterone that they must cut their cycle short at week 6 or 7.

Thankfully, there are things that can be taken in order to mitigate this side-effect. (More information on this in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*)

It is worth noting that Ligandrol, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the first few weeks of the cycle, until the suppression of the Total Testosterone levels offsets the increase in Free Testosterone.

CHOLESTEROL

Ligandrol, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

LGD FLU

There is a unique side-effect that apparently only Ligandrol can cause (even though there are some reports of it happening with other SARMs), commonly called “LGD flu”.

This side-effect was proven to be real in a clinical trial where the participants developed the symptoms of an Upper Respiratory Tract infection for no apparent reason.

There seems to be no way to predict, avoid or manage this side-effect other than powering through this 3 to 5 day period where you will feel the symptoms of a common flu.

This side-effect does not affect everyone, but a significant portion of users do report it.

OTHER SIDE-EFFECTS

There are some side effects that only happen to an extremely small minority of people.

For example:

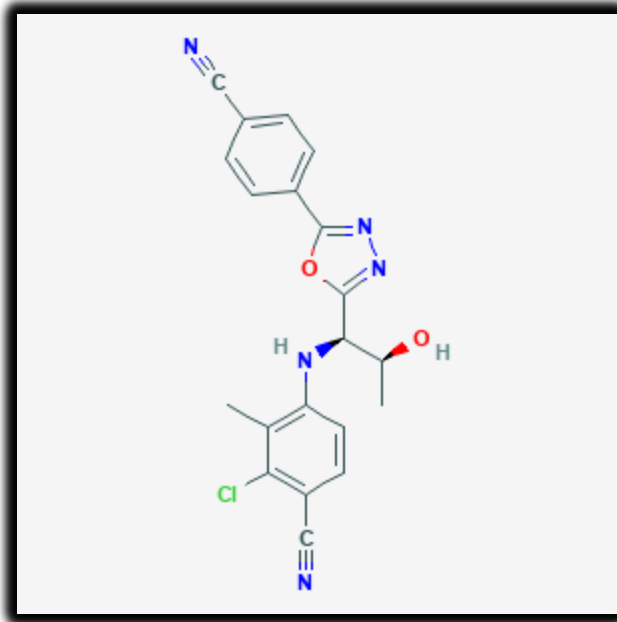
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take Ligandrol.
- **Hair shedding:** This side effect is even rarer than the previous one, and thankfully it only seems to be temporary and completely reversible. Any substance that interferes with your hormonal levels has the potential of causing hair shedding.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may get the flu, but your friend may feel amazing. You never know what will happen.

You will find more information on how to manage and mitigate all these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

TESTOLONE (RAD-140)

2-CHLORO-4-[[[(1R,2S)-1-[5-(4-CYANOPHENYL)-1,3,4-OXADIAZOL-2-YL]-2-HYDROXYPROPYL]AMINO]-3-METHYLBENZONITRILE



HALF-LIFE: 24 hours

DOSE: 10-20 mg/day

CYCLE LENGTH: 8 weeks

Testolone (also known as RAD-140) is one of the newest SARMs on the market and it has become very popular in the last few years.

It is being developed by Radius Health, Inc and it is currently undergoing first stage Clinical Trials (results expected to come out by the end of 2020).

The lack of conclusive human clinical trials makes it more dangerous than some of its more researched counterparts, because we don't have any scientific data about its impact on humans. However, this hasn't stopped Testolone from becoming one of the most widely used SARMs among bodybuilders.

It was developed for the treatment of muscle wasting conditions and breast cancer. It has also been studied on rats as an alternative to TRT, but there is no evidence to indicate that it would be an effective replacement for Testosterone in humans.

BENEFITS

MUSCLE

Testolone is known for its ability to accrue a significant amount of lean muscle mass in short periods of time. It will not add as much weight as something like Ligandrol, but it won't cause water retention either, meaning that what you gain will be purely lean muscle mass. Gains of up to 8 lbs can be expected after 8 weeks.

The consensus among users of SARMs is that both Ligandrol and Testolone add a similar amount of muscle mass, with the latter being drier and therefore more cosmetically pleasing.

The lack of water retention makes Testolone a very versatile compound, both useful for a lean bulk or a cutting cycle.

Like all SARMs, it will retain and even increase muscle mass while on a caloric deficit.

STRENGTH AND PERFORMANCE

Testolone is famously known for its performance enhancing benefits. Your strength will shoot through the roof and your stamina will be never-ending.

Users often report increased aggression and impatience when taking Testolone.

This can be seen as a negative side-effect outside of the gym, but when working out that aggression translates into better focus and performance.

FAT LOSS

Contrary to what some people claim, Testolone will not make you lose more fat. However, since it is a dry SARM it will make you look leaner and tighter than you really are.

Like all SARMs, it is excellent at keeping muscle mass and even increasing it while on a caloric deficit.

BONES AND JOINTS

Testolone, like all SARMs, will increase the density and strength of your bones.

It does not appear to have any impact on joints nor tendons.

RECOVERY

Testolone will make your recovery faster. You will feel less soreness the next day and you will be able to work out those same muscles sooner.

It is hard to tell whether it is better than other SARMs at doing this, but given how powerful it is, it would be safe to assume

that it is more effective than at boosting recovery than weaker SARMs.

COSMETIC BENEFITS

Testolone is one of the best SARMs when it comes to improving aesthetics. It will make your muscles dry, hard and tight. Users also report better pumps, more vascularity and a more 3D look to their muscles.

OTHER BENEFITS

It has been proven to be effective at fighting breast cancer, reducing prostate size and protecting the brain in rats, so it can potentially do that in humans as well.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

Testolone, like all SARMs, will cause a significant drop in your Testosterone levels. Testolone is a moderately suppressive SARM, and proper measures must be taken in order to manage and reverse this suppression.

The consequences of this drop in your testosterone levels can be:

- Decreased libido
- Weaker erections
- Lethargy
- Lack of motivation
- Irritability
- Testicular atrophy
- Testicular pain

The suppression of testosterone levels will be more noticeable during a cycle of Testolone than it will be during a cycle of Ostarine or Andarine. In fact, some users struggle so much with the suppression that they have to cut their cycle short at week 6 or 7. As you can see, it is similar in terms of suppression to Ligandrol, with some people claiming that Testolone is more suppressive and some people claiming that Ligandrol is worse.

Thankfully, there are things that can be taken in order to mitigate this side-effect. (More information on this in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*).

It is worth noting that Testolone, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the first few weeks of the cycle, until the suppression of the Total Testosterone levels offsets the increase in Free Testosterone.

CHOLESTEROL

Testolone, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

LIVER TOXICITY

It is unclear whether RAD-140 is hepatotoxic or not, because we have anecdotal bloodwork showing elevated AST and ALT levels, as well as anecdotal bloodwork showing no signs of liver toxicity whatsoever. One of the goals of the Clinical Trial

that Testolone is currently undergoing is finding out whether liver toxicity is a concern with this SARM.

For the sake of safety, you should not drink during a cycle of Testolone (or of any other SARM) and you should include some form of liver protection in your cycle (More info on this on the chapter about *On-Cycle Therapy*).

HAIR SHEDDING

While this side effect can also happen with other SARMs, reports of hair shedding are way more common for Testolone than any other SARM. The cause is unknown, but thankfully it only happens to a small minority of people and it tends to be reversible after the cycle.

AGGRESSION

As mentioned before, Testolone is known for causing increased aggression, sometimes in the form of irritability or impatience. This is obviously a negative side-effect, but it can be a positive benefit in the gym.

OTHER SIDE-EFFECTS

There are some side effects that only happen to an extremely small minority of people.

For example:

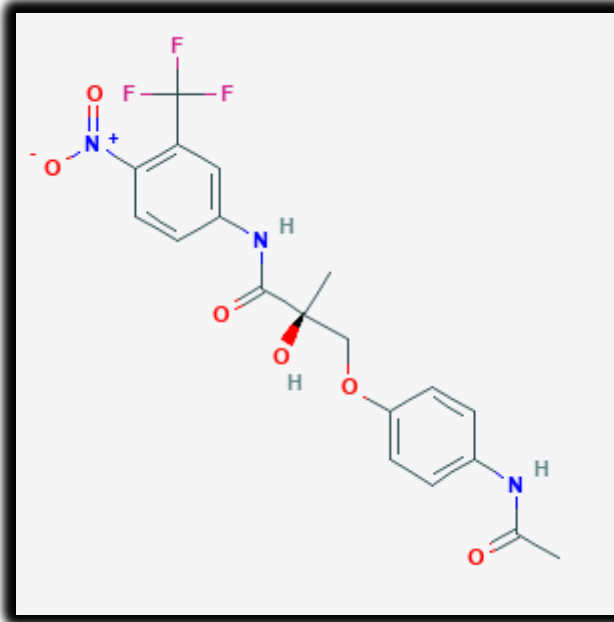
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take Testolone.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may get the hair loss, but your friend may experience faster hair growth.

You will find more information on how to manage and mitigate all these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

ANDARINE (S-4)

(2S)-3-(4-ACETAMIDOPHENOXY)-2-HYDROXY-2-METHYL-N-[4-NITRO-3-(TRIFLUOROMETHYL)PHENYL]PROPANAMIDE



HALF-LIFE: 3-6 hours

DOSE: 25-75 mg/day

CYCLE LENGTH: 8 to 12 weeks

Andarine (also known as S-4, Androxolutamide and GTx-007) was one of the first SARMs to be discovered. It used to be very popular when SARMs first came on the market, but in recent years it has become less commonly used due to it being replaced by more effective SARMs.

Like Ostarine, it was developed by GTx, Inc. for the treatment of muscle wasting conditions and osteoporosis. It has also been proven to be effective at reducing prostate size in rats with Benign Prostatic Hyperplasia.

Unfortunately, Andarine was abandoned and it never reached Phase I Clinical Trials. This means that we have no scientific data on the effects of Andarine on humans, but it has been

used recreationally by so many users, that we have plenty of anecdotal information on the benefits and side-effects of this SARM.

Before we delve into those, however, I would like to point out that Andarine has pretty much become obsolete. The reason why is that we have SARMs that offer similar or better benefits without some of the side-effects that Andarine has. Furthermore, Andarine's short half-life forces the user to have to take it in the morning, noon, and evening, making it less convenient. By reading the rest of this segment, you will understand why S-4 is rarely used anymore.

It is worth noting, however, that the short half-life information we have comes from studies in rats. We do not know for sure what the half-life is in humans, but it is probably shorter than that of other SARMs.

BENEFITS

MUSCLE

While Andarine is clearly effective at building lean muscle mass, it is not what it excels at. The muscle gains one can get from Andarine are comparable to those that can be achieved with Ostarine.

Like all SARMs, however, it will preserve and even increase muscle mass while on a caloric deficit.

STRENGTH AND PERFORMANCE

According to anecdotal information, Andarine's strength increase is slightly greater than that of Ostarine.

Performance and stamina in the gym are also improved.

FAT LOSS

Contrary to what some people claim, Andarine will not make you lose more fat. However, since it is a dry SARM, it will make you look leaner and tighter than you really are.

Like all SARMs, it is excellent at keeping muscle mass and even increasing it while on a caloric deficit.

BONES AND JOINTS

Andarine, like all SARMs, will increase the density and strength of your bones.

It does not appear to have any impact on joints nor tendons.

RECOVERY

Andarine will make your recovery faster. You will feel less sore the next day and you will be able to work out those same muscles sooner.

COSMETIC BENEFITS

The cosmetic benefits of Andarine are the only reason why some people still choose to run it. This compound is known for providing a very dry, vascular and tight look. This makes Andarine a perfect choice when preparing for a Bodybuilding contest or a photoshoot.

Pumps are also improved, and a more 3D look is guaranteed with this SARM.

OTHER BENEFITS

Andarine, like Testolone, is effective at reducing prostate size in rats with enlarged prostates.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

Andarine, like all SARMs, will cause a significant drop in your Testosterone levels. Fortunately, Andarine is one of the least suppressive SARMs out there so this side effect is very manageable and easily reversible. Suppression from Andarine is comparable to that of Ostarine.

The consequences of this drop in your testosterone levels can be:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

Thankfully, most users do not experience more than a couple of these and only for a very limited amount of time, usually by the end of the cycle and during the first week or two after the cycle is over.

It is worth noting that Andarine, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the first few weeks of the

cycle, until the suppression of the Total Testosterone levels offsets the increase in Free Testosterone.

CHOLESTEROL

Andarine, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

VISION SIDE EFFECTS

The one thing that puts most people away from Andarine is that it affects the user's vision. As crazy as it sounds, S-4 will give a yellowish tint to your eyes and will make adapting to changes in lighting a lot harder.

Fortunately, these problems disappear after the cycle is over and according to most users, they are easy to get used to and they do not impair vision to a significant extent during the cycle. Still, this side-effect is no joke and it should not be taken lightly.

Some people do not get this side-effect, but most users will, so it is safe to assume that you will too.

OTHER SIDE-EFFECTS

The three side effects we just touched upon will impact almost every user, but there are some side effects that only happen to an extremely small minority of people.

For example:

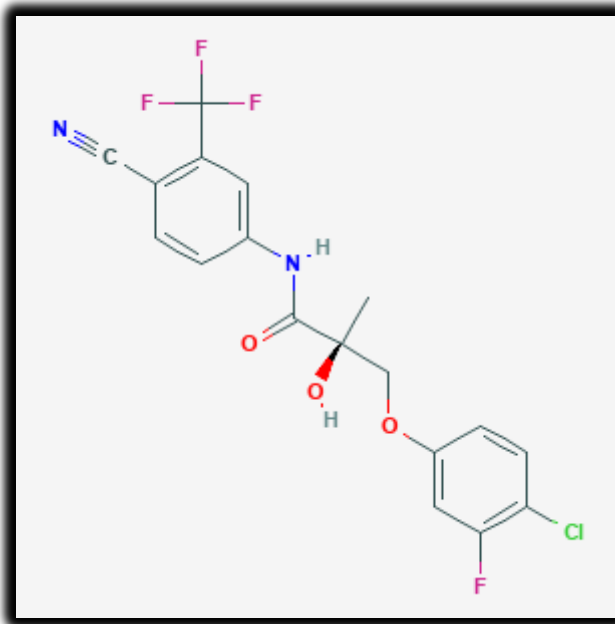
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take Andarine.
- **Hair shedding:** This side effect is even rarer than the previous one, and thankfully it only seems to be temporary and completely reversible. Any substance that interferes with your hormonal levels has the potential of causing hair shedding, and Andarine is no exception.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMS impact everyone differently. You may get horrible vision side-effects and go temporarily blind, and your friend may have zero vision problems. You never know until you try.

You will find more information on how to manage and mitigate some of these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

S-23

[2S]-3-(4-CHLORO-3-FLUOROPHENOXY)-N-[4-CYANO-3-(TRIFLUOROMETHYL)PHENYL]-2-HYDROXY-2-METHYLPROPANAMIDE



HALF-LIFE: 12 hours

DOSE: 10-30 mg/day

CYCLE LENGTH: 4-8 weeks

S-23 is perhaps the most powerful SARM on the market today. It is becoming extremely popular, but it can be very dangerous if used improperly.

It was developed by GTx, Inc. but unlike other SARMs by this company, it was not developed to treat muscle wasting conditions or osteoporosis. Instead, it was developed as a potential form of oral contraception for males.

It never reached clinical trials, so we have no scientific data about the impact of S-23 on humans. With its increasing popularity, however, we are getting more and more anecdotal information on the effects of this compound.

BENEFITS

MUSCLE

It is hard to quantify how much muscle S-23 can help you gain because it is rarely used as a bulking compound. People who use it on a caloric deficit report a noticeable increase in muscle mass.

Furthermore, this compound is almost always stacked with Testosterone and other anabolics, making it hard to guess what kind of results one would get from S-23 alone.

By reviewing anecdotal data, we can conclude that it will probably accrue a similar amount of muscle mass to Ligandrol and Testolone.

STRENGTH AND PERFORMANCE

According to anecdotal information, S-23 is extremely effective at increasing strength. People report massive increases in strength and performance even when dropping calories and losing weight.

This makes S-23 an excellent choice when eating on a very aggressive caloric deficit and/or when preparing for a bodybuilding contest.

FAT LOSS

Pre-clinical animal studies on S-23 claim that this compound can burn fat on a dose-dependent manner.

We cannot extrapolate this information and confirm that this phenomenon applies to humans as well, but a large number of users claim that S-23 increases metabolism so much, that it can boost fat loss. Take that information with a grain of salt.

BONES AND JOINTS

S-23, like all SARMs, will increase the density of your bones and it will make them stronger.

It does not appear to have any impact on joints nor tendons.

RECOVERY

S-23 will make your recovery faster. You will feel less sore the next day and your muscles will be ready to work out again a lot sooner.

COSMETIC BENEFITS

The cosmetic benefits of S-23 are the main reason why so many people choose to take it despite the risks that come with it.

According to anecdotal information, the cosmetic benefits are like those of steroids such as Winstrol and Masteron, so one can expect an extremely dry, veiny and 3D look when cycling S-23.

Pumps are also improved, and a more 3D look is guaranteed with this SARM.

OTHER BENEFITS

Some people welcome the contraceptive effect of S-23, while others fear it and consider it a dangerous side-effect.

S-23 also increased female sexual desire in a preclinical animal study. Make of that what you will.

SIDE-EFFECTS

TESTICULAR SHUTDOWN

All SARMs can potentially cause testicular shutdown if taken in extreme amounts during large periods of time, but S-23 will cause complete shutdown even at small dosages taken for short periods of time. This is normal, given that it was developed as an oral contraceptive and dropping LH and FSH levels to 0 is necessary in order to achieve that.

Since S-23 will crash your Testosterone down to a negligible level, there will be no conversion of Testosterone into Estrogen and you will feel like complete garbage throughout the cycle UNLESS you are running a Testosterone base of some sort. This also makes a PCT mandatory (More on that in the chapter about *On-Cycle Therapy* and *Post-Cycle Therapy*).

The consequences of testosterone suppression or shutdown are:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

If you do not have a Testosterone base, you will suffer from every single one of these side-effects, and your life will become miserable until you do a PCT.

It is worth noting that S-23, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the cycle, but ONLY if you have a testosterone base.

Anecdotal bloodwork provided by users confirms the effectiveness of S-23 at crashing LH and FSH levels, therefore we can conclude that it is an effective oral contraceptive for men (you should still use condoms).

CHOLESTEROL

S-23, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

The impact of S-23 on the lipid panel will be harder than that of most other SARMs, and it will be comparable to that of actual oral steroids.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

LIVER TOXICITY

Again, like with Testolone, we have bloodwork showing signs of hepatotoxicity as well as bloodwork showing perfectly normal liver markers.

It is prudent to stay away from alcohol and to take some form of liver protection during a cycle of S-23.

ANDROGENIC SIDE-EFFECTS

On paper S-23 should not be androgenic, but hundreds of users report androgenic side-effects such as hair loss, acne and aggression. It is unclear why S-23 has androgenic properties.

INCREASED BODY TEMPERATURE

Some users report increased body temperature, so excessive sweating, night sweats, dehydration and cramps can happen.

OTHER SIDE-EFFECTS

There are some side effects that only happen to an extremely small minority of people.

For example:

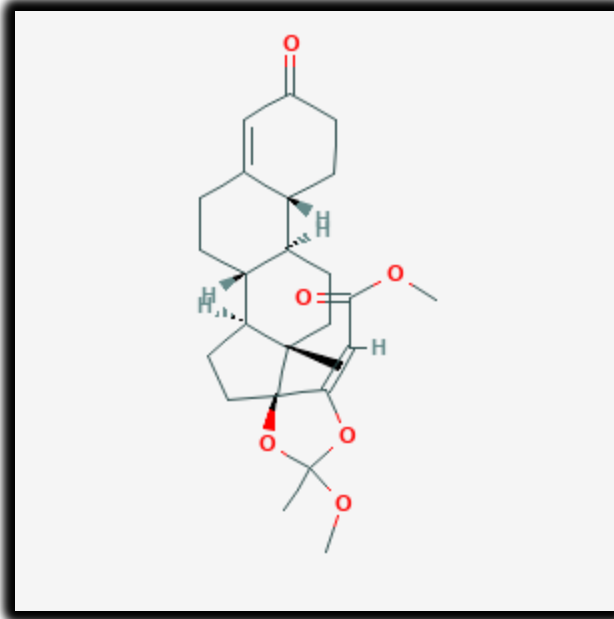
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take S-23.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may become infertile and your friend may impregnate his girlfriend during a cycle of S-23.

You will find more information on how to manage and mitigate some of these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

YK-11

METHYL(2E)-2-[[[8R,9S,10R,13S,14S,17S]-2'-METHOXY-2',13-DIMETHYL-3-OXOSPIRO[1,2,6,7,8,9,10,11,12,14,15,16-DODECAHYDROCYCLOPENTA[A]PHENANTHRENE-17,5'-1,3-DIOXOLANE]-4'-YLIDENE]ACETATE



HALF-LIFE: Unclear

DOSE: 5-10 mg/day.

CYCLE LENGTH: 4-8 weeks

YK-11 is, without a doubt, the most interesting SARM in the market today. Why? Because it is both a DHT-derived Steroid and a SARM, and it supposedly does something that no other anabolic compound can do: Inhibiting Myostatin.

Unfortunately, YK-11 has never been tested and we have very little anecdotal information on this compound because it is rarely used by bodybuilders, despite its promising properties.

BENEFITS

MYOSTATIN INHIBITION

Myostatin is a protein that acts on the muscle cells to prevent muscle growth. From an evolutionary perspective, an extremely muscular body would be very inconvenient, so it makes sense for the body to have a mechanism that limits muscle growth.

The way YK-11 allegedly inhibits this protein is by inducing the production of Follistatin, an antagonist to Myostatin. The logic behind this mechanism is that the more you increase Follistatin, the less effective Myostatin will be at limiting muscle growth.

MUSCLE

Due to the limited amount of anecdotal information we have on this compound and the fact that it is usually stacked with other anabolics, it is hard to quantify how much muscle mass YK-11 will help you gain.

It is very anabolic so it will increase your muscle mass, but we don't know the extent to which it will do so, compared to other SARMS and steroids. YK-11 is often used as a "wingman", because it is theorized that by inhibiting myostatin, this SARM enhances the effects of the anabolics you stack it with.

STRENGTH AND PERFORMANCE

According to anecdotal information, YK-11 will make you a lot stronger. After all, it is a DHT derivative and such compounds are known for increasing strength, aggression and performance in the gym.

FAT LOSS

YK-11 does not burn fat directly, but like all anabolics it will retain and increase muscle mass while on a caloric deficit.

BONES AND JOINTS

YK-11, like all SARMs, will increase the density and strength of your bones.

DHT derivatives are known for causing dry joints, which can cause injuries to be more likely to happen. Some anecdotal reports indicate that YK-11 is no exception.

Furthermore, Myostatin may play a role in tendon health, so inhibiting it could have a negative effect on the strength of your tendons and make you more prone to injury.

You will learn how to protect your joints and tendons in the chapter about *On-Cycle Therapy*.

RECOVERY

YK-11 will make your recovery faster. You will feel less sore the next day and your muscles will be ready to work out again a lot sooner.

The extent to which YK-11 helps with recovery is unknown, but it should be very effective at doing so since it is derived from DHT.

COSMETIC BENEFITS

Since YK-11 is a DHT derivative, one can expect a hard, tight and vascular look from this compound.

Like S-23, it is often compared to Winstrol and Masteron, so cutting cycles with YK-11 are effective at bringing out the definition.

Pumps are also improved, and a more 3D look is guaranteed with this SARM.

OTHER BENEFITS

Being a DHT derivative, YK-11 could potentially boost libido and improve erectile function, but only in the presence of a Testosterone base.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

It is unclear whether YK-11 only suppresses testosterone (like most SARMs do, and the DHT derivative Proviron does), or if it totally shuts down testosterone production (like the vast majority of DHT derivatives do).

Regardless, YK-11 is almost always stacked with other anabolics, so almost all users run it with a testosterone base and they have a PCT protocol in place. (More information on this in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*).

The consequences of testosterone suppression or shutdown are:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

It is worth noting that YK-11, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the cycle, but ONLY if you have a testosterone base.

CHOLESTEROL

YK-11, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

The impact of YK-11 on the lipid panel will be harder than that of most other SARMs, and it will be comparable to that of actual oral steroids.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

LIVER TOXICITY

Unlike the rest of SARMs, YK-11 is also a steroid and it is methylated. YK-11 is hepatotoxic, but according to anecdotal bloodwork, it is not as toxic as most oral steroids.

Regardless, one should stay away from alcohol and take some form of liver protection during a cycle.

ANDROGENIC SIDE-EFFECTS

Due to it being a DHT derivative, users can expect androgenic side effects such as acne, hair loss and increased aggression. Also, as mentioned previously, DHT compounds are known

for causing dry joints and joint pain, plus YK-11's myostatin inhibiting properties may worsen tendon strength.

OTHER SIDE-EFFECTS

Keep in mind that due to how rarely this SARM is used, there may be more side-effects that we don't know of, but the following side-effects can happen to anyone who uses SARMs and messes with his hormonal balance:

For example:

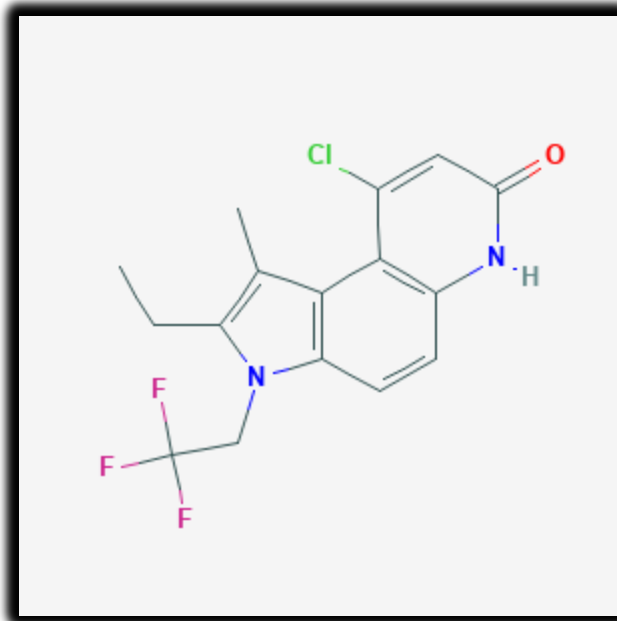
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take YK-11.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may get insane amounts of acne in your face, but your friend's skin may improve on YK-11.

You will find more information on how to manage and mitigate some of these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

LGD-3303

9-CHLORO-2-ETHYL-1-METHYL-3-(2,2,2-TRIFLUOROETHYL)-6H-PYRROLO[3,2-F]QUINOLIN-7-ONE



HALF-LIFE: Unclear

DOSE: 5-20 mg/day.

CYCLE LENGTH: 4-8 weeks

LGD-3303, not to be confused with Ligandrol, was developed by Ligand Pharmaceuticals to treat muscle wasting conditions and osteoporosis.

This SARM has been tested on rats as well as humans, but we have a very limited amount of anecdotal information about the applications of LGD-3303 in the context of bodybuilding.

Those who have used it describe it as the dry counterpart of Ligandrol because it can blow you up in size without retaining any water. For this reason, it is often compared to oral steroids such as Anadrol, Turinabol and Epistane.

BENEFITS

MUSCLE

According to anecdotal reports this is one of the best, if not the best SARM for building lean muscle mass. As mentioned before, people who have used it often describe it as the drier, stronger counterpart of Ligandrol, so gaining more than 10lbs of lean muscle in 8 weeks should be possible.

Due to its lack of water retention and its ability to retain and even increase muscle on a caloric deficit, it could be used effectively during a cutting cycle, but using it for that purpose would be a waste of its muscle building potential.

STRENGTH AND PERFORMANCE

LGD-3303 is said to increase strength, performance and stamina by a lot more than most other SARMs. It is comparable to many oral steroids in that regard.

FAT LOSS

LGD-3303 does not burn fat, but like all anabolics it will retain and increase muscle mass while on a caloric deficit.

BONES AND JOINTS

LGD-3303, like all SARMs, will increase the density and strength of your bones.

Unlike Ligandrol, however, it will not have a joint-lubricating effect due to the lack of water retention.

RECOVERY

LGD-3303 will make your recovery faster. You will feel less sore the next day and your muscles will be ready to work out again a lot sooner.

The extent to which LGD-3303 helps with recovery is unknown, but it should be very effective at doing so.

COSMETIC BENEFITS

Given the lack of water retention, one should expect his muscles to fill out while retaining a dry and hard look. It can be argued that LGD-3303 provides the best of both worlds: The volume and size that a wet compound would give, with the dry, hard and veiny look that a cutting agent would cause.

Pumps are also improved, and a more 3D look is guaranteed with this SARM.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

The extent to which LGD-3303 suppresses testosterone is unknown and varies from person to person, but according to anecdotal information, LGD-3303 is one of the most suppressive SARMs and it can possibly cause complete shutdown. Therefore, having a testosterone base and doing a proper PCT is advised. (More information on this in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*).

The consequences of testosterone suppression or shutdown are:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

It is worth noting that LGD-3303, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the cycle, but ONLY if you have a testosterone base.

CHOLESTEROL

LGD-3303, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

The impact of LGD-3303 on the lipid panel will be harder than that of most other SARMs, and it will be comparable to that of actual oral steroids.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

LIVER TOXICITY

There is no scientific or anecdotal data regarding LGD-3303 and hepatotoxicity.

However, given how powerful LGD-3303 is, there is a chance that it will damage your liver, so you should stay away from alcohol and you should take some form of liver protection during the cycle.

OTHER SIDE-EFFECTS

Keep in mind that due to how rarely this SARM is used, there may be more side-effects that we don't know of, but the

following side-effects can happen to anyone who uses SARMs and messes with his hormonal balance:

For example:

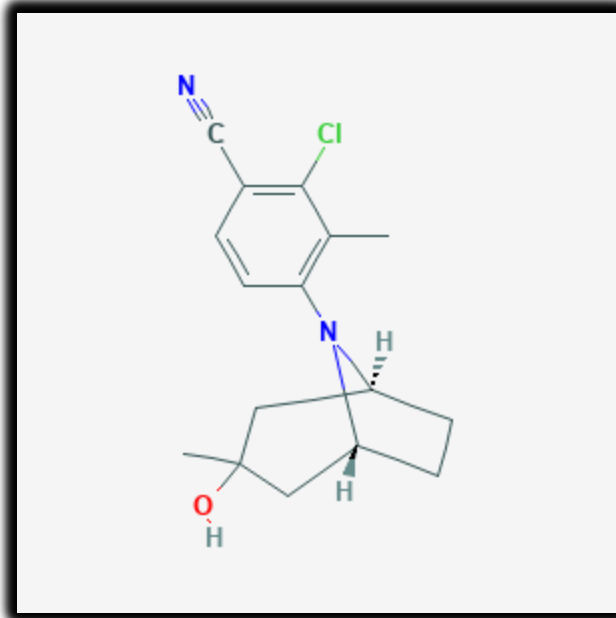
- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take LGD-3303.
- **Hair shedding:** This side effect is even rarer than the previous one, and thankfully it only seems to be temporary and completely reversible. Any substance that interferes with your hormonal levels has the potential of causing hair shedding, and LGD-3303 is no exception.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

SARMs impact everyone differently. You may grow a third testicle, but your friend's testicles may fall off during a cycle of LGD-3303. You never know what's going to happen.

You will find more information on how to manage and mitigate some of these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

ACP-105

2-CHLORO-4-[[1R,5S]-3-HYDROXY-3-METHYL-8-AZABICYCLO[3.2.1]OCTAN-8-YL]-3-METHYLBENZONITRILE



HALF-LIFE: Unclear

DOSE: 10-20 mg/day.

CYCLE LENGTH: 8 to 12 weeks

ACP-105 was developed by Acadia Pharmaceuticals for the treatment of muscle wasting conditions and osteoporosis.

This SARM is quite hard to find in the market, so we do not have a lot of anecdotal information on it. There have been no human clinical trials either, it has only been tested in rats.

Those who have used it compare it to Ostarine in terms of side-effects and to Andarine in terms of benefits.

Those traits make ACP-105 a great cutting compound with minimal side effects.

BENEFITS

MUSCLE

While ACP-105 is effective at building lean muscle mass, it is not what it excels at. The muscle gains one can get from ACP-105 are close to those that can be achieved with Ostarine or Andarine.

Like all SARMs, however, it will preserve and even increase muscle mass while on a caloric deficit.

STRENGTH AND PERFORMANCE

ACP-105 will increase strength, performance and stamina.

We do not have enough anecdotal information to determine exactly how effective it is at doing so, but due to its mild nature it probably increase strength and performance to the same extent as Ostarine or Andarine.

FAT LOSS

ACP-105 has no fat-burning properties, but like all anabolics it will retain and increase muscle mass while on a caloric deficit.

BONES AND JOINTS

ACP-105, like all SARMs, will increase the density and strength of bones.

There is no information about its effects on joints.

RECOVERY

ACP-105 will make your recovery faster. You will feel less sore the next day and your muscles will be ready to work out again a lot sooner.

The extent to which ACP-105 helps with recovery is unknown but given its mildness, it should be as effective as Ostarine or Andarine at doing so.

COSMETIC BENEFITS

The cosmetic improvements provided by ACP-105 are said to be very similar to those of Andarine.

Therefore, one can expect a very dry, vascular and tight look. This makes ACP-105 a perfect choice when preparing for a Bodybuilding contest or a photoshoot.

Pumps are also improved, and a more 3D look is guaranteed with this SARM.

SIDE-EFFECTS

TESTOSTERONE SUPPRESSION

According to those who have used ACP-105, the testosterone suppression caused by this compound is very mild and similar to that of Ostarine and Andarine.

The consequences of testosterone suppression or shutdown are:

- *Decreased libido*
- *Weaker erections*
- *Lethargy*
- *Lack of motivation*
- *Irritability*
- *Testicular atrophy*
- *Testicular pain*

The vast majority of users will not experience more than one or two of these symptoms and only for a short period of time at the end of the cycle and for a week or two after the cycle is over.

It is worth noting that Ostarine, like all SARMs, will decrease your SHBG. This will lead to an increase in your free testosterone levels which usually causes libido, motivation and well-being to improve during the first few weeks of the cycle, until the suppression of the Total Testosterone levels offsets the increase in Free Testosterone.

CHOLESTEROL

ACP-105, like all SARMs, will mess with your HDL and LDL cholesterol levels.

Your HDL (good) cholesterol will be significantly decreased, and your LDL (bad) cholesterol will probably increase.

The impact of ACP-105 on the lipid panel will be milder than that of most other SARMs.

This side-effect will not manifest itself by impacting the way you feel, so you will have no symptoms. Getting bloodwork at the end of a cycle will show the true impact of the SARM on your lipid panel.

OTHER SIDE-EFFECTS

Keep in mind that due to how rarely this SARM is used, there may be more side-effects that we don't know of, but the following side-effects can happen to anyone who uses SARMs and messes with his hormonal balance:

For example:

- **Gynecomastia:** The growth of breast tissue on males. This is an extremely rare side effect that is caused by an imbalance between your estrogen and testosterone levels. Men who have had pubertal gynecomastia are at risk of developing it if they take ACP-105.

- **Hair shedding:** This side effect is even rarer than the previous one, and thankfully it only seems to be temporary and completely reversible. Any substance that interferes with your hormonal levels has the potential of causing hair shedding, and LGD-3303 is no exception.
- **Insomnia:** This is another rare side-effect that some people experience. This one is entirely unpredictable but can be mitigated easily.

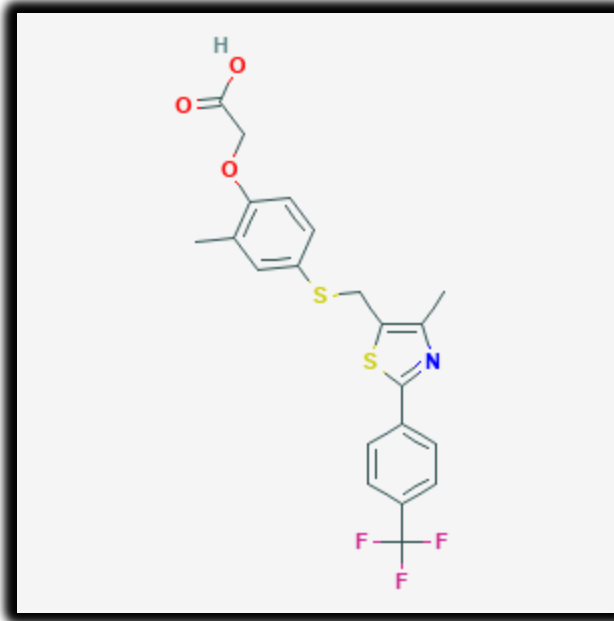
SARMs impact everyone differently. You may have the best erections of your life, but your friend's penis may shrink to the size of a pea during a cycle of ACP-105.

You will find more information on how to manage and mitigate some of these side-effects in the chapters about *On-Cycle Therapy* and *Post-Cycle Therapy*.

OTHER RESEARCH CHEMICALS

CARDARINE (GW-501516)

2-[2-METHYL-4-[[4-METHYL-2-[4-(TRIFLUOROMETHYL)PHENYL]-1,3-THIAZOL-5-YL]METHYLSULFANYL]PHENOXY]ACETIC ACID



HALF-LIFE: 24 hours

DOSE: 10-20 mg/day.

CYCLE LENGTH: 8 weeks

Cardarine (also known as GW-501516 and Endurobol) is a PPAR δ receptor agonist that was developed by Ligand Pharmaceuticals and GSK for the treatment of metabolic and cardiovascular diseases. Unfortunately, it was later abandoned because it was found to cause cancer in rats.

Despite posing this risk, it has been used by numerous professional athletes and by tens of thousands of users for the purpose of improving endurance, burning fat and protecting the heart.

BENEFITS

ENDURANCE

Cardarine is famous for dramatically increasing endurance and stamina overnight. Some users claim that this compound doubles their endurance and allows them to run, swim or ride a bike at a higher intensity for longer periods of time.

Even though this is primarily helpful to endurance athletes, bodybuilders who do cardio with the goal of burning fat and staying healthy will also appreciate this benefit.

CHOLESTEROL

Cardarine will significantly improve the lipid panel by increasing HDL (good cholesterol) and lowering LDL (bad cholesterol) as well as Triglycerides.

This makes Cardarine a great tool for offsetting the negative impact on the lipid panel that SARMs and steroids can cause.

FAT LOSS

Cardarine activates the genes that are involved in burning fat and prioritises the use of stored fat as a source of energy for the body. This makes Cardarine a great fat-burner.

SIDE-EFFECTS

As crazy as it may sound, Cardarine does not really have any side-effect. However, because it was found to cause cancer in rats, many people are afraid that it will cause cancer in them.

Fortunately, there hasn't been a single report of cancer being directly caused by Cardarine in humans yet, but I feel like this subject is worth elaborating on.

CANCER RISK

The study in question involved the administration of Cardarine to Wistar Rats for 2 years.

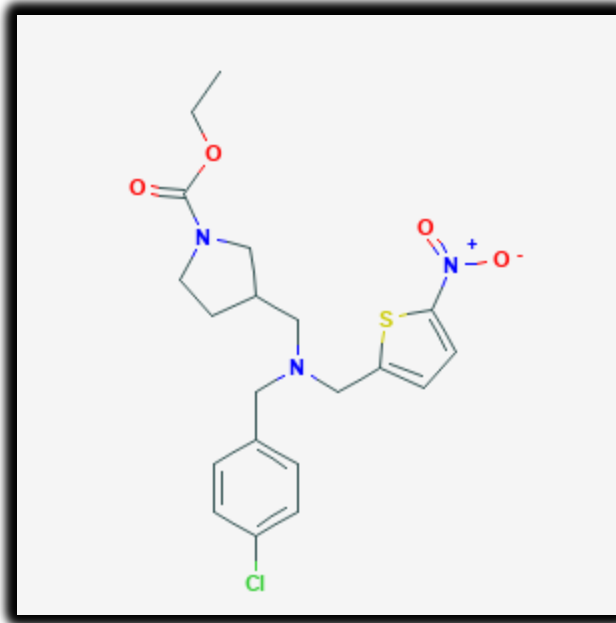
I am no expert on cancer nor do I intend to be, but if we do some research we can find out that Wistar rats have a life expectancy of up to 3 years and that they are prone to developing cancer regardless of what drug they are administered.

There is a lot of discussion online about the human equivalent dose of the dose that these rats were administered. Some people claim that the human equivalent would be 200mg/day, whereas some people say it is closer to 40 mg/day.

Regardless of what the real equivalent dose is, what is clear is that if one were to take Cardarine, he should not take more than 20mg/day, and he should take breaks and limit its use as much as possible.

STENABOLIC (SR-9009)

ETHYL 3-[[[4-CHLOROPHENYL]METHYL-[[5-NITROTHIOPHEN-2-YL]METHYL]AMINO]METHYL]PYRROLIDINE-1-CARBOXYLATE



HALF-LIFE: 4 hours

DOSE: 20 mg/day.

CYCLE LENGTH: 8 weeks

Stenabolic (also known as SR-9009) is a Rev-ErbA agonist that was developed by prof. Thomas Burris of the Scripps Research Institute.

It has pretty much the same benefits as Cardarine, but without the cancer risk that comes with it. Despite this, Cardarine is way more popular. Why? Because Stenabolic is not orally bioavailable and its half-life is so short, that one would have to inject it every 4 hours to have stable blood levels.

BENEFITS

ENDURANCE

Like Cardarine, SR-9009 will increase endurance and stamina significantly. It is unclear which one is more effective at doing so, but one should expect similar results.

CHOLESTEROL

Stenabolic will also reduce LDL cholesterol, Triglycerides, and increase HDL cholesterol.

FAT LOSS

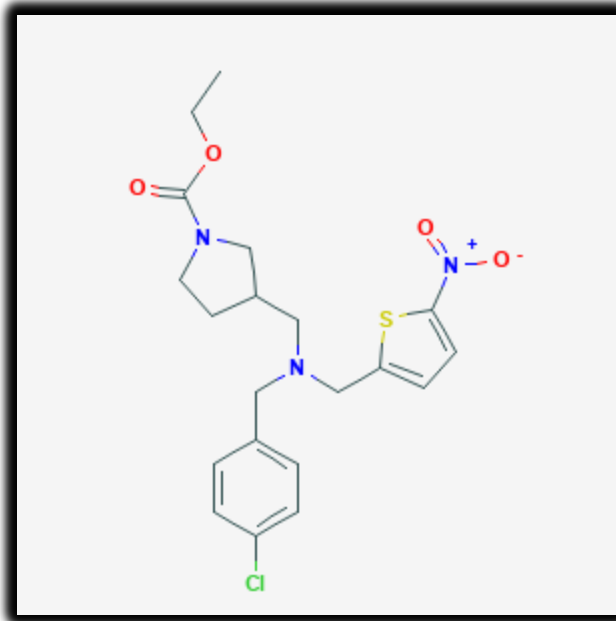
Like its oral counterparts, Stenabolic will help with the mobilization and burning of fat. Stacking it with Cardarine makes for a perfect fat burning and performance enhancing combination.

SIDE-EFFECTS

No side-effects other than insomnia (if injected in the evening) have been reported. However, anything could happen since there is little information on it.

IBUTAMOREN (MK-677)

2-AMINO-2-METHYL-N-[(2R)-1-(1-METHYLSULFONYLSPIRO[2H-INDOLE-3,4'-PIPERIDINE]-1'-YL)-1-OXO-3-PHENYLMETHOXYPROPAN-2-YL]PROPANAMIDE



HALF-LIFE: 24 hours

DOSE: 10-20 mg/day.

CYCLE LENGTH: 8 to 16 weeks

Ibutamoren (also known as MK-677 and Oratropo) is an oral Growth Hormone Secretagogue and an agonist of the Ghrelin Receptor. It was developed by Reverse Pharmacology for the treatment of growth hormone deficiency, muscle wasting conditions and osteoporosis.

This is an extremely popular compound used as a replacement for regular HGH injections. It is not as powerful as elevated doses of HGH, but it is way cheaper, rarely faked and orally bioavailable. It also has some properties that make it a very interesting, unique and versatile drug.

BENEFITS

MUSCLE

Even though Ibutamoren will increase IGF-1, one of the most anabolic hormones in our bodies, it will not accrue a significant amount of muscle mass on its own.

It will, however, amplify the effects of actual anabolics like SARMs or steroids if you choose to stack it with those. Furthermore, Ibutamoren has been proven to be anti-catabolic, so it will help preserve muscle on a caloric deficit.

Growth Hormone (and thus Ibutamoren) helps everything work better, but it will not add much muscle on its own.

STRENGTH AND PERFORMANCE

Ibutamoren is known for increasing water retention, which often helps improve strength. The positive effect of high GHG on the joints and tendons will also help you become stronger and perform better.

FAT LOSS

Growth Hormone is known for boosting fat loss, so Ibutamoren will indeed help you burn fat. Unfortunately, it will

make you a lot hungrier, so not overeating may prove to be difficult and it could stop you from losing weight.

BONES AND JOINTS

As previously mentioned, having elevated levels of Growth Hormone will not only strengthen bones, but it will also heal, repair, and strengthen your joints, ligaments and tendons. For this reason, one will be less likely to get injured in the gym.

Many people claim that Ibutamoren has fixed chronic pain in some areas of their body, and it will definitely boost the speed at which your body heals itself (whether it be skin damage, skin burns, bone fractures, injured joints, etc...)

RECOVERY

Since HGH speeds up tissue healing and regeneration, one can expect faster muscle recovery when taking Ibutamoren. This means you will feel less sore and you will be ready to work out again sooner.

INCREASED HUNGER

This can be an undesired side-effect of Ibutamoren but being more hungry during a bulk will help you eat enough to keep growing. Bodybuilders who struggle to gain weight due to lack of hunger benefit greatly from this property.

Some people report having no extra hunger when they take lbutamoren before bed, so if you want to benefit from the increased hunger, take lbutamoren first thing in the morning.

BETTER SLEEP

One of the best things about lbutamoren is that it makes sleep better. It causes deeper and longer REM sleep and helps you feel more refreshed and energized the next day.

According to some people, 6 hours of sleep on lbutamoren are as effective, refreshing and energizing as 8 hours of normal sleep.

Another great thing about better sleep is that it will help you recover faster and gain more muscle in the long run, as well as improve your hormonal levels.

COSMETIC BENEFITS

The added water retention helps fill out the muscles and makes them look bigger. Gains of up to 10lbs in water retention are possible. Unfortunately, the drawback of water retention is that you will look puffy and bloated, but if you are already very lean, the extra water weight can make you look fuller and more pumped.

Having extra growth hormone will also make your skin and hair look younger and healthier.

SIDE-EFFECTS

INSULIN SENSITIVITY AND BLOOD SUGAR LEVELS

It was found in clinical studies that Ibutamoren can decrease insulin sensitivity and increase blood sugar levels. For this reason, taking Ibutamoren at high doses for prolonged periods of time while having an elevated carb intake can potentially cause Diabetes.

Thankfully this side-effect can be mitigated and avoided completely. (More information in the chapter about *On-Cycle Therapy*).

WATER RETENTION

Even though the water retention can be useful when it comes to looking bigger, getting stronger and protecting your joints, it is an undesired effect for some people

Firstly, it can make your muscles blurry and less defined if you are not extremely lean to begin with, and it will make your face chubby and round, therefore making you less attractive.

Secondly, if the water retention becomes too heavy (due to taking a very high dose or eating insane amounts of carbs), it can have a negative impact on the joints.

And finally, excessive water retention can cause high blood pressure.

LETHARGY

Some users report feeling lethargic throughout the day if they take more than 15mg/day.

CANCER

Ibutamoren will NOT cause cancer. However, if a user already has cancer (whether he is aware of it or not), Ibutamoren will speed up the growth and development of his cancer cells.

OTHER SIDE-EFFECTS

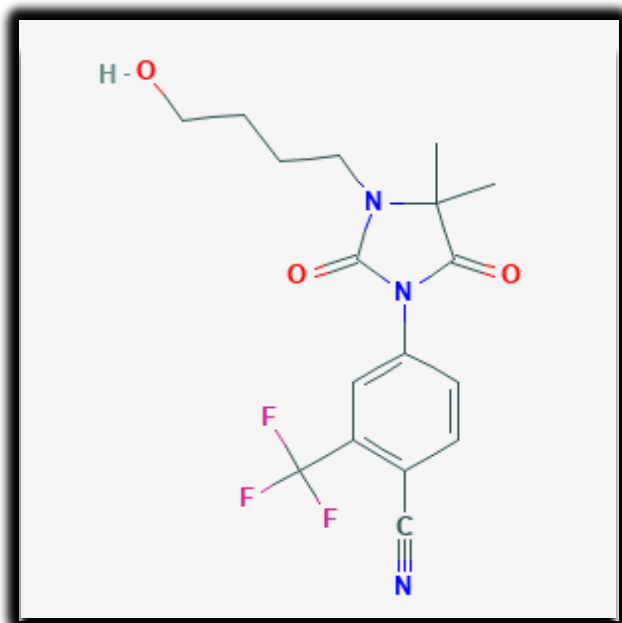
The increased hunger be a negative side-effect for those who are trying to lose weight. Fortunately, it can be mitigated by taking the compound before bed instead of taking it in the morning.

Another possible side-effect of Ibutamoren is growth of hands, feet, nose and other parts of the body due to having elevated levels of Growth Hormone, but one would have to take Ibutamoren for years on end for that to happen.

Prolactin-induced erectile dysfunction, low libido and gynecomastia can happen, but they are extremely rare. Take Vitamin B6 to keep prolactin in check and avoid these side-effects.

RU-58841

4-[3-(4-HYDROXYBUTYL)-4,4-DIMETHYL-2,5-DIOXOIMIDAZOLIDIN-1-YL]-2-(TRIFLUOROMETHYL)BENZONITRILE



HALF-LIFE: 1 hour.

DOSE: 30-100 mg/day.

RU-58841 (also known as PSK-3841 and HMR-3841) is a topical, non-steroidal anti-androgen that is being developed for the treatment of androgenic alopecia, acne and excessive hair growth.

This compound is a very promising solution to hair loss. Unlike drugs such as Finasteride, RU does not block the reduction of Testosterone into DHT, but instead it blocks the androgen receptors in the scalp to prevent DHT from attaching to it and causing hair loss.

Unfortunately, there is little research on this compound so we can only rely on anecdotal information to know what the real benefits and side-effects are.

BENEFITS

Bodybuilders who use Steroids can benefit from a compound like this because it can potentially avoid the acceleration of hair loss that having elevated levels of DHT would cause.

Even though hair loss from SARMs is extremely rare, it is caused by an increase in Free Testosterone (and therefore an increase in DHT), so RU58841 should be effective at preventing hair loss during a cycle of SARMs.

Unlike SARMs and other research chemicals, RU58841 is topical and it should be applied to the scalp once daily after taking a shower.

SIDE-EFFECTS

On paper, RU58841 should not have side-effects like lethargy, lack of libido or erectile dysfunction because it does not lower DHT systematically, but some users have reported having those problems anyway. Some users also report heart palpitations and headaches.

These side-effects seem to be dose-dependent, so the more you increase the dose, the more dangerous RU becomes.

GETTING BLOODWORK

Getting bloodwork is optional, but if you are concerned about your health, you should probably get it done.

Before your first cycle, get a comprehensive blood test to see what your baseline markers are. The last day of your cycle, get bloodwork again to see what the impact of the compound you were taking was, and then get it done again 4 weeks post-cycle to see whether or not you have recovered back to baseline.

Some users also choose to get bloodwork halfway through the cycle, but that is completely unnecessary unless you start getting major side-effects early in the cycle.

These are the markers you should test for:

- **Hormonal Panel:** Testosterone, Free Testosterone, SHBG, LH, FSH, Estradiol.
- **Lipid Panel:** Total Cholesterol, LDL Cholesterol, HDL Cholesterol, Triglycerides.
- **Comprehensive Metabolic Panel:** AST, ALT, ALP, Glucose, BUN, Creatinine, etc...
- **CBC w/Differential:** Hematocrit, Hemoglobin, RDW, Red Blood Cell count, White Blood Cell count, Platelet count, etc...

Blood tests tend to include a lot of other markers that are also worth testing for, but the ones I just listed are necessary because they are usually affected by SARMs.

If you are using Ibutamoren, you should also get your IGF-1, Insulin, Growth Hormone, Prolactin and Glucose tested.

ON-CYCLE THERAPY

In this chapter we will be looking at how to mitigate or completely avoid most of the side-effects that SARMs and other research chemicals can cause.

Now, as you should already know, nothing written in this e-book should be seen as medical advice. You should not take any supplement or drug without your doctor's supervision, so keep in mind that what you are about to read, like the rest of this e-book, is for educational purposes only.

CONTROLLING CHOLESTEROL

One of the biggest problems with SARMs is their negative impact on our lipid panel. Having low HDL and elevated LDL is one of the main causes of cardiovascular disease, so keeping our cholesterol in check during the cycle should be a priority.

Unfortunately, most people won't be able to maintain both their HDL and LDL within the healthy range during a cycle regardless of what they take to control it, but keeping it as close as possible to those ranges is better than nothing.

So, what can you do to mitigate the impact of SARMs on your lipid panel?

- You should keep your diet as clean as possible. Eating junk food will negatively impact your HDL and LDL, so you don't want to be aiding the SARMs in destroying your cholesterol by eating garbage.

- You should also do cardio. Obvious, right? There is no need to explain why it helps.

What can you take in order to keep your cholesterol levels as healthy as possible?

- Firstly, you should take Omega 3 fatty acids. Whether it be in the form of fish oil, or preferably, in the form of Krill oil. Take up to 9000mg a day.
- Secondly, you should take Niacin (Niacinamide) at 500mg/day. You can also eat garlic, and take supplements like CoQ10, among other commonly used cholesterol lowering supplements.
- Finally, the most powerful thing you can take for cholesterol is Cardarine. But we already know what the dangers of that drug are...

TESTOSTERONE BASE

The biggest concern for new users of SARMs is always the following:

“How will the suppression of my testosterone levels affect the way I feel?”

Even though you can definitely run SARMs like Ostarine, Andarine and ACP-105 (possibly Ligandrol and Testolone too) without a testosterone base, if you want to take the more powerful SARMs you will definitely need one.

So, let's take a look at the different forms of testosterone base, from the least convenient to the most convenient.

1. TESTOSTERONE INJECTIONS

The least convenient yet most effective form of testosterone base is injecting actual testosterone during the cycle. Obviously, if you are already on TRT, you don't need to worry about testosterone suppression at all, so you can skip this part of the chapter as well as the next chapter.

The problem with testosterone is that you have to inject it, and most people who use SARMs choose them over steroids because they don't want to pin themselves. Creams also exist but they are not as effective, and they come with more dangers.

If you choose to inject testosterone, you will DEFINITELY need a PCT.

2. ORAL ESTROGEN

Some people argue that the problem with testosterone suppression during a cycle is not the lack of testosterone itself (which the SARMs would replace) but the lack of estrogen because SARMs do not aromatize.

The solution provided by those who claim this, is taking oral estradiol pills or birth control (which would require a PCT).

This seems like a dangerous idea, since you would be on the same protocol as Male-to-female transsexuals and adjusting

the dose to avoid feminization would be difficult. Not for newbies.

3. 4-ANDRO

Another oral alternative to testosterone injections is taking the pro-hormone 4-Andro. This substance converts into Testosterone in the liver and is as close as we can get to an effective form of oral Testosterone.

In terms of effects, it would be the same as having a healthy level of testosterone (if you take a moderate dose).

This form of testosterone base also makes PCT mandatory.

4. DHEA

DHEA converts into a bunch of different hormones within the body, one of them being Estrogen. The logic behind taking DHEA as a base is that it would provide the same effects as taking regular oral estrogen.

Unfortunately, oral DHEA is not very bioavailable so finding a good dose could be difficult. Topical DHEA, if you can find it, is a better option.

This method should not always require a PCT (Only if you are taking S-23, LGD-3303, YK-11 or Ligandrol and Testolone at high doses)

5. SARM + SERM

This is one of the newest protocols that people are trying out and according to their reports, it is quite effective.

As you may or may not know, SERMs (Selective Estrogen Receptor Modulators) are used after steroid and strong SARM cycles with the goal of kickstarting natural testosterone production and boosting the speed at which it recovers back to baseline.

What a lot of users are doing, is taking a SERM during the cycle instead of taking it after the cycle. The logic behind this is that by taking it during the cycle, you can keep your testosterone levels elevated so that problems like low libido, erectile dysfunction and lethargy can be avoided. Furthermore, taking a SERM during a cycle would render a PCT useless, since your natural testosterone levels would already be elevated by the end of the cycle.

Depending on the strength of the SARM or SARMs that someone is cycling, one should choose between taking a SERM during the entire cycle or only during the last two to four weeks of the cycle.

If you are taking a very suppressive SARM like S-23, YK-11 or LGD-3303, you should take the SERM during the entire cycle or as soon as symptoms of low testosterone begin.

If you are taking a moderately suppressive SARM like Ligandrol or Testolone, you can start taking the SERM halfway through the cycle.

If you are taking a mildly suppressive SARM like Ostarine, Andarine or ACP-105, you can get away with using a SERM for the last two weeks of the cycle, if at all.

Now, this protocol is not perfect, and it does come with some new issues, since SERMs are not side-effect free.

The thing about SERMs, however is that they affect every user in a different way, so you may get zero side-effects and someone else may want to kill himself due to taking one of these drugs.

These are the main SERMs that one can use during a cycle of SARMs:

- **Tamoxifen (Nolvadex):** Strong SERM. It will keep your testosterone levels close to the upper limit of the healthy range. Loss of libido and erectile dysfunction are sometimes reported, but in general it is a very well tolerated drug. No need to take more than 20mg/day.
- **Clomiphene (Clomid):** Very strong SERM. It will keep your testosterone levels in the upper limit of the healthy range. It may cause moodiness and it may affect your emotional state. This is the most hated SERM. 25mg every day should be more than enough.
- **Toremifene:** Moderately strong SERM. It will keep your testosterone levels healthy enough to feel well during the cycle. Side-effects are rare and most people tolerate it very well. The dose should be around 30mg/day.

- **Enclomiphene:** This is the most powerful SERM out there. The previously mentioned SERM “Clomid” is made out of two isomers: Zuclomiphene and Enclomiphene. The former is responsible for the moodiness, whereas the latter is responsible for the boost in testosterone. By taking just Enclomiphene, you will get the benefits of Clomid without the emotional side-effects. Some people report an increase in aggression. Take 25mg every other day.

Now, one very unfortunate side-effect that all SERMs have is that they reduce IGF-1 levels substantially. This means that by taking a SERM during a cycle, you may be limiting the amount of muscle that could be gained. One simple way to fix this is taking Ibutamoren, which will boost your IGF-1.

Finally, the last week that you take a SERM, you should taper down the dose to about half of what you were taking previously. This is to avoid a rebound effect that some SERMs can cause and to ease your body into producing its own testosterone without the help of this drug.

MITIGATING OTHER SIDE-EFFECTS

There are hundreds of side-effects that one may suffer during a cycle of SARMs. Unfortunately, there is no way to know how a SARM will affect you other than taking it, so predicting what will happen is never easy. You will now learn how to fight the most commonly reported random side-effects.

1. HAIR SHEDDING/ LOSS

Even though this is a very rare side-effect, there is a small chance that you will experience hair loss during a cycle of SARMs. A possible reason why this may happen is that SARMs lower your SHBG, which in turn boosts your Free Testosterone, which in turn boosts your DHT levels.

Having elevated DHT will cause hair loss in men who are predisposed to androgenic alopecia.

There are some ways that you can prevent hair loss during a cycle if you are concerned that it may happen to you.

Using a shampoo like Nizoral (Ketoconazole), taking saw palmetto to avoid excess DHT or even resorting to something like RU-58841 should be effective.

Most people do not need to resort to the latter, since the hair loss that SARMs can cause is very mild and according to anecdotal information it tends to be temporary shedding.

If you are very afraid of losing your hair and you don't want to take any risks, stay away from the stronger SARMs.

2. LIVER TOXICITY

Some SARMs can cause mild liver toxicity. This can be mitigated by not drinking alcohol and by taking liver protection supplements like Milk Thistle, NAC and/or TUDCA.

Thankfully the liver is one of the easiest organs to take care of if proper measures are taken.

3. GYNECOMASTIA (GYNO)

Again, like hair loss, this is an extremely uncommon side-effect, and it almost only affects those who already developed gyno in their puberty.

The reason why SARMs can cause gynecomastia is very simple. Since they lower SHBG, they increase Free Testosterone, which results in a greater conversion of Testosterone into Estrogen. Having an unbalanced T-to-E ratio can cause gynecomastia as well as other feminizing side-effects.

One possible way to avoid gyno during a cycle is to take an AI (Aromatase Inhibitor). The problem with this solution is that it can crash your estrogen, making you feel like garbage.

Another solution is to have Tamoxifen or Raloxifene on hand, and taking one of those as soon as symptoms manifest. (Tamox at 20mg/day and Ralox at 60mg/day as soon as symptoms begin and until the end of the cycle). The cool thing about this protocol is that you are basically doing the SERM+SARM combination while eradicating gyno, so you are killing two birds (test. suppression and gyno) with one stone.

3. INSOMNIA

If you notice worse sleep, difficulty falling asleep or just run-of-the-mill insomnia, here are some things you can take to fight it.

Melatonin will help you fall asleep and it will enhance the quality of your sleep. CBD will help you relax and fall asleep as

well. Ibutamoren can also help you sleep better during a cycle.

4. WATER RETENTION

Water retention can be caused by Ibutamoren and Ligandrol (to a lesser extent). Even though water retention can be helpful, there are some things you can do and take to minimize it if it gets out of hand.

The first thing you should do is drink more water. Secondly, lower your carb intake as much as possible (without compromising your diet) and finally, eat lots of bananas and avocados or take natural diuretic supplements.

5. OTHER ANDROGENIC SIDE-EFFECTS

There are some other androgenic side-effects that can happen with some SARMS such as aggression and acne.

The former can be mitigated by avoiding stimulants and taking something like L-Theanine, whereas the latter can be fought by having a proper skincare routine or by taking Isotretinoin if the problem gets out of hand (very unlikely).

6. INSULIN SENSITIVITY

The decrease in insulin sensitivity and increase in blood sugar caused by Ibutamoren can be mitigated by taking 2 day breaks every 5 days of taking it. Decreasing your carb intake

and supplementing with Berberine or a more advanced glucose disposal agent will also help.

7. KIDNEY PAIN

Some people report kidney pain during a cycle of SARMs. The reason why is unclear, but a possibility is that the kidneys could be metabolizing the SARMs, a process which could put extra strain on them.

The solution to most renal problems is drinking more water, but keeping electrolytes balanced and taking kidney protecting supplements would be a good idea if you want to prevent this side-effect.

8. HIGH BLOOD PRESSURE

Having elevated blood pressure due to SARMs is unlikely, but it can happen. Limiting the intake of sodium and stimulants, eating garlics, and eating foods high in potassium or magnesium (or just taking those minerals as a supplement) should be enough to keep your BP in check. Viagra or Cialis, if you happen to have any of those, are also effective at controlling blood pressure. If nothing works, stop the cycle immediately.

Ibutamoren, at doses above 15mg/day, can cause a significant increase in blood pressure due to excess water retention. Lower the dose to 10mg/day and follow the instructions specified in the section about controlling water retention.

9. HEART PALPITATIONS

Some people have suffered from occasional heart palpitations during a cycle of SARMs. It is unclear how SARMs can cause this, and it is possible that they were caused by something else. If abnormal palpitations occur, limit the use of stimulants, stay hydrated, balance your electrolytes and try to relax. If they happen repeatedly, you should put an end to the cycle.

10. HEADACHES

Headaches are sometimes reported when the dose of any given SARM is increased above the recommended limit. Some people also suffer from headaches despite taking a normal dose. Having high blood pressure due to an increase in water retention could also be the cause of headaches. Even though medications like Ibuprofen and Aspirin could mitigate the symptoms, they are only a temporary solution and you should not take them daily during a cycle.

The solution is to lower the dose, keep your water retention and blood pressure in check, or to simply end the cycle.

POST-CYCLE THERAPY

One of the most frequently asked questions about SARMs is:

“Will I need a PCT???”

There is not a universal answer to this question. Some mild compounds like Ostarine require no PCT for 99% of people, but there is always a chance that you will be part of the 1% that does need it. For that reason, regardless of what you plan on taking, you should ALWAYS have a PCT protocol ready and do bloodwork the day you finish the cycle to see whether you need PCT or not.

DO YOU NEED A PCT?

<p><i>S-23, LGD-3303 and YK-11</i></p>	<p>Always do a proper PCT (unless you are on TRT or doing the SARM+SERM protocol). Testosterone base is mandatory.</p>
<p><i>Other SARMs</i></p>	<p>You will need PCT if you are feeling very lethargic, sexually uninterested and/or your bloodwork shows low LH and FSH. Testosterone base is optional.</p>

If you are stacking multiple SARMs, you should ALWAYS do a PCT. Needless to say, if you are doing the SERM+SARM protocol we covered in the previous chapter, you will not require a PCT, but you should get bloodwork done anyway.

So, what should a PCT consist of?

Very simple, you should choose one of the SERMs that we previously talked about and take it for 4 weeks, beginning the day after the SARM cycle ends.

Here are the doses you should take depending on which SERM you choose:

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
<i>TAMOX</i>	20mg/day	20mg/day	20mg/day	10mg/day
<i>CLOMID</i>	25mg/day	25mg/day	25mg/day	12.5mg/day
<i>TOREM</i>	30mg/day	30mg/day	30mg/day	15mg/day
<i>ENCLOM</i>	25mg/EOD	25mg/EOD	25mg/EOD	25mg/EOD

*EOD = *Every Other Day*

OTHER FORMS OF PCT

Over-the-counter PCT supplements containing Arimistane and/or a bunch of natural ingredients such as Ashwagandha, Tribulus, Ginseng, Boron and others, **DO NOT WORK**.

They will not help kickstart your testosterone production. Only Arimistane can do so to a small extent, but with the risk of crashing your estrogen, which would make you feel even more suppressed.

Natural “Testosterone boosting” ingredients are barely effective at doing that, and by taking them you will only get a small increase in libido and energy, if anything at all.

The only over-the-counter supplements that have a place in a PCT protocol are some of the same supplements that you should already be taking during the cycle, such as Omega 3, Niacin, NAC, Milk Thistle and TUDCA.

By continuing to take these supplements as part of your PCT, you will help return your cholesterol and liver values to normal.

SAMPLE CYCLE LAY OUTS

BULKING CYCLES

BEGINNER BULKING CYCLE (OPTIONAL PCT)

WEEK	LIGANDROL	TOREMIFENE
1	5mg/day	
2	5mg/day	
3	5mg/day	
4	5mg/day	
5	5mg/day	
6	5mg/day	
7	5mg/day	
8	5mg/day	
9		30mg/day
10		30mg/day
11		30mg/day
12		15mg/day

This is an extremely effective bulking cycle for beginners who do not want to risk getting major side-effects. The PCT is optional, and it can also be taken from week 4 to 8 as a SARM+SERM combination.

Most users can get away with not doing a PCT, but feeling a bit lethargic and less sexually interested is common during the last two weeks of the cycle, which is why most users choose to PCT. A different SERM would also work, but Torem is strong enough.

Gains of up to 8lbs can be achieved.

INTERMEDIATE BULKING CYCLE (SERM+SARM)

WEEK	TESTOLONE	IBUTAMOREN	TOREMIFENE
1	10mg/day	10mg/day	
2	10mg/day	10mg/day	
3	10mg/day	10mg/day	
4	10mg/day	10mg/day	
5	15mg/day	10mg/day	30mg/day
6	15mg/day	10mg/day	30mg/day
7	15mg/day	10mg/day	30mg/day
8	15mg/day	10mg/day	15mg/day
9		10mg/day	
10		10mg/day	
11		10mg/day	
12		10mg/day	

This one features a slightly more powerful SARM and Ibutamoren, which will enhance the effects of Testolone and boost hunger to allow for a greater calorie intake.

If the dose of 10mg/day of Testolone is well tolerated (meaning bad side-effects do not happen) during the first 4 weeks, it can be increased up to 15mg/day for the second half of the cycle, but due to the increase in the dose, adding a SERM will be necessary in order to offset the suppression of testosterone. A different SERM would also work, but Torem is strong enough.

The Ibutamoren can be taken for 4 more weeks after the cycle to help maintain muscle mass.

Expect 15lbs of extra weight, 8-10 of which would be muscle.

ADVANCED BULKING CYCLE (SERM+SARM)

WEEK	LGD-3303	YK-11	ENCLOMIPHENE
1	10mg/day	5mg/day	25mg EOD
2	10mg/day	5mg/day	25mg EOD
3	10mg/day	5mg/day	25mg EOD
4	10mg/day	5mg/day	25mg EOD
5	15mg/day	5mg/day	25mg EOD
6	15mg/day	5mg/day	25mg EOD
7	15mg/day	5mg/day	25mg EOD
8	15mg/day	5mg/day	12.5mg EOD
9			12.5mg EOD
10			12.5mg EOD
11			
12			

This is a very powerful cycle containing a steroidal SARM, YK-11, and the most powerful bulking SARM, LGD-3303.

If the dose of 10mg/day of LGD-3303 is well tolerated (meaning bad side-effects do not happen) during the first 4 weeks, it can be increased up to 15mg/day for the second half of the cycle. YK-11 will not build as much muscle as LGD, but by combining both compounds you will gain an insane amount of muscle

This cycle is extremely suppressive, so injecting testosterone and doing a PCT is recommended. Alternatively, you can take a SERM like Enclomiphene, Tamox or Clomiphene during the entire cycle and for a couple of weeks post-cycle to make sure you recover fully.

Expect gains of up to 12lbs of lean muscle.

CUTTING CYCLES

BEGINNER CUTTING CYCLE (OPTIONAL PCT)

WEEK	OSTARINE	TOREMIFENE
1	20mg/day	
2	20mg/day	
3	20mg/day	
4	20mg/day	
5	20mg/day	
6	20mg/day	
7	20mg/day	
8	20mg/day	
9		30mg/day
10		30mg/day
11		30mg/day
12		15mg/day

This is an extremely effective cutting cycle for beginners who want to lose fat and preserve muscle without any significant side-effects. The PCT is optional, and it can also be taken from week 6 to 10 as a SARM+SERM combination.

Most users can get away with not doing a PCT, but feeling a bit lethargic and less sexually interested is common during the last two weeks of the cycle, which is why some users choose to PCT. A different SERM would also work, but Torem is more than enough.

The cycle can be extended up to 12 weeks, in that case continue to take the SERM from week 8 to 12.

INTERMEDIATE CUTTING CYCLE (SERM+SARM)

WEEK	TESTOLONE	TOREMIFENE
1	10mg/day	
2	10mg/day	
3	10mg/day	
4	10mg/day	
5	10mg/day	30mg/day
6	10mg/day	30mg/day
7	10mg/day	30mg/day
8	10mg/day	15mg/day

This intermediate cutting cycle, like its bulking counterpart, uses Testolone. Here, however, Ibutamoren will not be used (even though it can help burn fat) because it would make you look watery, which is something you want to avoid so that Testolone can make you look as lean and hard as possible.

As you can see, the dose stays at 10mg/day during the entire cycle. That dose is more than enough to yield incredible results during a cut. Expect to gain some strength and muscle even as the cycle progresses and you drop the calorie intake.

Testolone suppression is not mild, and the calorie deficit will make it worse, so taking a SERM during the second half of the cycle is a good idea.

ADVANCED CUTTING CYCLE (SERM+SARM)

WEEK	TESTOLONE	S-23	ENCLOMIPHENE
1	10mg/day		
2	10mg/day		
3	10mg/day		
4	10mg/day		
5	10mg/day	20mg/day	25mg EOD
6	10mg/day	20mg/day	25mg EOD
7	10mg/day	20mg/day	25mg EOD
8	10mg/day	20mg/day	25mg EOD
9			25mg EOD
10			25mg EOD
11			25mg EOD
12			12.5mg EOD

This advanced cycle is an enhanced version of the intermediate one. We have Testolone at 10mg/day for 8 weeks and then we add S-23 from week 5 to 8.

The S-23 will help us further increase strength and muscle gains while losing fat, and it will help make you look as dry, veiny and hard as possible.

This cycle is ideal if you are preparing for a contest or if you are already lean and you want to get freaky without sacrificing muscle.

Testicular shutdown is to be expected with this cycle unless a powerful SERM like Enclomiphene is used. It should be introduced at week 5, together with the S-23, and taken until week 12 to ensure a complete recovery.

NOTE ABOUT CARDARINE IN CUTTING CYCLES:

Cardarine can be added at 10 to 20mg/day during the entirety of any cutting cycle. Doing so will boost fat loss and make cardio easier and more effective, while improving your cardiovascular health. Unfortunately, there are some risks involved with taking Cardarine that you should already be aware of, so be cautious if you choose to use it

FAQs AND FINAL NOTES

HOW SHOULD I TAKE MY SARMs?

SARMs can be acquired as a liquid solution or in capsules. Both are equally effective, and each has its pros and cons.

Solutions allow the user to adjust the dose as desired, whereas capsules only allow the users to take 10, 20, 30mg... But never 5, 15 or 25 unless the capsules are opened, which is a pain in the ass. Capsules, however, do not have the nasty taste that liquid SARMs are known for.

Regardless of what format you choose, you should always take the SARMs in the morning, but it doesn't matter whether you have an empty stomach or not.

If the SARM you are taking has a short or unclear half-life, you should split the dose and take 1/3 in the morning, 1/3 after lunch and 1/3 before bed.

If the compound you are taking has a half-life between 10 and 18 hours, take half the dose in the morning and the other half before bed.

Lastly, if the compound you are taking has a half-life longer than 18 hours, just take the entire daily dose in the morning.

Some people claim that taking SARMs with a short half-life before a workout gives them a boost in performance, so if you want to try that out, take 1/2 or 1/3 of the daily dose 1 hour before working out.

Ibutamoren (which is not a SARM) can be taken either in the morning or at night. By taking it at night you will avoid feeling hungry the next day, but if you are bulking up and need a hunger boost, take it first thing in the morning.

Stenabolic should be injected 30-60 minutes before a workout or a cardio session.

HOW LONG DOES IT TAKE FOR SARMs TO KICK IN?

Some people say that it takes up to 4 weeks for the effects of SARMs to kick in, whereas others claim that they can feel the effect the first day of a cycle.

Most people feel a boost in strength and performance during the first week, and noticeable gains in muscle mass around week 3.

CAN WOMEN TAKE SARMs?

Yes, they can. In fact, women are better off taking SARMs rather than Steroids because the latter are way more masculinizing.

Other than the stronger SARMs like YK-11, S-23 and LGD-3303, women can take any SARM. Ibutamoren, Cardarine and Stenabolic are also perfectly okay for women to take since they do not interfere with their sexual hormones.

Women should not take more than half the dose of any SARM a man would take. Even taking 1/4 of a man's dose would yield great results.

Unfortunately, we do not have a lot of anecdotal reports from women, but the most commonly reported side-effect, besides cholesterol problems, is that SARMs mess with the menstrual cycle.

If you are a woman who is thinking about using SARMs, keep in mind that this e-book does not contain all the information that you need.

ARE SARMs WEAKER THAN STEROIDS?

In general, steroids blow SARMs out of the water. You can reach a level of muscular development with Steroids that is simply too advanced to be reached with SARMs.

However, some SARMs are stronger than some Steroids. For example:

LGD-3303 is probably as strong if not stronger than orals like Anavar, Turinabol and Epistane. It is stronger than Primobolan, EQ and will yield gains similar to 350mg/week of Testosterone

S-23 is often compared with Winstrol. Similar gains in strength and muscle can be achieved, as well as a very close look in terms of vascularity and hardness.

Even milder SARMs like Ligandrol and Testolone are comparable to mild Steroids like Anavar.

It is also worth noting that most SARMs are stronger than most Steroids milligram per milligram. 20 mg/day of Ligandrol, for example, beats 20 mg/day of most steroids.

ARE SARMs SAFER THAN STEROIDS?

In general, steroids are more dangerous than SARMs.

S-23 is probably the only SARM that has steroid-like side-effects, with YK-11 and LGD-3303 coming close.

The rest of SARMs, however, are way safer than every steroid out there. They do not cause shutdown, they do not affect cholesterol as much as most steroids, they are barely liver toxic, if at all, they are extremely unlikely to cause side-effects like acne, gynecomastia and hair loss. Plus they do not affect organs like the heart or the prostate.

Some people argue that steroids are safer than SARMs because they have been around for so long that we know exactly what side-effects they have in the short and long term, whereas SARMs are so new that we only know the short term side-effects, but ignore the long-term ones.

This is a completely legitimate argument, so keep it in mind when debating whether you want to take SARMs or Steroids.

ARE INJECTABLE SARMs SAFE?

Back in 2019, a few companies released injectable preparations of the most commonly used SARMs. The anecdotal information that is available on these compounds is very limited because the vast majority of SARM users do not want to inject (they would probably do steroids instead of SARMs if that weren't the case) and because these formulations are extremely new and uninvestigated.

In theory, injectable SARMs are stronger (mg per mg) than oral SARMs because the bioavailability is much greater. It is also claimed that they have less side-effects because they skip the first pass of the liver.

Like injectable Steroids, these SARMs are usually injected intramuscularly, but they can also be injected subcutaneously. Their half-lives are unknown so users inject daily or every other day. The doses that people use vary, but they are usually similar to the oral doses since you can get better results milligram per milligram.

Even though these formulations sound very promising, I would personally stick to oral SARMs until we have more conclusive information about the benefits and side-effects of injectables.

WILL SARMs STAY LEGAL FOR MUCH LONGER?

We do not know, but probably not. There is a bill waiting to be passed in the USA, which would put SARMs in the same category as Steroids and thus make them illegal. If the USA does pass this bill, most European countries will do the same. Some SARMs and research chemicals are already banned in Australia and Russia.

Furthermore, China recently banned the production of most SARMs, so the supply chain has been interrupted. If no other country begins producing them, there will soon be a huge drop in supply with an increase in demand. This means that the prices of SARMs will skyrocket.

FINAL NOTES

I would like to end this e-book by reiterating that nothing that is written in it should be seen as medical advice. I want you to think twice before deciding to take SARMs, and if you have already used them, I hope that after reading this e-book you are better equipped to use them as safely and effectively as possible.

This e-book covers all the known side-effects that SARMs can cause, but there is always a possibility of having a rare side-effect that no one else has ever had. There is no reason for you to think that you can do a cycle and be completely fine. There is always a small chance that things will go very wrong.

If there is something you would like to ask, don't hesitate to get in touch by messaging me at @sarmsinfo on Instagram.