Hi guys, today we continue subject of steroids cycles for mass and steroids cycles for beginners.

I will not describe each product detailed as you can read about any of them on my previous posts.

Testosterone is king of mass building so it will be present on this cycle too. In this cycle we will use Testosterone Cypionate however that is not a problem if you replace it with Testosterone Enanthate.

Dbol(methandienone) will be used first 4 weeks of this steroid cycle to kick in.

Deca-Durabolin (Nandrolone – Decanoate) – is one of those drugs which are popular especially among beginners and is mostly used for its anabolic capabilities. Deca-Durabolin causes the muscle cell to store more nitrogen than it releases so user will achieve a positive nitrogen balance.

Another positive effect of deca-durabolin was reported by many bodybuilders who prior using this drug experienced pains in joints but once using it they started to enjoy training with no pain and that is attributed to deca’s ability to store more water in connective tissues.

However there are some moments which must be known by you before you start using nandrolone decanoate, it has a very strong effect on decreasing your sexual drive and it can cause gyno in some individuals. So have Nolvadex (tamoxifen citrate) on hand in case you feel gyno symptoms.

Usually I am not writing a lot about PCT due to many factors such, as used drugs, person’s ability to recover, other supplements used etc. However in this article I will underline some important factors on Post Steroids Cycle Therapy.

HCG (human chorionic gonadotropin) – best way to use it is during the cycle in order to maintain testicular size or to bring atrophied testicles back to normal condition. Do not use it after cycle with
**clomid** and **nolvadex** as things may worsen because of high amount of **testosterone** and **oestrogen**.

Best way is to use it in small doses during a **steroid cycle**. It is worth mentioning that **HCG** usage should be stopped 2-4 weeks before you start **PCT** with **Nolvadex** or **Clomid**.

HCG may aromatize in your body heavily than on other individuals so I would recommend taking an anti estrogen if you will shoot high dosages (more than 500iu/week).

So in this case best way to use HCG is 250ius twice a week. You can inject it after first 4 weeks and then 4 weeks later, so it will be on 8 week of cycle, 4 weeks prior PCT.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Dbol</th>
<th>Testosterone Enanthate</th>
<th>Deca-Durabolin</th>
<th>Nolvadex</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>40mg/day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-10</td>
<td></td>
<td></td>
<td>400-600mg/week</td>
<td></td>
</tr>
<tr>
<td>1-12</td>
<td></td>
<td>500mg/week (split into 2 injections per week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-18</td>
<td></td>
<td></td>
<td></td>
<td>20mg/day</td>
</tr>
</tbody>
</table>

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