

Dianabol / D-bol (methandrostenolone)

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Dianabol

Dbol - [methandrostenolone](#)

This was more or less the second Anabolic Steroid ever produced. The first, as we all know was Testosterone, which was produced in the early 1900's and experimented with by Nazi's in WW2, in an attempt to produce a better soldier.

Russian Dianabol and Team Sports History

Russian athletes in the 1953 World Championships as well as the Olympic games then used testosterone with great success. After that, John Zeigler, who was a doctor working with the US Weightlifting Team, began a cooperative project with Ciba to develop an equalizer for US athletes. Flash forward to 1956 and enter Dianabol; the original trade name for Ciba's [methandrostenolone](#)... but called "Dbol" by athletes. The original package insert said that 10mgs/day was enough to provide full androgen replacement for a man and Dr. Zeigler recommended that athletes take 5-10mgs/day. Incidentally, this is also the dose that Bodybuilders were reputed to take from then until roughly the 1970's. Yeah, this was allegedly Arnold's dose, Zane's dose, etc... simply stacked with some testosterone. (For any trivia buffs out there, Dan Duchaine's mail order steroid business operated under the name "The John Zeigler Fan Club").

Dianabol Steroid Use

Enough with the history lesson, lets get into what this stuff is, and what it does. Well, first off, it's usually found in pill form, though it can be found as an injectable also (Under the Trade name: Reforvit-B, which is 25mgs of [methandrostenolone](#) mixed with B-vitamins). It is a 17aa steroid, which means it has been altered at the 17th Carbon position, to survive its first pass through your liver, and make it into your blood stream. It'll raise your blood pressure (4) and is also hepatotoxic (Liver-Toxic), so be careful with it. Although I have known people to take up to 100mgs/day of this stuff and not suffer any ill-effects, and one study looked at that exact dose, and the people involved didn't suffer any intolerable [Side Effects](#) (7). Lets examine this particular study a bit further, though:

In this study, done in the early 80's, a very high dose of Dbol (100mgs/day for 6 weeks) decreased plasma testosterone to about 40% of its normal value, plasma GH went up about a third, LH dropped to about 80% of its original value, and FSH went down about a third also (these are all approximate numbers, for the sake of brevity, but you get the idea). Body fat did not go up significantly and Fat Free Mass went up anywhere between 2-7kgs (3.3kgs average gain). The researchers concluded that Dbol increases Fat Free Mass as well as increasing strength and performance. I can only agree, having found this to be the case for me when I did my first cycle (which was 6 weeks of dbol alone at 25mgs/day), I gained roughly 25lbs and kept nearly 1/2 of it. Since then, Dbol has always had a special place in my heart.

Dianabol [Side Effects](#)

As with many other 17aa steroids, Dianabol is also a very weak binder to the Androgen Receptor, so most of its effects are thought to be non-receptor mediated, and are attributable to other mechanisms (i.e. protein synthesis as indicated by the production of muscle tissue with very high levels of nitrogen, etc... which was indicated in the 100mg/day study). This also means it only has a modest aromatase activity (2).

How strong is Dbol? Well...on a mg for mg basis, most people agree that it's stronger than A50...but the reason most people don't get the same gains off of Dbol is that almost nobody takes equivalent doses (I mean...I've heard of people taking 150mgs of A50, but not Dbol, even though the dbol would probably provide more solid gains and be less toxic, I suspect).

So how do we incorporate this stuff into our AAS regimen? Clearly, the inclusion of Dbol at any point in a cycle would contribute to gains, however, I'd speculate that Dbol is most regularly used for 2 reasons:

1. At the start of a cycle to "Kick Start" gains
2. As a "Bridge" between cycles, to maintain gains

Lets examine these two uses.

Dianabol Cycle

In order to kick start a dianabol cycle, usually what you do is incorporate a fast acting oral like dianabol (or anadrol) and combine it with long acting injectables (such as Deca or Eq with some Testosterone). The reasoning here is that the oral (Dbol in this case) will give almost immediate results, while the injectable takes time to produce results. The end result is that you start seeing results within the first week of your cycle and continue up until the end with the injectables. This entails taking anywhere from 25-50mgs of dbol (although as little as 20mgs or as much as 100mgs have been reported) for 3-6 weeks at the start of a cycle (average time for a "Kick Start" is 4 weeks, though), and then ceasing their use as the injectables start to produce results.

In order to successfully bridge between cycles (and this means using a low dose of AAS, in this case dbol), you need to recover your natural hormonal levels to pre-cycle levels or to within acceptable parameters, and then you start your next cycle. The idea here is that you won't lose any gains, but rather a low dose of an AAS will help you maintain them. Typically, you'd use around 10mgs/day of dbol and combine it with an aggressive Post-Cycle Therapy (PCT) course of [Nolvadex](#) (and/or [Clomid](#)) and [HCG](#). This would give you full androgen replacement from the Dbol and a shot at recovering your natural hormonal levels via the other stuff you are taking. Remember, the 100mg/day dose of dbol in the study we looked at earlier did not suppress Test, LH, or FSH to a degree that would make recovery impossible and certainly not with 1/10th that dose in conjunction with an aggressive PCT.

All in all, this is a very good drug, and a potent tool for quick gains or retaining gains...when used properly and safely.

Dbol Facts

[17a-methyl-17b-hydroxy-1,4-androstadien-3-one]
Molecular Weight: 300.44
Formula: C₂₀H₂₈O₂
Melting Point: N/A
Manufacturer: Ciba (originally)
Release Date: 1956
Effective dose: 25-50mgs (as low as 10 and as high as 100 have been reported)
Active Life: 6-8hours
Detection Time: up to 6 weeks
Anabolic/Androgenic Ratio (Range): 90-210:40-60

