

Insulin

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[Insulin](#)

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[Insulin](#) is one of the most powerful anabolic agents in the world. Used properly, it can add weight to you more quickly than any other compound at our disposal.

Used improperly, [Insulin](#) will kill you.

Before I delve too deeply into explaining this compound, I feel that it's important to stress that last part: Screw up with this stuff, and you die. You will go into a coma, and die. And I'm talking about simply taking too much of this stuff once.

Ok?

This drug needs to be treated with caution. If you aren't willing to read as much as possible on [insulin](#) before using it, then you aren't ready to use it at all.

So first, let's talk about the [insulin](#) that's floating around in your body right now, and what it does; then we'll talk about how adding exogenous [Insulin](#) ([Insulin](#) from outside your body) could possibly help you.

[Insulin](#) is a protein secreted by the pancreas which acts on the liver to stimulate the formation of glycogen from glucose and to inhibit the conversion of non-carbohydrates into glucose. [Insulin](#) also promotes facilitated diffusion of glucose through cells with [insulin](#) receptors, and of course this means muscle tissue (1). As you may expect, very high concentrations of [insulin](#) have been soundly result in markedly stimulated muscle protein synthesis (2)(3)(4)(9). It does this mainly at the translational level by enhancing peptide chain initiation (11). This property and it's consequent results are probably the things which makes it most interesting to bodybuilders and athletes. This is because those factors combine to make ingested protein more efficient by promoting the transport of amino acids into muscle cells. Ergo, we can clearly say that [insulin](#) is undoubtedly anabolic in muscle tissue. It also has an anabolic effect in bone, and thereby increases bone density as well (8). Another mechanism by which [insulin](#) is anabolic is via increasing your body's [IGF](#) ([Insulin](#)-like Growth Factor) levels (6). [IGF](#) is an extremely anabolic hormone.

Another unexpected aspect of [insulin](#) use is its ability to increase both LH (Leutenizing Hormone) and FSH (Follicle Stimulating Hormone), both of which in turn stimulate testosterone production. What I'm getting at here is that [insulin](#) stimulates gonadotropin secretion, meaning that it's use may actually provide an anabolic effect through increasing your HPTA's ability to stimulate the production of testosterone (Hypothalamic-Pituitary-Testicular-Axis)(11) This effect is often manifested as virilization (development of male sexual characteristics) in women. [insulin](#) also increases the binding ability of [Anabolic Steroids](#) to the androgen receptors (14), which would clearly suggest strongly the possibility of a synergistic effect of [insulin](#) when combined with steroids. Most people also think that [insulin](#) has some anabolic synergy when combined with growth hormone, and certainly there is a lot of anecdotal evidence for this as well. In addition to anecdotal research, it's important to note that [insulin](#) is actually so anabolic that some researchers have speculated that Growth Hormone's (GH) ability to stimulate Protein Synthesis may actually be, in part, due to GH's ability to increase [insulin](#) sensitivity (12). Certainly the complex relationship between [insulin](#), [IGF](#), and GH is very synergistic and all interrelated to each other's actions (13) (15) (16) (17). Using all three of them plus [Anabolic Steroids](#) and a

fat-burner is the most potent muscle-building & fat -burning cycle possible.

Of course, when something seems too good to be true, it usually is. Unfortunately, the bad news is that [Insulin](#) can easily stimulate adipose (fat) storage. Generally, though, most bodybuilders take [Insulin](#) with a fat burner or 2 (Thyroid meds are the most popular choice), as well as [Anabolic Steroids](#) and sometimes even GH and [IGF](#), for reasons previously explained. All of this adds up to decreasing the chance that fat is stored, and greatly increases the amount of muscle that will be gained.

Anyway, as you probably guessed, endogenous [Insulin](#) (the stuff naturally found in your body) operates on feedback from within your body.

When your glucose levels get high, which is what happens when you eat a sugary snack, [Insulin](#) is then released from your beta cells. When glucose is low, [Insulin](#) is, of course, low.

In fact, simply adding liquid glucose to a liquid amino-acid meal (thereby raising [Insulin](#) levels) will increase the absorption of the ingested amino acids by roughly 50%!(7) Now, think about this: If a natural [Insulin](#) response to ingested glucose can give you 50% better absorption of protein, think about how much protein absorption injecting it will give you..

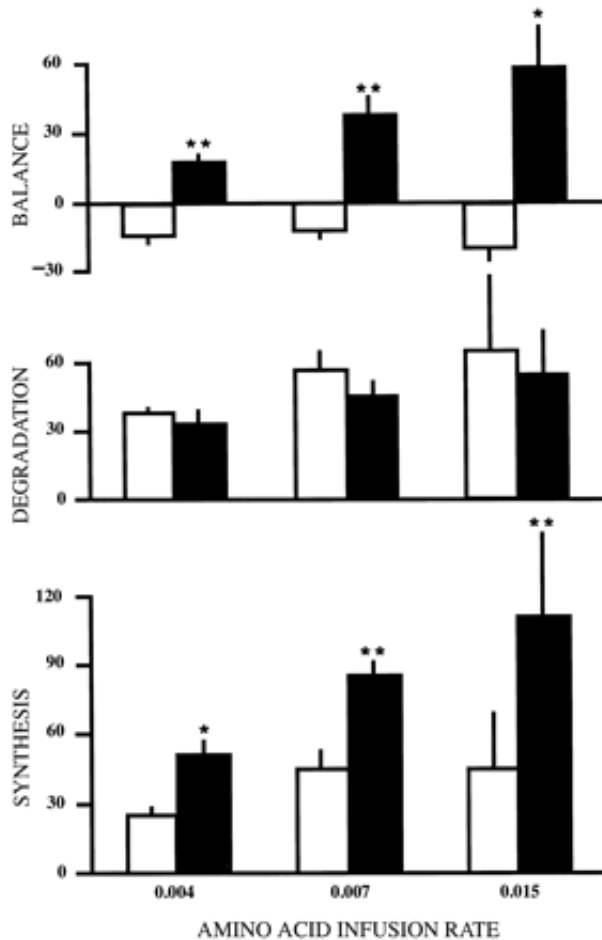
So, now that we have some kind of understanding as to what endogenous [Insulin](#) does, lets try to figure out exactly what exogenous [Insulin](#) can do (that ´s the kind you get from a bottle..). Medically, of course [Insulin](#) is used to treat diabetes...thus becoming diabetic is a real risk with improper [Insulin](#) usage.

First, I ´m going to give you some clinical examples of how [Insulin](#) has been used as an anti-catabolic agent. In the first study I read, [Insulin](#) levels were increased 15-fold in infants suffering extreme catabolism. This level of [Insulin](#) administration produced a 32% reduction in protein breakdown (4). In the second study I read exogenous [Insulin](#) impeded muscle protein loss in burn victims (5). It ´s important to note that you MUST have enough amino acids (protein) in your body for [Insulin](#) to exert an anabolic effect. If there are not enough amino acids floating around in your body from your last few meals, [Insulin](#) will not be anabolic at all. On the other hand, If amino acid concentrations are maintained at normal or high levels as they would be in a typical athlete or bodybuilder ´s diet, a net protein deposition in muscle will occur (more protein deposited in your muscle = more muscle gained). This effect of [Insulin](#) depositing protein in your muscles is primarily because of an actual stimulation of protein synthesis and also owing to an inhibition of protein breakdown (10). The lesson here is that even with [Insulin](#), diet is the key to it all. You need to have enough protein in order to build muscle, regardless of how much [Insulin](#) you take.

Let ´s quantify this a bit. What about the anabolic and anti-catabolic properties of [Insulin](#)? Can we put some solid numbers on any of this?

Sure.

From the following chat, you can see that [Insulin](#) puts your protein balance into a much more beneficial state, and concomitantly lowers protein degradation by inhibition of the lysosomal pathway (this is it ´s anti-catabolic effect) (11) and raises protein synthesis (this is it ´s anabolic effect).



Protein kinetics. Protein balance, degradation, and synthesis rates are shown (measured in nmol phenylalanine " min⁻¹ " 100 ml⁻¹). Values represent means ± SE for the basal (open bars) and last 30 min of the [insulin](#) infusion (filled bars) periods with the 3 different rates of amino acid infusion (in ml " min⁻¹ " kg⁻¹) (* P < 0.05 and ** P < 0.01 for basal vs. infusion period).(5)

What this chart tells me is that [insulin](#) can efficiently utilize a great deal of protein above and beyond what your body could normally utilize, and that if you should decide to use [insulin](#), you should be taking in at least 2.2g/kg of bodyweight, and preferably 3-4.5g/kg of bodyweight.

So now we know how & why [insulin](#) works, and how well it works. Ok, lets figure out how to use it. I ´ ll give you two basic ideas on how to safely use [insulin](#), as well as a third "hybrid idea," and a dirty little trick on how to use [insulin](#) with a cyclic ketogenic diet, to get into ketosis earlier.

Whichever way you decide to use, remember, [insulin](#) has the ability to stimulate fat storage, so you want to make sure you are using [Anabolic Steroids](#) with it, as they will preferentially [Drive](#) protein and nutrients towards being used for the accumulation of lean body mass over adipose tissue (fat). Personally, I also like to use a thyroid medication ([Synthroid](#)) to further insure none of my injectable [insulin](#) is going to put any fat on me. If you ´ ve been paying attention up until now, I ´ m sure I don ´ t have to tell you that GH and [IGF](#) are also very potent (and expensive) additions to any stack containing [insulin](#). If all of that didn ´ t whet your appetite, then consider the fact that [insulin](#), GH, and [IGF](#) are undetectable on drug tests! Currently, there ´ s speculative ways to test for them, but nothing consistent has been established. I suspect that many a top level "natural" bodybuilder has been helped out by [insulin](#), GH, and [IGF](#).

So now that we know something about [insulin](#), let ´ s see what kind is most appropriate for bodybuilding or athletic purposes, as there are several types of [insulin](#) available, and choosing the correct type is of utmost importance. Basically there are 5 different types of [insulin](#) we ´ ll look at, and from them, we ´ ll pick the type which will best suit

our purposes of building muscle:

Humalog and Humulin [Insulin](#)

- Humalog ([Insulin](#) lispro inj.) is the fastest acting [Insulin](#) available
- Humulin-R (Regular [Insulin](#)) has a short duration of effect
- Humulin-N ([Insulin](#) isophane) is intermediate length [Insulin](#)
- Humulin-U (Medium Zinc Suspension) is another intermediate length [Insulin](#)
- Humulin-U, utalente (Prolonged Zinc Suspension) is Long acting [Insulin](#)

(*there are also blends available of two or more of these types of [Insulin](#), in varying ratios of Long:Short or anything in-between)

Of these 6 possible choices, the first would appear to be the best and safest, but that particular type of [Insulin](#) is (unfortunately) only available with a prescription, and getting it through a typical steroid source (which usually means through the mail) is not advisable, since you can not be sure it has been properly stored and refrigerated throughout the shipping and handling process. Needless to say, attempting to forge a prescription for this stuff is an exceptionally poor idea.

Our next best choice for an injectable [Insulin](#) is Humulin-R, so that's what we're going to be using. Humulin R is available without a prescription, from any pharmacy. This stuff has a fairly rapid onset and peak, and ergo is much easier to deal with than the other forms of [Insulin](#) available, some last very long, or have varying peaks and spikes throughout their duration, and as such are just too difficult to monitor and control.

The first and most obvious way to utilize [Insulin](#) for it's anabolic effect is to take a little bit with each meal, possibly 1-2iu's up to 5-6x a day. [Insulin](#) is measured in international units, not mgs as is common with [Anabolic Steroids](#). This way you'd be getting the greatest benefit of [Insulin](#) possible with each meal and the least risk of using too much and going into shock. Of course some bodybuilders have reported using up to 20-40iu/day, but I wouldn't recommend this unless you are very experienced, and have your diet in perfect order. You'll want to take in a tiny bit of essential fats, a decent amount of mixed carbs (i.e. carbs of varying glycemic indexes), and at least 40g of protein with each meal, when using this method of [Insulin](#) use. And clearly, you'll want to work up to this amount of [Insulin](#) use, perhaps adding 1iu per day until you reach a level you are comfortable with. This holds true for either method of [Insulin](#) use I'm presenting.

The second way you can use it is to take 1iu of [Insulin](#) with your post workout meal, eventually working up to 1iu/10kgs of bodyweight. When using this method, you'll want a post workout shake consisting of roughly 100-200g of mixed carbs and 40-50 grams of protein... and don't forget a small amount of essential fats with your shake. I have used [Insulin](#) this way, along with [Anabolic Steroids](#) and a thyroid med, and have found it to enhance the gains from my cycle by around 15-20% as compared with a similar cycle which did not include [Insulin](#).

The final method is to use the first method as well as the second. SO you'd be taking in 1-2ius with each regular meal and up to 1iu/10kgs of bodyweight with your post workout meal. This would ensure maximum efficiency from each bite of food you eat, but this way is also the most dangerous, and you need to monitor your blood sugar. If you get tired after a shot you'll need to get some mixed carbs into you quickly (Gatoraid and a few Granola bars and/or candy bars), it's a good idea to carry those kinds of things around with you as insurance that your blood sugar doesn't go too low. You also don't want to take this stuff at night before bed, because you won't know if your blood sugar is going low and that's making you drowsy (meaning you could be facing hypoglycemia, and about to go into a coma) or you are just tired because it's your normal bedtime.

And as for that dirty little trick I was telling you about...a small amount of [Insulin](#) may be taken when starting a cyclic ketogenic diet, with your first meal of the day you begin. This meal would be fats and proteins, without carbs, and only 2-4iu of [Insulin](#) would be taken. The following meal, you can use half the dose of [Insulin](#) as you did at your first meal. The result would be that you could be in ketosis before the end of that first day, where as usually it would take 2 or even up to 3 days to accomplish this. Using [Insulin](#) in this manner is very dangerous, and was even called "Death Wish Dieting" by Dan Duchaine..

Whichever method you use, remember to keep your [Insulin](#) refrigerated, as [Insulin](#) will degrade very quickly outside of a refrigerated environment. Don't leave this stuff out of the fridge too long, either.

[Insulin](#) Syringes

The other thing you don't want to do is use regular syringes to inject [Insulin](#). You NEED [Insulin](#) pins to accurately dose this stuff, remember, too much can be deadly, and the syringes you would use to inject steroids are too big to measure out units of [Insulin](#) with. [Insulin](#) is given via a subcutaneous injection (below the skin but above the muscle), and regular needles are just too big to do that.

[Insulin](#) (or at least Humulin-R) is currently not a controlled substance, and you should be able to buy it at your local drug store pretty cheaply: a 10cc multi-use vial dosed at 100iu/cc will cost you around \$50.

