

HCG

Human Chorionic Gonadotropin or hCG or HCG is a [powerful polypeptide hormone found in pregnant women. The HCG hormone was first discovered in the 1920's and sold as an extract by the pharmaceutical giant Organon under the Pregnyl name. There were numerous reported benefits of administering HCG to a host of varying patients, and while some were indeed beneficial others would prove to be quite ridiculous. HCG was initially used to treat the following:

- Froehlich's Syndrome
- Cryptorchidism
- Obesity
- Depression
- Female Infertility
- Uterine Bleeding
- Amenorrhea

By the 1960's HCG extract was no longer used as a science had developed the means of filtering and purifying the urine of pregnant women to obtain a cleaner more sanitary HCG hormone. It is still used in a therapeutic setting, most commonly for:

HCG is also regularly used by many anabolic steroid users as a secondary item along side anabolic steroid use or after use has been discontinued. During anabolic steroid use, the idea behind supplementation is to combat hormonal suppression that occurs due to steroid use. Use after anabolic steroid use is implemented in order to enhance or produce a more efficient recovery. Both points of use are, however, highly debated among numerous steroid users.

HCG Functions & Traits:

Human Chorionic Gonadotropin (HCG) is a polypeptide hormone found in pregnant women during the early stages of pregnancy. The hormone is created in the placenta and is largely responsible for the continued production of progesterone, which itself is an essential hormone to pregnancy. The HCG hormone is also the standard measuring tool in pregnancy test. Once conception occurs, HCG levels begin to increase and can be detected by a standard home pregnancy test. The hormone will then peak approximately 8-12 weeks into pregnancy and then gradually decrease until birth.

When examining the functions and traits of HCG the only one of notable worth in both therapeutic or performance settings is in its ability to mimic the Luteinizing Hormone (LH). While perhaps slightly simplistic, HCG is exogenous LH, the primary gonadotropin along with Follicle Stimulating Hormone (FSH). This is beneficial to the female patient as such gonadotropins stimulate conception; LH is also the primary gonadotropin responsible for the stimulation of natural testosterone production. This is the precise reason some anabolic steroid users will use it and the primary reason it is used in many low testosterone treatment plans. When LH is released, it signals to the testicles to produce more testosterone, which is more than beneficial if natural LH production is low.

HCG, while we can call it exogenous LH is not LH but rather mimics the hormone. This makes it beneficial to the steroid user post cycle as it will prime the body for the total Post Cycle Therapy (PCT) to come, which will normally include Selective Estrogen Receptor Modulators (SERM's).

While its functions do not change despite the purpose of use, as we look at the effects of HCG we will find use needs to be regulated heavily.

Effects of HCG:

One of the primary effects of HCG in the modern era is as a diet aid. The HCG diet has rapidly become popular in western medicine, but the overall effectiveness is perhaps the most debatable topic surrounding HCG. Both the American Medical Association and American Society of Bariatric Physicians have been highly critical of the HCG diet. Both organizations have stated the only reason weight loss occurs is due to the starvation that often accompanies such a plan. HCG diets are often comprised of a total caloric intake of only 500 calories per day. When we look at the effects of HCG on the metabolism we further find it carries no thyroid stimulating abilities, it is not a beta-2 stimulant, it does not suppress or curb appetite and carries no functions or traits associated with a thermogenic or fat burning agent. However, numerous physicians have reported success with the HCG diet, but the starvation factor is met with a lot of criticism as this in of itself cannot be deemed a healthy long-term practice. Currently there is no solid evidence that the HCG diet itself is the reason for such patients experience weight loss that would not occur without HCG use if the same starvation plan was implemented. The debate on this diet will, however, more than likely continue for many years to come.

The effects of HCG on the anabolic steroid user can be broken down into two separate categories, PCT use and on cycle use. Due to the use of anabolic steroids, natural testosterone production is suppressed. The rate of suppression is dependent on the steroids being used and to a degree the total doses, but it is generally significant. Once the use of all anabolic steroids comes to an end, natural testosterone production will begin again on its own. However, this assumes there was no prior existing low testosterone condition or severe damage caused to the HPTA during anabolic steroid use due to improper practices. While production does begin again on its own, it is a very slow process. There will be a period of very low testosterone levels and often the symptoms associated with such a condition. Such symptoms cannot only be bothersome, but they often cause the steroid user to lose a lot of the muscle mass he's gained due to cortisol now becoming the dominant hormone in testosterone's absence. For this reason most steroid users will implement a PCT plan in order to enhance recovery. This will speed up the recovery process. It will not return your levels to normal on its own, but it will ensure you have enough testosterone for proper bodily function while your levels continue to naturally rise.

There are several PCT plans we can implement, most all will include SERM's such as Nolvadex (Tamoxifen Citrate) and/or Clomid (Clomiphene Citrate). However, many have found that if a PCT plan begins with HCG prior to SERM use the total recovery is enhanced. In a sense, HCG mimics LH and primes the body for the SERM therapy to come producing a far more efficient recovery.

The second positive effect of HCG for the anabolic steroid user is use during a cycle of anabolic steroids. Due to steroid use, this will cause testicular atrophy due to the now suppressed state of natural testosterone production. By supplementing with [HCG](#) during steroid use, the individual can keep his testicles full. While this is merely a cosmetic effect that presents no strategic benefit, there is a possible benefit to be had. By keeping the body primed with exogenous LH, this can lead to an easier road of recovery once use of all anabolic steroids has been discontinued, but there's also a problem. It is very easy, extremely easy for the body to become dependent on HCG for its LH

needs, while the human body cannot become dependent on anabolic steroids it most certainly can HCG. For the low testosterone patient who's using HCG, this is of no concern. However, if you are not a low testosterone patient HCG use on cycle must be regulated heavily and monitored closely in order to ensure an LH dependency does not occur. Many anabolic steroid users have done far more damage to their body with [HCG 2000IU](#) use than most any anabolic steroids due to overzealous HCG use. Such on cycle use can, however, be very beneficial as it can help with the individual easing into a more efficient recovery, but it must be responsible use. Truly, regardless of the period of use, on cycle or as a kick start to PCT, HCG use must be regulated.

Side Effects of HCG:

HCG is one of the most side effect friendly hormones in existence. There are possible side effects of HCG use but they are extremely rare. Side effects commonly associated with traditional medicines such as gastrointestinal issues, headaches, rashes or other related occurrences are impossible. The primary possible side effects of HCG will be similar to the side effects most commonly associated with high levels of testosterone, predominantly those of an estrogenic nature. This isn't surprising when we consider HCG has the ability to stimulate testosterone production and thereby increase levels.

While unlikely gynecomastia and excess water retention are possible due to HCG use. If the peptide is being used on cycle, such issues are rarely a concern as anti-estrogen medications are commonly being used. If used during a PCT plan, while [HCG 5000IU](#) doses are normally high during this phase total use is typically very short lived and brings no issue of concern. As for other purposes of HCG use, total doses will be extremely low and should once again cause no concern. As you can see, when it comes to the side effects of HCG this is an extremely friendly hormone. However, keep in mind the issue of LH dependency that can occur due to abuse, and even in cases of no abuse such dependency may still be possible. If dependency occurs, this would result in a low testosterone condition.

HCG Administration:

There are several purposes of HCG use, and as a result, several HCG dosing protocols. For the purpose of ovarian stimulation (fertility aid) HCG is administered at a precise point during the menstrual cycle at a dose of 5,000-10,000iu's. Then we have the treatment of low testosterone, which can last anywhere from 6 weeks to a full year. Short-term plans will normally call for 500-1,000iu's 3 times per week for 3 weeks followed by 500-1,000iu's 2 times per week for 3 weeks. Long term HCG doses will normally fall in the 4,000iu range and are given 3 times per week for 6-9 months. This will normally be followed by 3 more months of therapy at a dose of 2,000 3 times per week.

Then we have the anabolic steroid user, specifically the steroid user using HCG while on cycle. For this purpose, an HCG dose of 250iu every 4-5 days is not only standard but as far as most will want to take it. This will be enough HCG to produce the desired outcome and should not be exceeded if future natural testosterone production is to be protected.

The final HCG dosing plan will surround PCT use and there are two suitable protocols. The first method of use calls for 1,500-4,000iu's to be administered every 3-4 days for a period of 2-3 weeks. Once this period of use comes to an end SERM therapy will begin again. A second option and

perhaps more efficient is to administer HCG daily at a dose of 500-1,000iu's per day for 10 days straight. Once this phase of use has come to an end SERM therapy will begin.

If HCG is used during your PCT, timing is very important. If your steroid cycle ends with any large ester based steroids HCG therapy will begin 10 days after your last injection and then be followed by SERM therapy once [HCG 10000IU](#) use is complete. If your steroid cycle ends with all small ester base steroids, you will begin HCG therapy 3 days after your last injection and follow it with SERM therapy once HCG use is complete.

Availability of HCG:

HCG is widely available on both the pharmaceutical and black markets. Counterfeits should not be an issue of concern. However, while it is easily obtainable on the black market it is a controlled substance in the U.S.; you will need a prescription. Unfortunately, HCG is also extremely expensive on the pharmaceutical market and often less than half the price on the black market. This inevitably sends many to the black market for their HCG needs as the same brands can be obtained for half the cost, sometimes less. Typically, you will find anabolic steroid suppliers to commonly carry HCG.

Regardless of your mode of purchase, all HCG will come in two ampules, one with powder and one with sterile water. Simply mix the two together, draw out the desired amount and put the remainder in the refrigerator. If it is not refrigerated it will go bad.

Buy HCG Online - Warning:

You can easily buy HCG online, predominantly from anabolic steroid suppliers. The large internet based suppliers commonly carry the peptide. If you buy HCG online, you will find this is the most affordable way to obtain it and you can easily obtain all you want. As the quality is rarely poor this only enhances the appeal of such a purchase. However, as a controlled substance in the U.S. if you are caught making a purchase it can easily result in heavy fines and prison time.

Before you buy HCG online, you are encouraged to understand the law as it pertains to where you live. The law varies greatly from country to country, and while some as similarly strict as the U.S. many are far more lenient. However, keep in mind most do not allow an online purchase of this nature. The laws in many countries are lax but still require the purchase to be made at the pharmacy. Again, understand the law as it pertains to where you live.

Due to the often strict and sometimes confusing laws surround HCG and other compounds, you are encouraged to visit the sponsors here at our site. The sponsors here at our shop can legally provide you high quality anabolics as well as fat burning supplements. For your testosterone needs, such as those suffering from low testosterone and are interested in HCG therapy, please visit lowtestosterone.com.

HCG Reviews:

HCG is a highly beneficial hormone in fertility stimulation and in the treatment of low testosterone. In fact, it is rapidly becoming an integral part of many low testosterone treatment plans. For the anabolic steroid user, the performance enhancing athlete, HCG can be beneficial but it can also be damaging. Many get very carried away with on cycle use and lead themselves to an early low

testosterone condition. Granted, most men will benefit from testosterone therapy at some point in their life regardless, but many steroid users end up requiring sooner and often due to improper HCG use. The hormone can be beneficial but use must be kept moderate and monitored.

HCG For Sale

3 vials of 5000 IU HCG

HCG, is not an anabolic/an-drogenic steroid but a natural protein hormone which develops in the placenta of a pregnant woman. HCG is manufactured from the urine of pregnant women since it is excreted in un-changed form from the blood via the woman's urine, passing through the kidneys. The commercially available HCG is sold as a dry substance and can be used both in men and women. In women injectable HCG allows for ovulation since it influences the last stages of the development of the ovum, thus stimulating ovulation. In a man HCG stimulates production of androgenic hormones (testosterone). For this reason athletes use injectable HCG to increase the testosterone production. HCG is often used in combination with anabolic/androgenic steroids during or after treatment.

Since the body usually needs a certain amount of time to get its testosterone production going again, the athlete, after discontinuing steroid compounds, experiences a difficult transition phase which often goes hand in hand with a considerable loss in both strength and muscle mass. Administering HCG directly after steroid treatment helps to reduce this condition because HCG increases the testosterone production in the testes very quickly and reliably. In the event of testicular atrophy caused by mega doses and very long periods of usage, HCG also helps to quickly bring the testes back to their original condition (size). Since occasional injections of HCG during steroid intake can avoid a testicular atrophy, many athletes use HCG for two to three weeks in the middle of their steroid treatment. It is often observed that during this time the athlete makes his best progress with respect to gains in both strength and muscle mass. Those who are on the juice all year round, who might suffer psychological consequences or who would perhaps risk the breakup of a relationship because of this should consider this drawback when taking HCG in regular intervals. A reduced libido and spermatogenesis due to steroids, in most cases, can be successfully cured by treatment with HCG.

Most athletes, however, use HCG at the end of a treatment in order to avoid a "crash," that is, to achieve the best possible transition into "natural training." A precondition, however, is that the steroid intake or dosage be reduced slowly and evenly before taking HCG. Although HCG causes a quick and significant increase of the endogenous plasma- testosterone level, unfortunately it is not a perfect remedy to prevent the loss of strength and mass at the end of a steroid treatment. Although HCG does stimulate endogenous testosterone production, it does not help in re-establishing the normal hypothalamic/pituitary testicular axis. The hypothalamus and pituitary are still in a refractory state after prolonged steroid usage, and remain this way while HCG is being used, because the endogenous testosterone produced as a result of the exogenous HCG represses the endogenous LH production. Once the HCG is discontinued, the athlete must still go through a re-adjustment period. This is merely delayed by the HCG use." For this reason experienced athletes often take Clomid and Clenbuterol following HCG intake or they immediately begin another steroid treatment. Some take HCG merely to get off the "steroids" for at least two to three weeks.

HCG package insert states clearly that HCG "has no known effect of fat mobilization, appetite or sense of hunger, or body fat distribution." It further states, "HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity, it does not increase fat losses beyond that resulting from caloric restriction. 6000 I.U. of HCG in a single injection resulted in elevated testosterone levels for six days after the injection. At a dosage of 1500 I.U. the pharimatestosterone level increases by 250-300% (2.5-3fold) compared to the initial value. The athlete should inject one HCG ampule every 5 days. Since the testosterone level remains considerably elevated for several days, it is unnecessary to inject HCG more than once every 5 days. The effective dosage for athletes is usually 2000-5000 I.U. per injection and should-as already mentioned-be injected every 5 days. HCG should only be taken for a few weeks. If HCG is taken by male athletes over many weeks and in high dosages, it is possible that the testes will respond poorly to a later HCG intake and a release of the body's own LH. This could result in a permanent inadequate gonadal function.

HCG can in part cause side effects similar to those of injectable testosterone. A higher testosterone production also goes hand in hand with an elevated estrogen level which could result in gynecomastia. This could manifest itself in a temporary growth of breasts or reinforce already existing breast growth in men. Farsighted athletes thus combine HCG with an antiestrogen. Male athletes also report more frequent erections and an increased sexual desire. In high doses it can cause acne vulgaris and the storing of minerals and water. The last point must especially be observed since the water retention which is possible through the use of HCG could give the muscle system a puffy and watery appearance. Athletes who have already increased their endogenous testosterone level by taking Clomid and intend subsequently to take Pregnyl could experience considerable water retention and distinct feminization symptoms (gynecomastia, tendency toward fat de-posits on the hips). This is due to the fact that high testosterone leads to a high conversion rate to estrogens. In very young athletes HCG, like anabolic steroids, can cause an early stunting of growth since it prematurely closes the epiphysial growth plates. Mood swings and high blood pressure can also be attributed to the intake of HCG.

HCG's form of administration is also unusual. The substance choriongonadotropin is a white powdery freeze-dried substance which is usually used as a compress. Each package, for each HCG ampule, includes another ampule with an injection solution containing isotonic sodium chloride. This liq-uid, after both ampules have been opened in a sterile manner, is injected into the HCG ampule and mixed with the dried substance. The solution is then ready for use and should be injected intra-muscularly. If only part of the substance is injected the residual solution should be stored in the refrigerator. It is not necessary to store the unmixed HCG in the refrigerator; however, it should be kept out of light and below a temperature of 25* C.

Buy HCG to increase testosterone levels.