Boldenone

Boldenone Undecylenate 250mg

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

About

Boldenone undecylenate is an injectable veterinary steroid that exhibits strong anabolic and moderately androgenic properties. The undecylenate ester extends the activity of the drug greatly (the undecylenate ester is only one carbon atom longer than decanoate), so that injections need to be repeated only once every 3 or 4 weeks. The well-balanced anabolic and androgenic properties of this drug are greatly appreciated by athletes, who generally consider it to be a stronger, slightly more androgenic, alternative to Deca-Durabolin. It is generally cheaper, and could replace Deca in most cycles without greatly changing the end result. Boldenone undecylenate is also commonly known as a drug capable of increasing red blood cell production, although there should be no confusion that this is an effect characteristic of nearly all anabolic/androgenic steroids.

Side Effects (Estrogenic)

Boldenone is aromatized in the body to estradiol (estrogen). Elevated estrogen levels can cause side effects such as increased water retention, body fat gain, and gynecomastia. Boldenone is considered a mildly estrogenic steroid. Aromatization studies suggest that its rate of conversion to estradiol is roughly half that of testosterone. The tendency to develop noticeable estrogenic side effects with boldenone should be slightly higher than nandrolone, but much lower than with testosterone. Estrogenic side effects are usually not pronounced unless this drug is taken in doses above 200-400 mg per week. An antiestrogen such as clomiphene citrate or tamoxifen citrate might be used to help mitigate these side effects, should they become present. One may alternately use an aromatase inhibitor like Arimidex (anastrozole), although it is considerably more expensive, and may negatively affect blood lipids.

Side Effects (Androgenic)

Although classified as an anabolic steroid, androgenic side effects are still common with this substance, especially with higher doses. This may include bouts of oily skin, acne, and body/facial hair growth. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Women are also warned of the potential virilizing effects of anabolic/androgenic steroids. These may include a deepening of the voice, menstrual irregularities, changes in skin texture, facial hair growth, and clitoral enlargement.

Note that while boldenone does reduce to a more potent androgen (dihydroboldenone) via the 5-alpha reductase enzyme in androgen-responsive target tissues such as the skin, scalp, and prostate, its affinity to do so in the human body is extremely low. The relative androgenicity of boldenone is, therefore, not significantly affected by finasteride or dutasteride.

Side Effects (Hepatotoxicity)

Boldenone is not c-17 alpha alkylated, and not known to have hepatotoxic effects. Liver toxicity is unlikely.

Side Effects (Cardiovascular)

Anabolic/androgenic steroids can have deleterious effects on serum cholesterol. This includes a tendency to reduce HDL (good) cholesterol values and increase LDL (bad) cholesterol values, which may shift the HDL to LDL balance in a direction that favors greater risk of arteriosclerosis. The relative impact of an anabolic/androgenic steroid on serum lipids is dependant on the dose, route of administration (oral vs. injectable), type of steroid (aromatizable or non-aromatizable), and level of resistance to hepatic metabolism. Anabolic/androgenic steroids may also adversely affect blood pressure and triglycerides, reduce endothelial relaxation, and support left ventricular hypertrophy, all potentially increasing the risk of cardiovascular disease and myocardial infarction. Boldenone is likely to have a less dramatic impact on cardiovascular risk factors than synthetic oral anabolic steroids. This is due in part to its openness to metabolism by the liver, which allows it to have less effect on the hepatic management of cholesterol. The aromatization of boldenone to estradiol may also help to mitigate the negative effects of androgens on serum lipids.
To help reduce cardiovascular strain it is advised to maintain an active cardiovascular exercise program and minimize the intake of saturated fats, cholesterol, and simple carbohydrates at all times during active AAS administration. Supplementing with fish oils (4 grams per day) and a natural cholesterol/antioxidant formula such as Lipid Stabil or a product with comparable ingredients is also recommended.

Side Effects (Testosterone Suppression)

All anabolic/androgenic steroids when taken in doses sufficient to promote muscle gain are expected to suppress endogenous testosterone production. Without the intervention of testosterone-stimulating substances, testosterone levels should return to normal within 1-4 months of drug secession. Note that prolonged hypogonadotrophic hypogonadism can develop secondary to steroid abuse, necessitating medical intervention.

Administration (Men)

Although it stays active for a much longer time, boldenone undecylenate is injected at least weekly for physique- or performance-enhancing purposes. It is most commonly used at a dosage of 200-400 mg (4-8ml,50 mg version) per week. The dosage schedule can be further divided to reduce the volume of each injection if necessary, perhaps administering the drug two to three times per week. One should also take caution to rotate injection sites regularly, so as to avoid irritation or infection.

Not a rapid mass builder, boldenone undecylenate instead provides a slow but steady gain of strength and quality muscle mass. The positive effects of this drug become most apparent when it is used for longer cycles, usually lasting 8 weeks or more in duration. The muscle gained should also not be the smooth bulk associated with testosterone, but more defined and solid. Since water bloat is not contributing greatly to the diameter of the muscle, more of the visible size gained on a cycle of boldenone undecylenate should be retained after the drug has been discontinued.

Boldenone undecylenate is a very versatile drug, and can be combined with a number of other agents depending on the desired result. For mass, it is commonly stacked with an injectable testosterone such as enanthate or cypionate. This should produce strong gains in muscle size and strength, without the same intensity of side effects of using testosterone (at a higher dose) alone. During a cutting phase, muscle hardness and density can be greatly improved when combining boldenone undecylenate with a non-aromatizable steroid such as trenbolone acetate or methenolone enanthate. Oral c-17 alpha alkylated agents such as fluoxymesterone or stanozolol may also be used, but will present some level of hepatotoxicity. For some, even the low

buildup of estrogen associated with this compound is enough to relegate its use to bulking cycles only.

Administration (Women)

When used for physique- or performance-enhancing purposes, women take much lower doses of boldenone undecylenate than men, typically 50-75 mg per week. Women should take caution with the slow-acting characteristics of this preparation, which make blood levels difficult to control and slow to decline should virilization symptoms become present.