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FEMALE BODYBUILDERS AND ANABOLIC STEROIDS!

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The use of anabolic steroids by female bodybuilders is an issue which sparks controversy in media circles and a degree of secrecy in the world of bodybuilding. Ask any male competitor what drugs he uses on and off season and you will usually get a fairly honest response (some are even prone to exaggeration!). On the other hand, steroid use in the female bodybuilding world is still shrouded, to some extent, in a veil of secrecy. Few women will open up (except possibly to their closest friends) and reveal exactly which anabolic substances they're using. The tendency amongst women is to underplay their use of steroids for reasons best known to them. Perhaps there's still a stigma attached to the use of what are essentially male hormones. I doubt if women would be so guarded if you were to ask what kind of estrogen replacement therapy they were using!



Now don't get me wrong, I am not attacking female bodybuilders here (after all, I consider myself to be one!), I'm merely questioning why, when it comes to anabolic steroid use, there's such a veil of secrecy? After all, how can women make safe choices when it comes to steroid selection and use if there's no real information out there to assist them? With this in mind, I have decided to produce a series of articles discussing the role of anabolic steroids by female bodybuilders. To kick things off, let's begin this series with a basic introduction, which I will call...

WOMEN AND STEROIDS...THE BASICS



Due to their hormonal make up, female athletes need to take a different approach to the use of steroids than their male counterparts. The specific compounds considered to be the safest for use by women are Anavar, Primobolan, Nolvadex, Winstrol, Maxibolin and Durabolin. It's also very important to note that even on low doses of these particular steroids, some women will develop masculinizing effects. This is due to the fact that any amount of steroid introduced into the female endocrine system will trigger a reaction, since it's essentially a derivative of a male hormone. With this in mind, it's always recommended that low dosages of weak androgenic steroids are used for short periods of time.

SIDE EFFECTS

Most common side effects experienced by women using steroids are:

- Acne and oily skin
- Aggression
- Male pattern baldness
- Lowering of voice tone
- Disruption of menstrual cycle
- Clitoral enlargement
- Increased hair growth on face, legs and arms



More positive side effects of steroid use in women would be:

- Increased feeling of well being
- Increased energy
- Decreased recovery time from workouts
- Heightened sex drive
- Muscle and strength gain
- Decreases in estrogenic fat (e.g. upper legs, abdomen, upper arms, butt)

COMMONLY USED STEROIDS

The most commonly used steroids by women are Anavar, Primobolan, Winstrol and Nandrolone Phenylpropionate. So let's take a closer look at these substances:

- **Anavar (oxandrolone)** - This is one of the mildest anabolic out there. Its androgenic activity is also extremely low. Most women who fear side effects usually opt for low dose (5-10mg/day) short duration (6-8 weeks) cycles. Anavar usually produces good gains in strength and reasonable gains in quality muscle mass with little in the way of side effects.



Primobolan Depot (methenolone enanthate) - Primobolan has long been a favorite with female bodybuilders since it does not convert to estrogen and produces very little in the way of water retention. Most women use 25-50mg/week for about 8-10 weeks. Side effects with Primobolan can include oily skin, acne and a possible increase in facial/body hair. Primobolan can be slow to take effect but its long duration of action can produce some pretty dramatic results in women. These steady lean muscle gains are unique in that they don't seem to be dependent on a 'hyper-caloric' diet.

Winstrol (stanozolol) - This substance can be taken orally or via injection (some even drink the injectable form). Winstrol is a good mass builder and produces significant gains in strength. However, many women do not like it due to its tendency to produce androgenic side effects such as male pattern baldness, voice deepening, acne and clitoral enlargement. One way to avoid these sides is to keep the dose low (e.g. 5-10mg/day). Since Winstrol can be stressful on the liver, it's also wise to include a liver protecting supplement such as Milk Thistle or Liv-52. If the injectable form is being used, 12.5mg every 2nd to 3rd day is ideal.

- **Durabolin (nandrolone phenylpropionate)** - Also known as "fast-acting Deca", this is another drug often used by female bodybuilders. This drug

produces slow and steady gains in strength and lean muscle tissue. Even though it's only slightly androgenic, it can produce side effects such as excess facial and body hair. However, unlike its longer-acting cousin, Deca Durabolin, NPP causes significantly less in the way of water retention and severe masculinizing side effects such as thickening of the jawline and deepening of the voice. The usual dosage for this compound is 50mg/week.

- **Maxibolin (Ethinestrol)**

This is a low androgenic oral steroid, which is derived from the 19-nortestosterone parent molecule. This drug is popular with women who favor its high anabolic, low androgenic, compounds. Although hard to find nowadays, many women athletes feel this drug is quite effective for quality muscle gains with minimal water retention. Effective dosages range from 5-15mg per day for women.

OTHER DRUGS FAVORED BY WOMEN





While the above-mentioned drugs could be considered the basic introductory compounds, they are by no means the only drugs used by women...and this is where the grey area lies! Most women will freely mention the above drugs as part of their cycle. When it comes to contest preparation they'll also talk about Clenbuterol and T3 use (which will be discussed in greater depth in future articles); however, the truth of the matter is that many competitors also use substances like Equipoise, Turinabol, Dianabol and Testosterone. In fact, the use of testosterone by female bodybuilders is perhaps the most closely guarded secret amongst competitors. Those who are willing to talk about its use usually cite the *propionate* ester as their testosterone of choice with 25-50mg being injected every 5-7 days by the cautious and doses far exceeding this by the highly adventurous (crazy) women.

So there you have it, a brief overview of steroid use by female bodybuilders. In part two of this series I will answer some of the most frequently asked questions posed by female athletes regarding steroid use. Don't miss it!

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