

Dan Duchaine's

# DIRTY DIETING

NEWSLETTER

MILITANT MUSCLE GROWTH AND FAST FAT LOSS

## UPDATES FROM THE UNDERGROUND

(Editor's Note: Our UK steroid dealer subscriber gives us a refresher course on steroid counterfeiting.)

Every cycle you do using under-dosed or counterfeited products is a complete waste of time. It will take you about three weeks to realize the products you're using aren't right and that you'll have to increase the dosage. For most people these three weeks will be about a third of their cycle.

For three weeks you'll be blowing a fortune on extra food and supplements. Three weeks you'll be purposely training extra heavy. Straining your joints because you think the juice is protecting you. To make matters worse, you're also given a false impression of just how effective a product is.

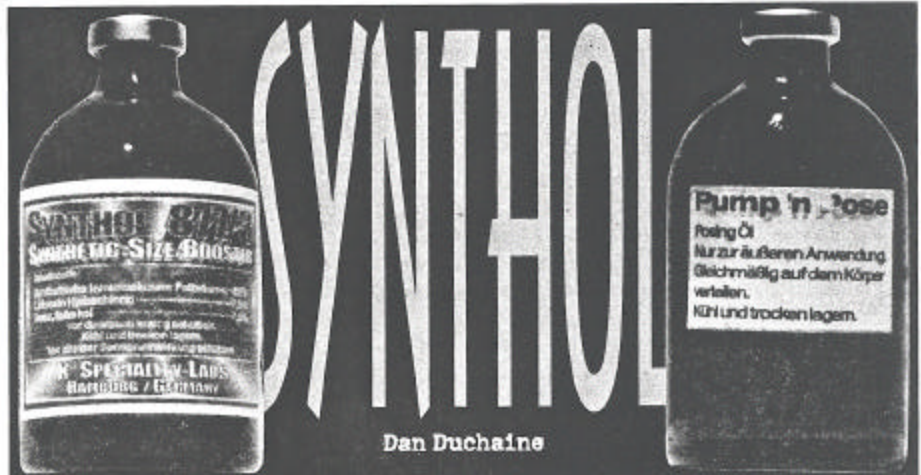
When you do manage to get the real thing you end up using far too large an amount and then suffer the consequences.

It's hard enough planning a perfect cycle when you know exactly what you have. Planning one with fakes is a complete nightmare. No wonder the pros are trying to take two grams (and more) a week. They

*continued on page 17*

## IN THIS ISSUE

Absolut(e) GHB.....	8
Build Your Body Tip #4: Testosterone Administration And Use In Europe - A. PHILIPIDES & G. GIONIS .....	10
Caveat Emptor .....	15
Dan's Deviant Delights.....	17
Dan's Internet Snips.....	8
Death Wish Dieting - D. DUCHAINE.....	4
Dirty Classifieds.....	20
The Art Of Spot Reduction - DHARSHAM .....	3
Glycerol Application in Ketogenic Dieting? - O. STARR.....	14
Hard-Hitting Drug Fact #4: Injectable Solution For Steroid Hormones - P. ARNOLD .....	4
Iso-Opus Errata Part IV: Ketones And Ketone Metabolism - L. McDONALD.....	16
Hi-Tech MRP's - D. DUCHAINE.....	13
Questions & Answers.....	19
Steroid Basics Part 4 - B. ROBERTS.....	12
Top Letter.....	7



Dan Duchaine

The label reads:

### SYNTHOL 877/3 Synthetic Size Booster

[translated from the German]

Ingredients:

Synthetic Intramuscular Fatty Acids.....	85%
Lidocaine Hydrochloride .....	7.5%
Benzyl Alcohol.....	7.5%

Shake before using  
Store in a cool and dry place  
Protect from direct sunlight

X<sup>3</sup> Specialty Labs  
Hamburg / Germany

Additionally, to be able to get this product into the country (the US) legally, Another label is used:

### Pump 'n Pose

Posing Öl  
Nur zur äußeren Anwendung  
Gleichmäßig auf dem Körper  
verteilen.  
Kühl und trocken lagern.

Contained in the brown-glass multi-use vial is approximately 50cc of the oil. The oil is clear, light textured, and has a distinctive benzyl alcohol smell. In this country, the retail price of a bottle is between \$300 to

\$600, depending how gullible the potential buyer is. One seller graciously supplied a sample at his wholesale price of \$250.

Supposedly, this is the main reason for some bodybuilders suddenly gaining inches in some of their bodyparts. The favored bodyparts are biceps, triceps, and calves. Unlike the injectable Esiclone, which can add up to a half-inch for a few days, Synthol injections can add up to two inches onto a bodypart, and this size will stay for at least six months.

The protocol (word of mouth) is to inject 1cc of the oil in each body part every day. This is somewhat deceiving because the calf has two distinct heads, the implication being that 1cc should be done in each head, so that would be 4cc's each day. In the (arm) biceps, I imagine that a 1cc injection is to be put into each head of the biceps. I have not heard of anyone using 1cc in each triceps head, though.

The injection is supposed to be painful for a few days afterward, with calf pain being worse than the arm pain. There have been no reports about infections.

The size could be from a variety of mechanisms. Some fatty acids (more on this later) are resistant to mobilization in the body. And the body might be trying to encapsulate the bolus with collagen, which many steroid users experience but on a much smaller scale. Even myself, who has

*continued on page 2*

from the desk of

Dan Duchaine, PhD



**Dan Duchaine's  
DIRTY DIETING  
NEWSLETTER**

**Militant Muscle Growth  
and Fast Fat Loss**

Publisher: XIPE PRESS, Inc.  
Editor-in-Chief: Dan Duchaine  
Contributing Editor: Carol Jefferson  
Art Direction and Production: Tilted H Design

Dan Duchaine's DIRTY DIETING NEWSLETTER is published 6 times per year by XIPE PRESS, Inc., 2533 N. Carson St., #2538, Carson City, NV 89706.

Dan Duchaine's DIRTY DIETING NEWSLETTER is a registered trademark of XIPE PRESS, Inc. © Copyright 1997 by XIPE PRESS, Inc. All rights reserved. Quotation not permitted. Material may not be reproduced in whole or in part in any form whatsoever.

**SUBSCRIPTIONS**

\$100 + \$6.50 S&H for 6 issues. To order your subscription by credit card, or to resolve subscription service problems, call Fitness Cargo at 888-48-CARGO. For payment by check or change of address, write to Subscription Department, XIPE PRESS, Inc., 2533 N. Carson St., #2538, Carson City, NV 89706.

**DISCLAIMER**

The right to express ideas about matters which are provocative, controversial or offensive is protected under the free expression guarantees of the United States and California constitutions.

The content of Dan Duchaine's DIRTY DIETING NEWSLETTER is provided solely for informational purposes and is intended for your education and enrichment only.

The ideas expressed in this publication are not intended as, and should NOT be construed as, a substitute for professional advice, care or attention from a qualified nutritional or other health care practitioner. This publication is not designed to deliver professional advice or other health care service and the information provided herein should NOT be relied upon for personal diagnosis, treatment, or any other health related purpose.

ALWAYS consult your own nutritionist or other competent health care professional for the care appropriate for you or for answers to your questions or concerns about your condition, or a program of treatment.

Neither XIPE PRESS, Inc. nor the authors advocate, promote, or encourage the use of dangerous and/or illegal drugs. The information printed in this publication is NOT intended to induce or persuade anyone to use or possess dangerous and/or illegal drugs. Any reference made directly about the effects of drugs or any other substances are for informational purposes only and are an expression of the authors' opinions.

Neither Dan Duchaine, XIPE PRESS, Inc., FITNESS CARGO, the editors, the authors or their affiliates are responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use, or misuse, of the information contained in, or implied by the DIRTY DIETING NEWSLETTER, and any choice to use or follow the information presented herein is at the reader's own risk.

Dan Duchaine's DIRTY DIETING NEWSLETTER is intended for adults only since it contains sexually oriented material that may be inappropriate for minors.

PRINTED IN THE UNITED STATES ON RECYCLED PAPER

**SYNTHOL** from page 1

n't done a steroid injection for eight years, still has scar tissue and collagen lumps in glutes from numerous past injections.

Additionally, some fatty acids can be caustic (well, technically it would be more acidic than alkaline) and cause inflammation and fluid in the area. Either way, something remarkable is happening. But I can't tell you if this will accrue into a health hazard in the future. In the coming months, we'll try doing some ultrasounds in individuals who have, and still do use Synthol, hoping to see any tissue changes.

Below you'll find the laboratory analysis on Synthol. As you can see, it is made of:

- C8 (caproic acid) .....45.3%
- C10 (caprylic acid) .....43.4%
- C18:2 (linoleic acid) .....6.2%
- Others .....5.1%



Greg Kovacs

individuals who consume MCT oil in moderately large amounts do complain of stomach pain, and researchers have identified the C8 component as causing the discomfort.

Every bottle of Synthol has a white powdery sediment on the bottom (perhaps this is the reason to recommend shaking before use). I believe that the solid is the lidocaine hydrochloride, which is odd, as a straight lidocaine (without the hydrochloride) would be oil-soluble.

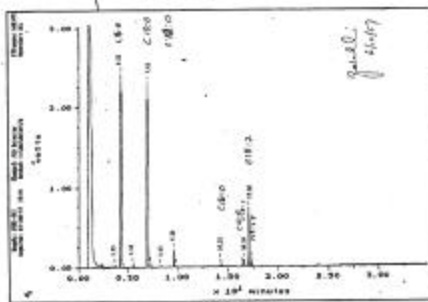
One of the current rumors floating about is that Greg Kovacs, the disappointing IFBB bodybuilder, tried using Synthol in his rear delts only and the results were ... unexpected.

I've reproduced the picture of him with those weird-ass delts as he stood on stage at this year's Night of Champions. I have no idea who took this picture, and we'd be happy to pay the photographer for the use of it.

Some writers have excitedly proclaimed that, "Synthol will change bodybuilding forever!" We'll have to see at the upcoming pro bodybuilding shows. No doubt about it: two inches within four weeks is remarkable.

As you might imagine, I don't think that the price of Synthol is worth the \$5 of ingredients involved. Next month, I'll show you how to make your own version (along with sources for all of the ingredients).

One more thing: laboratory researchers routinely swab rat skin with a mixture of benzyl alcohol and lidocaine to bring up the surface blood vessels for injections. Maybe Pump 'n Pose really could be used as a posing oil. I'd sooner use it this way, rather than inject 50cc's of a suspect substance. **DD**



We estimate that much of the "other" fatty acid is C12. Basically we see medium chain triglyceride, mostly C8 and C10. The producer of MCTs in Germany is Dynamet Nobel (yes, the explosives company). I do remember that both food-grade and medical-grade MCTs have been available from this company.

In the next issue, I'll have a follow-up on my talk with the American company that sells the MCTs here. I have no idea (and no practical way of knowing) if the MCTs in the Synthol are sterile. But with that much benzyl alcohol, most organisms should be inert. In discussing this substance with other chemists, one remarked that both coconut oil and MCTs are resistant to mobilization once inside the body. And many



# The Art Of Spot Reduction

Michalovich Dharkam Groutstein (aka Dharkham)

*(Editor's Note: Dharkam is doing some interesting work on a new method of fat reduction. Adipocytes are not long-lived in the same way that nerve cells are, so they must be replaced when they expire. By blocking the transition of pre-adipocytes to adipocytes, we can lower the number of fat cells in the body, which is a more effective way to reduce fat than reducing the size of the cells. I held back this article initially because I wasn't sure that there really were Beta2 receptors on fat cells. But Dharkham supplied the references showing that this really is the case.)*

**W**hy do we always have that last spot of fat when everything else is gone? If you learned all the food markets in your area were going on strike, what would you do? You'd probably stockpile and hoard food, wouldn't you?

In a similar way, the body holds onto calories in case you're not able to find anything to eat anymore. For women it is even tougher because they need to have enough calories in the form of fat to bring a pregnancy to term.

The surface of the fat cells contains two kinds of biochemical receptors:

- The ones which open the door and empty the warehouse (let's call them the good receptors)
- And the ones which do anything to keep the door closed and prevent the emptying (let's call them the bad receptors).

Needless to say, the last spots of fat contain a lot of the latter and few of the former.

Our strategy is to activate the good receptors while putting the bad ones out of order. We don't want to do this everywhere in the body. Only in very specific last spots of fat. We're going to make a surgical strike, but instead of smart missiles, we're using hypodermic needles.

**The goal is to increase the level of a substance called cAMP (cyclic Adenosine Mono Phosphate).**

cAMP is good stuff. The more of it we have in the fat cells, the quicker we can get rid of them.

Our weapon to accomplish this is called a beta agonist. The most popular is injectable clenbuterol. But injectable albuterol is as good for fat loss and easier to find. What you do not want to use is an injectable beta agonist which is not specific for the beta receptors such as epinephrine or norepinephrine.

Once injected, the beta agonist will increase cAMP in fat cells and will start to slowly open the lock. Unfortunately, there is

an alarm on the lock. Once cAMP level is increased in fat cells an enzyme called phosphodiesterase (PDE) will appear. This PDE is the first enemy we meet, as PDE will reduce the level of cAMP by destroying it.

**So now that we've softened up the enemy with beta agonists, we have to defeat the PDE reaction force.**

Our weapon for this battle is called a phosphodiesterase inhibitor. There are many on the market — the best being Amrinone and Milrinone. But they're hard to find. In the event a PDE inhibitor cannot be found, less specific ones can easily be found. *(Note: pentoxifylline [Trental] is a phosphodiesterase inhibitor but it is the wrong kind and will not help fat loss — which does not mean it cannot be useful for other purposes, like building muscles).*

So in this case we're left with either theophylline or caffeine. Remember, only when injected locally can those two drugs reach the critical concentration needed to effectively destroy PDE. Taken orally, one will never benefit from these properties of the drugs. So, injecting a beta agonist and a PDE inhibitor will greatly accelerate fat loss where injected.

**First, the alpha 2 receptors.** There are drugs to destroy the receptors themselves but this requires a few weeks. So, we're going to use the next best but quick solution — block them. We're going to lay down a mine field with the help of an injectable drug called atipamezole. This is the perfect tool for the job but ... it's not easy to find.

Most will have settle for second best, which is yohimbine. Easy to find for oral use, but not for injections. Well, that doesn't matter much. If don't want to use it mixed with DMSO, ingestion is not that bad (but not best).

**The last of the enemy's forces are called adenosine receptors.** The more the cAMP rises, the more adenosine will be found in the fat cells. This is because when cAMP is degraded it produces adenosine. It's a negative feedback used by the body to make sure you are not losing fat too fast. We need to take care of the adenosine receptors by blocking them. Theophylline or caffeine will do the trick. If Amrinone is used, then theophylline will have to be used along with it.

We have to burn the fat otherwise it will be redeposited. This is called re-esterification. And when the fat is re-esterified it's always in the wrong place.

**The classic non-dieting way of riding fat is weight training and aero-**

*from the desk of*

**Daniel Duchaine, PhD**

bics.

When we say aerobics, we do not mean slow speed, 60% of your heart rate. We mean maximum speed. Enough energy is in the blood to stand it. Aerobics should be done first thing in the morning, on an empty stomach. During the night, the body will have wasted all its carb energy and will already rely on fat calories for energy. Absolutely NO eating beforehand. For two reasons:

1. Eating will bring in calories and so will spare the fat calories we have in the blood
2. Eating while taking a beta agonist and an alpha 2 antagonist will result in a huge boost of insulin.

The insulin is like superior artillery which would defeat all of our armament, especially if we're not using the phosphodiesterase inhibitor (amrinone).

**If you're tired that means your body doesn't know how to convert the fat calories into a useable form of energy.**

It will learn the hard way if you are waging TCW (total chemical warfare). Train as long as you can. When you cannot stand it any more, have a protein drink (Designer Whey seems to be the best). But remember no carbs. It will make you feel better and you can resume training.

Each day your goal will be to postpone the moment you take the drink. It will mean your body is learning how to use its fat for energy. Afterwards eat protein only. Try to postpone carb intake as much as possible. And remember, you're on a diet, don't stuff your face.

The key is to start very low with only the beta agonist. In a few days add the PDE inhibitor, then the alpha 2. Remember the doses should build up slowly. Too low a dose start won't hurt. For example, 1/2 a ml of clen will probably have no discernible effect. Next day 1ml. See what happens.

Obviously, the injections go into the fat. But you do not want to go too deep. This is where insulin needles (without the insulin) are useful. Furthermore, you don't want to inject in the same place everyday. One day high in the right buttock, and next day high in the left; the next day low in the right and so on.

Divide the area you want to spot reduce into several squares. Use a different square everyday. You will need several injections to have all the drugs in place. Space those injections a little bit in your square. **DD**