

## HGH (Human Growth Hormone) Profiles 3 by TerePharmacy

If the STH solution is injected subcutaneously several consecutive times at the same point of injection, a loss of fat tissue is possible. Therefore, the point of injection, or even better, the entire side of the body, should be continuously changed in order to avoid a loss of local fat tissue (lipoatrophy) in the injection cell. One thing has manifested itself over the years: The effect of STH is dosage-dependent. This means either invest a lot of money and do it right or do not even begin. Half-hearted attempts are condemned to failure. Minimum effective dosages seem to start at 4 I.U. per day. For comparison: the hypophysis of a healthy, adult releases 0.5-1.5 I.U. growth hormones daily. The duration of intake usually depends on the athlete's financial resources. Our experience is that STH is taken over a prolonged period, from at least six weeks to several months. It is interesting to note that the effect of STH does not stop after a few weeks; this usually allows for continued improvements at a steady dosage. Bodybuilders who have had positive results with STH have reported that the built-up strength and, in particular, the newly gained muscle system were essentially maintained after discontinuance of the product. The American physician, Dr. William N. Taylor, confirms this statement in his book *Anabolic Steroids and the Athlete*, where on page 75 he writes: "Evidence for increased muscle number (hyperplasia) in athletes stems from their statements that the increased muscular size and strength remain after the HGH therapy has been discontinued. In fact, there may be further muscular size and strength gains as the training-induced hypertrophy continues in the month beyond."

It remains to be clarified what happens with the insulin and LT-3 thyroid hormone. Athletes who take - STH in their build-up phase usually do not need exogenous insulin. It is recommended, in this case, that the athlete eats a complete meal every three hours, resulting in 6-7 meals daily. This causes the body to continuously release insulin so that the blood sugar level does not fall too low. The use of LT-3 thyroid hormones, in this phase, is carried out reluctantly by athletes. In any case, you must have a physician check the thyroid hormone level during the intake of STH. Simultaneous use of anabolic/androgenic steroids and/or Clenbuterol is usually appropriate. During the preparation for a competition the use of thyroid hormones steadily increases. Sometimes insulin is taken together with STH, as well as with steroids and Clenbuterol. Apart from the high damage potential that exogenous insulin can have in non-diabetics, incorrect use will simply and plainly make you FAT! Too much insulin activates certain enzymes which convert glucose into glycerol and finally into triglyceride. Too little insulin, especially during a diet, reduces the anabolic effect of STH. The solution to this dilemma - Visiting a qualified physician who advises the athlete during this undertaking and who, in the event of exogenous insulin supply, checks the blood sugar level and urine periodically. According to what we have heard so far, athletes usually inject intermediately-effective insulin having a maximum duration of effect of 24 hours once a day. Human insulin such as Depot-H Insulin Hoechst is generally used. Briefly-effective insulin with a maximum duration of effect of eight hours is rarely used by athletes. Again a human insulin such as H-Insulin Hoechst is preferred.

The undesired effect of growth hormones, the so-called side effects, are also a very interesting and hotly-discussed issue. Above all it must be said: STH has none of the typical side effects of anabolic/ androgenic steroids including reduced endogenous testosterone production, acne, hair loss, aggressiveness, elevated estrogen level, virilization symptoms in women, and increased water and salt retention. The main side effects that are possible with STH are an abnormally small concentration of glucose in the blood (hypoglycemia) and an inadequate thyroid function. In some cases antibodies against growth hormones are developed but are clinically irrelevant. What about the horror stories about Acromegaly, bone deformation, heart enlargement, organ conditions, gigantism, and early death - In order to answer this question a clear differentiation must be made between humans before and after puberty. The growth plates in a person continue to grow in length until puberty. After puberty neither an endogenous hypersecretion of growth hormones nor an excessive exogenous supply of STH can cause additional growth in the length of the bones. Abnormal size (gigantism) initially goes hand in hand with remarkable body strength and muscular hardness in the afflicted; later, if left untreated, it ends in weakness and death. Again, this is only possible in pre-pubescent humans who also suffer from an inadequate gonadal function (hypogonadism). Humans who suffer from an endogenous hypersecretion after puberty and whose normal growth is completed can also suffer from Acromegaly. Bones become wider but not longer. There is a progressive growth in the hands and feet, and enlargement of features due to the growth of the lower jaw and nose. Heart muscle and kidneys can also gain in weight and size. In the beginning all of this goes hand in hand with increased body strength and muscular hardness; it ends, however, in fatigue, weakness, diabetes, heart conditions, and early death. What the authorities like to do now is to present extreme cases of athletes suffering from these malfunctions in order to discourage others and to drum into athletes the fact that with the exogenous supply of growth hormones they would suffer the same destiny. This, however, is very unlikely, as reality has proven. Among the numerous athletes using STH comparatively few are seven feet tall Neanderthals with a protruded lower jaw, deformed skull, clawlike hands, thick lips, and prominent bone plates who walk around in size 25 shoes. In order to avoid any misunderstandings, we do not want to disguise the possible risks of exogenous STH use in adults and healthy humans, but one should at least try to be open-minded. Acromegaly, diabetes, thyroid insufficiency, heart muscle hypertrophy, high blood pressure, and enlargement of the kidneys are theoretically possible if STH is used excessively over prolonged periods of time; however, in reality and particularly when it comes to the external attributes, these are rarely present. Tests have shown no causal relation between treatment with somatotropin and a possible higher risk of leukemia. Some athletes report headaches, nausea, vomiting, and visual disturbances during the first weeks of intake. These symptoms disappear in most cases even with continued intake. The most common problems with STH occur when the athlete intends to inject insulin in addition to STH. We know two competing German bodybuilders who, because of improper insulin injections, fell into comas lasting several weeks.

The substance somatropin is available as a dried powder and before injecting it must be mixed with the enclosed solution-containing ampule. The ready solution must be injected immediately or stored in the refrigerator for up to 24 hours. It is usually recommended that the compound be stored in the refrigerator. With the exception of the remedy Saizen the biological activity of growth hormones is usually not impaired when storing the dry substance at 15-25C (room temperature); however, a cooler place (2-8 C is preferable. On the black market the price for 4 I.U. each of the compounds Genotropin, Humatrope, Norditropin, and Saizen, in Europe is \$80 - 120 for a prick-through vial including the solution ampule. As already mentioned, there are many fakes. It is noted that for the U.S.-American growth hormone compounds, the substance content is not given in I.U. (International Units) but in mg (milligrams). Since 1 mg corresponds to exactly 2.7 I.U. the 5 mg solution of the compound Humatrope by Lilly contains exactly 13.5 I.U. of Somatropin. The 10 mg solution of the Protropin compound by Genentech therefore contains 27 I.U. of Somatropin. In American powerlifting and bodybuilding circles Humatrope is usually preferred over Protropin. The reason is that Humatrope is synthesized from a chain of 191 amino acids and thus is identical to the amino acid sequence of the human growth hormone. Protropin, on the other hand, consists of 192 amino acids, one amino acid too many. This might be the explanation for why more antibodies are developed with Protropin than with Humatrope. Growth hormones are on the doping list but they are not yet detectable during doping tests.

### About the Author

Mark Henry is the author related to [Buy Steroid, Anabolic Steroid, Legal Steroids, British Dragon Steroid, Steroid for Sale](#) Ortparmacy is an online anabolic steroids shop. In our shop purchase [mail order steroids like deca durabolin, dianabol, sustanon250](#), winstrol depot, anadrol, testosterone

Source: <http://www.tntarticles.com>