

PCT

Post-course therapy (PCT) is the restoration of the body's own production of testosterone and other hormones in the body. Therefore, this is not just a rest from pharma, which means that the successful completion of PCT is only a return to the standard values of testosterone levels in the body.

As an additional advantage of post-course therapy, the normalization of the parameters of prolactin and estradiol appears. Once their rates are normal, it is better to stop taking all drugs for at least 2-4 weeks, and only then start a new course.

The main drugs for PCT

At the heart of the entire procedure, anti-estrogens, and therefore, their choice should be given maximum attention. **Today, the three drugs are most effective:**

- *tamoxifen citrate,*
- *toremifene citrate,*
- *clomiphene citrate.*

It's just a matter of low clinical effectiveness and a wide list of side effects.

If we talk about toremifene, this modern drug shows an excellent result. But it is difficult to find, which led to a high cost. Therefore, clomiphene will be the best choice.

Yes, **clomiphene citrate** is more difficult to find than **tamoxifen**, but it has a minimal amount of side effects and shows a 90 percent clinical efficacy. If we talk about the scheme for taking clomiphene, then the universal laughter of its reception is:

- 100 ml daily for the first month,
- 50 ml daily for the second month.

When the course is over, you should take tests for FSH, LH, total testosterone, prolactin and estradiol. By the way, large volumes of estradiol and prolactin become a hindrance for a full recovery of testosterone production. It is recommended to take tests every 2 weeks to determine their current volumes and, if necessary, reduce their number by taking inhibitors of prolactin and aromatase to normal levels.

Admission of additional drugs and training regimen

In addition to the main drugs, there are recommendations for the reception of additional elements:

- *vitamins with minerals,*
- *adaptogens,*
- *nootropics.*

More attention should be given to nootropics, because they contribute to the restoration of the arc and stimulate the release of NGF (nerve growth factor). The activation of this process increases the amount of

catecholamine production, including dopamine. This is necessary for the reason that the course of the course increases the body's consumption of neurotransmitters, which includes dopamine, which additionally suppresses the arc.

If we consider PCT, then within the framework of therapy it is better to take Piracetam, the optimal drug for its cost and availability in market. According to the pattern of consumption, it is required to use a dosage of 600-1000 mg of the drug throughout the PCT (the volume depends on the weight).

If we talk about training, it is recommended to reduce the load by 2 times and work for about 6-10 repetitions. By the time the training should also be limited, making it as short as possible, within 40 minutes.

PCT lead and final result

It is also important to take care of the right connection to therapy before starting PTC. One and a half months before the end of the current course, it is necessary to stimulate the pituitary gland, for which use gonadotropin (1000 mg, once a week, 5 injections). We leave already on short ethers, so that the created background of preparations began to decrease rapidly, which will create a favorable ground for recovery.

As soon as the testosterone level has fallen or is below the standard value, it is immediately possible to begin the therapy described above. If within two months you did not manage to return hormones within the limits of the norm, then you should repeat the PCT without changing the strategy.

If already the second PCT does not help, then you will have to use the protocol to restart the hormonal arc. Still need to look at the analysis, because in a situation where testosterone is below normal, and FSH and LH are larger than standard volumes, then this is a symptom of hypogonadism. If this situation arises, you need to contact a specialist who, when confirming the diagnosis, often prescribes hormone replacement therapy.

Restart the hormonal system

We do so ONLY if:

- made two (2) full PCTs lasting 30-45 days each, starting them at the right time after the end of the AAS reception.
- passed the tests, and our total testosterone is still in the lower third of the reference values (about 10 nmol / l) according to the results of two PCT, while estradiol and prolactin are within the norm, that is, they can not interfere with the recovery, suppressing the secretion of gonadotropins.

The total duration of the event is 45 days.

1-16 days

- Eight hGG injections for 2500 IU, every other day.

1-45 day

- Clomiphene citrate, 100 mg per day, divided into two doses of 50 mg with a difference of 12 hours.

- Tamoxifen citrate, 20 mg per day, divided into two doses of 10 mg with a difference of 12 hours.

We give an analysis for total testosterone and estradiol on the 21st day of therapy, and on day 42 of therapy, then a month after the completion of therapy.

This method will be the same for everyone. Sometimes you need to spend two such 45-day cycles. And you do not need to ask questions about adjustments based on your "uniqueness" of the case.