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Steroid Profiles

Bulking Steroids

Anavar
Anadrol
Deca Durabolin
Dianabol
Omnadren
Sustanon
Test. Cypionate
Test. Propionate
Test. Enanthate
Test. Suspension

Cutting Steroids

Equipoise
Masteron
Primobol
Primobolan
Depot
Trenabol
Winstrol

Men's Health

Caverject
Viagra
Silagra
Propecia

Human Hormones

hCG
hGH

Clenbuterol is a widely used bronchodilator in many parts of the world. It is most often prepared in 20mcg tablets, but **Clenbuterol** is also available in syrup and injectable form. This drug belongs to a broad group of drugs known as sympathomimetics. Clenbuterol affects that sympathetic nervous system in a wide number of ways, largely mediated by the distribution of adrenoceptors.



Use of Clenbuterol

The drug is specifically a selective beta-2 sympathomimetic, primarily affecting only one of the three subsets of beta-receptors. Of particular interest is the fact that Clenbuterol has little beta-1 stimulating activity. Since beta-1 receptors are closely tied to the cardiac effects of adrenoceptors, this allows to reduce reversible airway obstruction (and effect of beta-2 stimulation) with much less cardiovascular side effects compared to non-selective beta agonists. Clinical studies with Clenbuterol show it is extremely effective as a **bronchodilator**, with a low level of user complaints and high patient compliance. Clenbuterol also exhibits an extremely long half-life in the body, which is measured to be approximately 34 hours long. This makes steady blood levels easy to achieve, requiring only a single or twice daily dosing schedule at most. This of course makes it much easier for the patient to use, and may tie into its high compliance rate. To spite that Clenbuterol is available in a wide number of other countries however; Clenbuterol has never been approved for use in the United States. The fact that there are a number of similar to Clenbuterol, effective asthma medications already available in this country may have something to do with this, as a prospective drug firm would likely not find it a profitable enough product to warrant undergoing the expense of the FDA approval process. Regardless, foreign Clenbuterol preparations are widely available on the U.S. black market.

How Clenbuterol Works

Clenbuterol is shown to stimulate fat cells to breakdown and form free fat acids, thus increasing your metabolism. It will also increase muscle strength, by allowing more oxygen to be used by cells that need it. Fat breakdown process will keep your body temperature slightly over normal (half of a degree or so). These properties make Clenbuterol an excellent choice, if your goal is to reduce your overall body fat.

Debate over Clenbuterol

Anti Estrogens

Clomid
Nolvadex
Proviron
Arimidex

Weight Loss

Clenbuterol
Cytomel T3
Cytomel T4
Thiomucase
Cream
Xenical

Skin Care

Accutane

Keywords

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Cytomel T3 Cytomel T4
Reductil Thiomucase
cream Thyroidclenbuterol
Fat Loss Products Weight
Loss best steroid steroid
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In animal studies Clenbuterol is shown to exhibit **anabolic activity**, obviously an attractive trait to the athlete. The drug is additionally a known **thermogenic** with beta-2 agonists shown to directly stimulate fat cells and accelerate the breakdown of triglycerides to form free fatty acids. Its efficacy in this area makes Clenbuterol a very attractive, and today almost mandatory, **pre-contest drug**. Those interested in Clenbuterol are most often hoping it will impart a little of both benefits, promoting the loss of **body fat** while imparting strength and **muscle mass increases**. But as was well pointed out by a review published in the August 1995 issue of Medicine and Science in Sports and Exercise, the possible anabolic activities in humans are very 9 and based only on animal data using much larger doses than would be required for bronchodilation. With such reports there has been a lot of debate concerning Clenbuterol lately as to whether or not Clenbuterol is really anabolic at all. Some seem to swear by the fact that Clenbuterol builds muscle regardless, firmly sticking by "den" as a great off-season or adjunct anabolic. To others such reports are confirmation that athletes have wasted valuable time and money on drugs that do not work as they are intended to by the user.

Clenbuterol and fat loss

When using Clenbuterol for **fat loss**, the primary effect of Clenbuterol, it seems to work well for approximately 4-6 weeks. During this period, users will want to constantly monitor their body temperature. We are assured Clenbuterol is working by the temperature elevation. Once the temperature drops back to normal, this drug is no longer exhibiting a **thermogenic effect**. At this point increasing the dosage would not be very effective, and a break for at least a few weeks should be taken before it is used again effectively. If one is looking for strength gains, it appears to be effective for a much shorter period of time, around 3-4 weeks. This may be due to an absence of real anabolic effect, with the strength gain seen with Clenbuterol possibly due only to the stimulant properties of the drug (similar to the strength boost seen by Ephedrine users). Again however, this is still debated.

Clenbuterol and Cytomel T3/T4

Many competitors also find the fat burning effect of Clenbuterol can be further enhanced by additional substances. When Clenbuterol combined with thyroid hormones, specifically the powerful **Cytomel**, the thermogenic effect of Clenbuterol can become extremely dramatic. This can be to a point that the athlete could shred exceptional amounts of extra fat during contest preparations, without a dramatic restriction in calories. A clenbuterol/thyroid mix is also common when using growth hormone, further enhancing the thermogenic and anabolic effect of this therapy.

Adrenoceptor in Clenbuterol

There are actually nine different types of these receptors in the body, which are classified as either alpha or beta and further subcategorized by type number. Depending on the specific affinities of these agents for the various receptors, they can potentially be used in the treatment of conditions such as asthma, hypertension, cardiovascular shock, arrhythmias, migraine headaches and anaphylactic shock. The text Goodman and Gillman's The Pharmacological Basis of Therapeutics 9 Edition does a good job of describing the diverse nature in which these drugs affect the body: "Most of the actions of catecholamines and sympathomimetic agents can be classified into seven broad types: (1) peripheral excitatory action on certain types of smooth muscles such as those in blood vessels supplying the skin, kidney, and mucous membranes, and on the gland cells, such as those of the salivary and sweat glands; (2) a peripheral inhibitory action on certain other types of smooth muscle, such as those in the wall of the gut, in the bronchial tree, and in blood vessels supplying skeletal muscle; (3) a cardiac excitatory action, responsible for an increase in heart rate and force of contraction; (4) metabolic actions, such as an increase in the rate of glycogenolysis in liver and muscle and liberation of free fatty acids from adipose tissue; (5) endocrine actions, such as modulation of the secretion of insulin, rennin, and pituitary hormones; (6) CNS actions, such as respiratory stimulation and, with some of the drugs, an increase in wakefulness and psychomotor activity and a reduction in appetite; and (7) presynaptic actions that result in either inhibition or facilitation of the release of the neurotransmitters such as norepinephrine and acetylcholine."

