



Jul 28, 2018. #2. Young at heart said: I'm been on TRT for 2 years. When I started, I was taking 120 mg test cyp once a week with 250 IU HCg twice a week, my sexual function was great. Later the Doctor prescribed me 140 mg test cyp a week and no HCG. With the new protocol I gained more muscle but my sexual functioning wasn't that great.



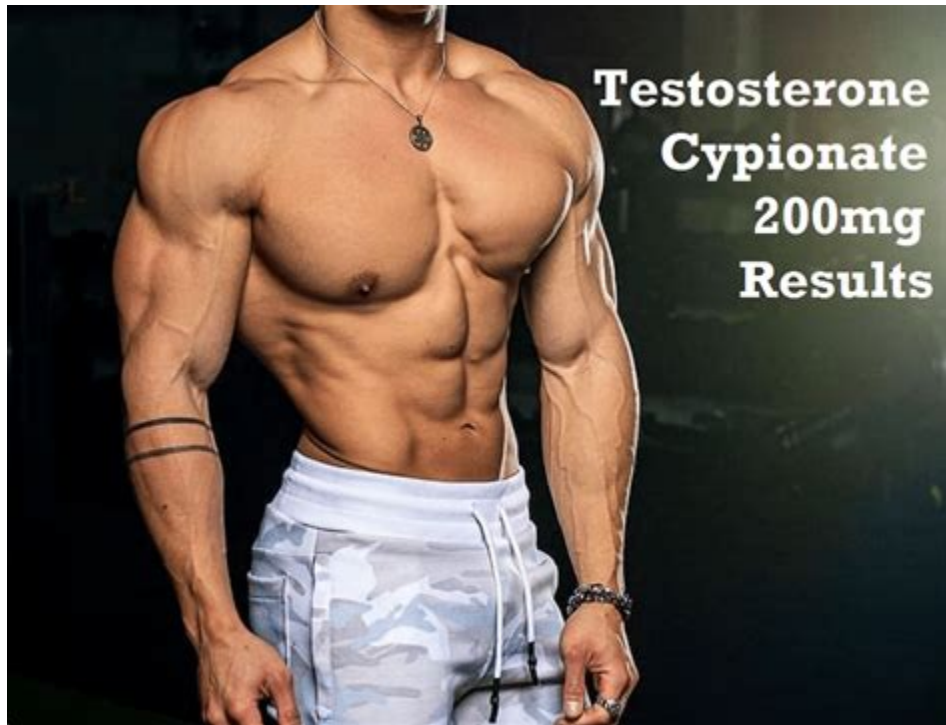
🏆🏆🏆 GO TO OUR ONLINE STORE 🏆🏆🏆

5. 5 months on 140 mg week : r/Testosterone - Reddit



The recommended dosing strategy is 750 mg given IM in the gluteus medius, followed by 750 mg 4 weeks later, then 750 mg every 10 weeks thereafter. Dosage titration is not recommended. An open-label study was performed to examine serum testosterone levels after treatment with IM TU using the approved dosing strategy for a total of nine .

200mg to 140mg: What Are the Notable Differences? - Testosterone .



Typical testosterone levels in males and females. Adult males typically have between 265 and 923 nanograms per deciliter of testosterone (ng/dL) in their blood, while adult females have far less .

RAD-140 (Testolone) Results: I Tried It For 8 Weeks. Does It Work?



Generally, a starting dosage of 50 to 100 milligrams of testosterone per week is recommended, with adjustments made as necessary based on lab tests and symptoms. Typical TRT Frequency The frequency of TRT injections also varies, but most patients receive injections once or twice a week.

Safety and Effectiveness of Testosterone at 1000 Milligrams per Week .



Half Life. Dosing. Depo-Testosterone. Testosterone Cypionate. 100mg/ml or 200mg/ml in 10ml Multi-Dose Vials. ~ 7 Days. 50mg Twice per Week by IM/SQ. Delatestryl. Testosterone Enanthate.

Dosage of test cyp on TRT | Excel Male TRT Forum

TEST	PATIENT RESULT	REFERENCE RANGE	UNITS	COMMENTS
Full Blood Count				
Haemoglobin	149	130 - 170	g/L	
Red Blood Cells	4.68	4.40 - 5.80	x10 ¹² /L	
Haematocrit	0.446	0.380 - 0.500	L/L	
Mean Cell Volume	95.3	81 - 98	fL	
Red Cell Distribution	13.0	11.5 - 14.4	%	
Mean Cell Haemoglobin	31.9	27.0 - 33.0	pg	
MCHC	335	300 - 350	g/L	
Platelets	187	150 - 400	x10 ⁹ /L	
MPV	10.00	7 - 13	fL	
White Blood Cells	4.8	3.0 - 10.0	x10 ⁹ /L	
Neutrophils	2.36	2.0 - 7.5	x10 ⁹ /L	
Lymphocytes	1.57	1.2 - 3.65	x10 ⁹ /L	
Monocytes	0.61	0.2 - 1.0	x10 ⁹ /L	
Eosinophils	0.20	0 - 0.4	x10 ⁹ /L	
Basophils	0.04	0 - 0.1	x10 ⁹ /L	
Biochemistry				
Albumin	40.9	35 - 50	g/L	
Lipids				
Cholesterol	3.87	0 - 5.0	mmol/L	
HDL	1.30	>1.1	mmol/L	
Triglycerides	0.56	<1.7(Fasting)	mmol/L	
LDL	2.32	<3.0	mmol/L	
HDL Cholesterol ratio	33.6	>20	%	
Non HDL Cholesterol	2.57	<4	mmol/L	
Hormones				
FSH	L <0.3	1.5 - 12.4	IU/L	
LH	L <0.3	1.7 - 8.6	IU/L	
Oestradiol	125	41 - 159	pmol/L	
Testosterone	H 35.70	8.64 - 29	nmol/L	
SHBG	21	18.3 - 54.1	nmol/L	
Free-Testosterone(Calculated)	H 1.087	0.2 - 0.62	nmol/L	
Prolactin	252	86 - 324	mIU/L	
Thyroid Function				
TSH	2.10	0.27 - 4.20	mIU/L	
Free T4	13.0	12.0 - 22.0	pmol/L	

Page 1 of 2 FINAL REPORT

125 Mg Per Week Might Be Ideal for Increased Muscle Mass Some studies show that the "ideal" testosterone dosage might be somewhere around 125 mg per week, taken either as injections or gels. The study analyzed the performance of 61 men aged between 18 and 35 years.

Testosterone Injections: Cypionate Dosage & Half Life Chart



Gossamer January 21, 2020, 3:08am 19. Emcon456, I can't say with the exact doses of 140mg and 200mg, but I don't really notice a difference within the range of 160mg and 200mg per week. I notice a much greater difference with my diet. It's my layman's opinion, that when dealing with lifelong trt, I

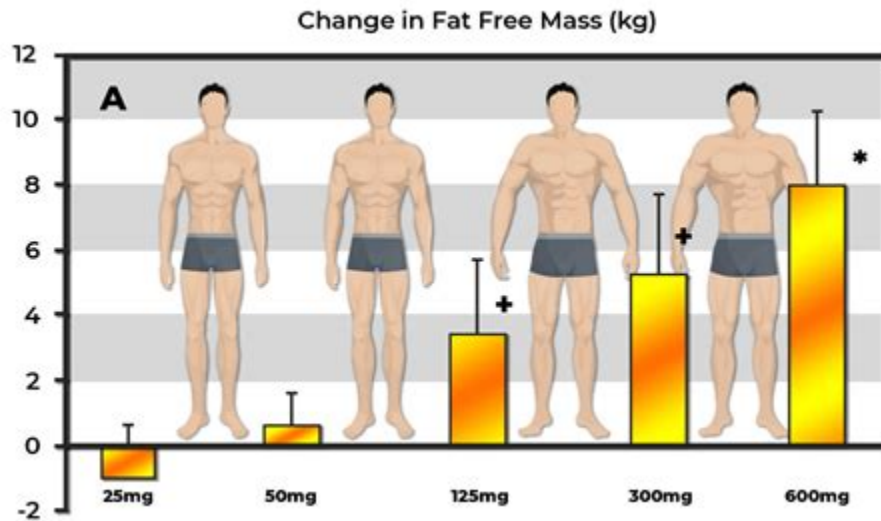
think the lowest dose that someone can .

RAD 140 (Testolone) Review: Results + Before and After Pictures



#1 I'm injecting 140mg test cyp once a week. I also take several supplements daily in order to lower my high SHBG (50-55). The supplements are: Boron 12mg, Nettle 1740 mg, Magnesium 1000mg, vitamin D3 2,000 IU. So, is 140mg test cyp a week too high?.

What is the Ideal Testosterone Dosage for Muscle Gain - ExcelMale



A simple blood test can help you determine if your levels are in the normal range, which are 300-1,000 ng/dL for men and 15-70 ng/dL for women. Treatments are available if your testosterone levels are abnormal. Testosterone Blockers for Transgender Women and Transfeminine People. Testosterone for Transgender Men and Transmasculine People.

Testosterone Dosage Guide + Max Dose, Adjustments - Drugs

Generic name	Trade name	Dosage
Injectables		
Testosterone cypionate	Depo-testosterone	200-400 mg every 2 weeks
Testosterone enanthate	Delatestryl	100-400 mg every 1-4 weeks
Oral Medication		
Testosterone undecanoate	Andriol pms-Testosterone	Initial dose of 120-160 mg per day in 2 divided doses
Transdermals		
Testosterone patch	Androderm	2.5 or 5 mg per day
Testosterone gels	AndroGel Testim	5-10 g of gel per day

Usual Adult Dose for Hypogonadism - Male IM INJECTION: Testosterone Undecanoate: 750 mg (3 mL) IM injection followed by 750 mg (3 mL) injected after 4 weeks, then 750 mg (3 mL) every 10 weeks thereafter Testosterone Enanthate and Cypionate: 50 to 400 mg IM injection every 2 to 4 weeks
IMPLANT:

5 weeks in trt. At 160mg /week. Eod pins. Going to see my dr . - Reddit

Done



HEMOGLOBIN + HEMATOCRIT

HEMOGLOBIN

14.4

Reference Range: 13.2-17.1 g/dL

HEMATOCRIT

48.6

Reference Range: 38.5-50.0 %

TESTOSTERONE, TOTAL, MALES (ADULT), IA

TESTOSTERONE, TOTAL, MALES (ADULT), IA

558

Reference Range: 250-827 ng/dL

ESTRADIOL

ESTRADIOL

34

Reference Range: < OR = 39 pg/mL

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for ... [Show More](#)

PSA, TOTAL

PSA, TOTAL

0.66

Reference Range: < OR = 4.00 ng/mL

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared ... [Show More](#)

Performing Sites

RGA Quest Diagnostics-Houston Lab, 5850 Rogerdale Road, Houston, TX 77072-1602 Laboratory Director: Robert J. Breckenridge

A true beginner, on the other hand, can make plenty of gains with natural levels of testosterone. From the medical standpoint, 600 mg/week has been shown to be quite safe. Furthermore, in double blind studies and so forth, doses of less than 300 mg/week generally have resulted in nothing. These studies have usually been with athletes training .

r/Testosterone on Reddit: Test Results from 140 mg Test Cyp a week .

⚠ TESTOSTERONE, FREE (DIALYSIS) AND TOTAL,MS ?

TESTOSTERONE, TOTAL, MS **1621 H**

Reference Range: 250-1100 ng/dL

For additional information, please refer to <https://education.questdiagnostics.com/faq/FAQ165>
(This link is being provided for informational/educational purposes only.) ... [Show More](#)

TESTOSTERONE, FREE **394.9 H**

Reference Range: 35.0-155.0 pg/mL

(Note)
This test was developed and its analytical performance characteristics have been determined by medfusion. It has not been cleared or approved by the FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

MDF
med fusion
2501 South State Highway 121,Suite 1100
Lewisville TX 75067
972-966-7300
Michael Chaump, MD [Show Less](#)

Reply AfroHairTransplant • 1 yr. ago Same here. I'm on 140 MG a week T levels are 1005 ng/dl and everything else looks normal.

Testosterone cypionate | Side Effects, Dosage, Uses, and More



4 Zellenial OP • I took my blood test at my trough right before my injection. I am tempted to ask to bump it up. . since I'm at the gym 3-4x a week. 1 [deleted] That looks good. This amazes me though on a side note. I inject EOD and I'm at 1350 trough with 140mg a week.

Onset of effects of testosterone treatment and time span until maximum .

REVIEW

Onset of effects of testosterone treatment and time span until maximum effects are achieved

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Abstract

Objective: Testosterone has a spectrum of effects on the male organism. This review attempts to determine, from published studies, the time-course of the effects induced by testosterone replacement therapy from their first manifestation until maximum effects are attained.

Design: Literature data on testosterone replacement.

Results: Effects on sexual interest appear after 3 weeks plateauing at 6 weeks, with no further increments expected beyond. Changes in erections/ejaculations may require up to 6 months. Effects on quality of life manifest within 3–4 weeks, but maximum benefits take longer. Effects on depressive mood become detectable after 3–6 weeks with a maximum after 18–30 weeks. Effects on erythropoiesis are evident at 3 months, peaking at 9–12 months. Prostate-specific antigen and volume rise, marginally, plateauing at 12 months; further increase should be related to aging rather than therapy. Effects on lipids appear after 4 weeks, maximal after 6–12 months. Insulin sensitivity may improve within few days, but effects on glycemic control become evident only after 3–12 months. Changes in fat mass, lean body mass, and muscle strength occur within 12–16 weeks, stabilize at 6–12 months, but can marginally continue over years. Effects on inflammation occur within 3–12 weeks. Effects on bone are detectable already after 6 months while continuing at least for 3 years.

Conclusion: The time-course of the spectrum of effects of testosterone shows considerable variation, probably related to pharmacodynamics of the testosterone preparation. Genomic and non-genomic effects, androgen receptor polymorphism and intracellular steroid metabolism further contribute to such diversity.

European Journal of Endocrinology 165 675–685

Introduction

Treatment of hypogonadal men with testosterone is rewarding, for the patients as well as the physician. The patient experiences, to his satisfaction, profound changes in his physical appearance and his mental makeup. The attending physician observes the changes the patient undergoes and rarely fails to be fascinated by the multitude of functions testosterone appears to have in the process of masculinization in the broadest sense (1).

While the effects of testosterone have been described in detail, relatively little attention has been given to the time these effects take to occur and achieve a full expression. This seems relevant. To the attending physician, monitoring the effects of administration of testosterone will be facilitated when it is known when certain effects can and should be expected. Patients like to receive information when the effects will set in. If patients have not been exposed to testosterone at the

usual time of puberty, they must be prepared and counseled about the emergence of sexual thoughts and dreams, an increase in erections and seminal emissions, and when to expect them. Furthermore, this information is relevant for the design of clinical trials on testosterone replacement therapy. It is important to have information when an effect can be expected and when its maximum has been attained.

Methodological search

Data to compile a time-course for the diverse actions of testosterone are not easily available. They originate from studies analyzing the effects of testosterone administration to hypogonadal men or, alternatively, from studies on androgen deprivation. The main source of information will be the former category. Nearly all of these studies were not specifically designed to address

These effects may be dose related, with frequent symptoms in individuals using the equivalent of more than 1000 mg of testosterone per week, 5-7 occasional symptoms at intermediate dosages, 6,8-13 and few symptoms at 300 mg per week or less. 6,23 In one field study of 88 illicit AAS users, 6 25 (28%) reported using at least 1000 mg of .

Effects of Supraphysiologic Doses of Testosterone on Mood and .

Characteristic*	Participants, No. (%)†
Age, y	
20-29	41 (77)
30-39	9 (17)
40-49	3 (6)
Ethnicity	
White	32 (60)
African American	9 (17)
Hispanic	8 (15)
Asian	3 (6)
American Indian	1 (2)
Weight lifting experience	
None or irregular	27 (51)
Regular weight lifting; no steroid use‡	13 (25)
Previous steroid use‡	13 (25)
Sexual orientation	
Heterosexual	47 (89)
Homosexual	6 (11)
Current alcohol consumption, drinks/wk§	
0-12	47 (89)
13-24	6 (11)
Current cigarette smoking, packs/wk	
0	45 (85)
<1	7 (13)
1	1 (2)
Illicit drug use in past year	
Marijuana	17 (32)
Cocaine	1 (2)
Psychiatric history	
Past <i>DSM-III-R</i> Axis I disorder	1 (2)
Past violence¶	13 (25)
First-degree relative with major mood disorder#	11 (21)
Height, mean ± SD, m	1.78 (.07)
Weight, mean ± SD, kg	80.0 (11.8)
Fat-free mass index, mean ± SD, kg/m ² **	21.5 (2.2)

* There were no significant differences between the 23 men who received testosterone cypionate first and the 30 men who received placebo first in any characteristics shown (using the Wilcoxon rank sum test, 2-tailed, for age, height, weight, and fat-free mass index and exact tests of $2 \times N$ contingency tables for all other characteristics).

† Because of rounding, percentages may not all total 100.

‡ Regular weight lifting was defined as 2 years or more of weight lifting at least 3 times per week in a commercial or school weight training facility. Of 13 participants reporting past steroid use, 12 had engaged in regular weight lifting.

§ One drink was defined as 12 oz of beer, 4 oz of wine, or 1.5 oz of distilled spirits.

|| The single positive participant reported cannabis dependence and alcohol

12 Summary 12. 1 References What is RAD 140 (Testolone)? RAD 140 is a non-steroidal SARM (selective androgen receptor modulator) that replicates the anabolic effects of steroids by binding to the androgen receptor.

Quora - A place to share knowledge and better understand the world



Testolone, otherwise known as RAD 140, is a selective androgen receptor modulator, or SARM for short, which is a new class of dietary supplements that has all the benefits of anabolic androgenic steroids, with very few of the drawbacks.

RAD 140 (Testolone): Results, Dosage, & More (2023) - Masculine Development



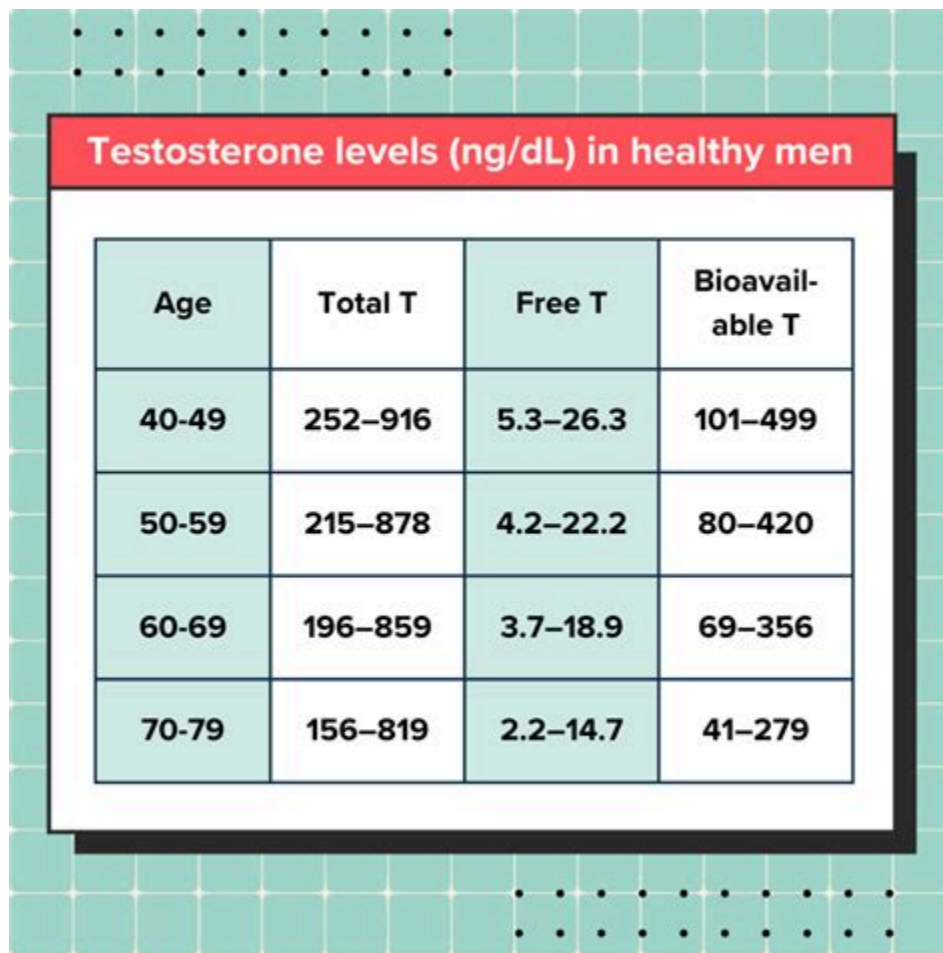
Maximum dosage: 400 mg injected into your child's muscle every 2 weeks. Child dosage (ages 0-11 years) It hasn't been confirmed that testosterone cypionate is safe and effective for use in .

Is 140mg test cyp a week a high dose? | Excel Male TRT Forum



29 upvotes · 91 comments. r/Testosterone. When you check your blood work (especially CBC panel), be aware that dehydration can significantly affect the results. Nothing was done differently between these two tests both on 300mg per week with 1500iu of hCG, except I had 40oz of water with some electrolytes.

What are normal testosterone levels? Ages, males, females, and more



Age	Total T	Free T	Bioavailable T
40-49	252-916	5.3-26.3	101-499
50-59	215-878	4.2-22.2	80-420
60-69	196-859	3.7-18.9	69-356
70-79	156-819	2.2-14.7	41-279

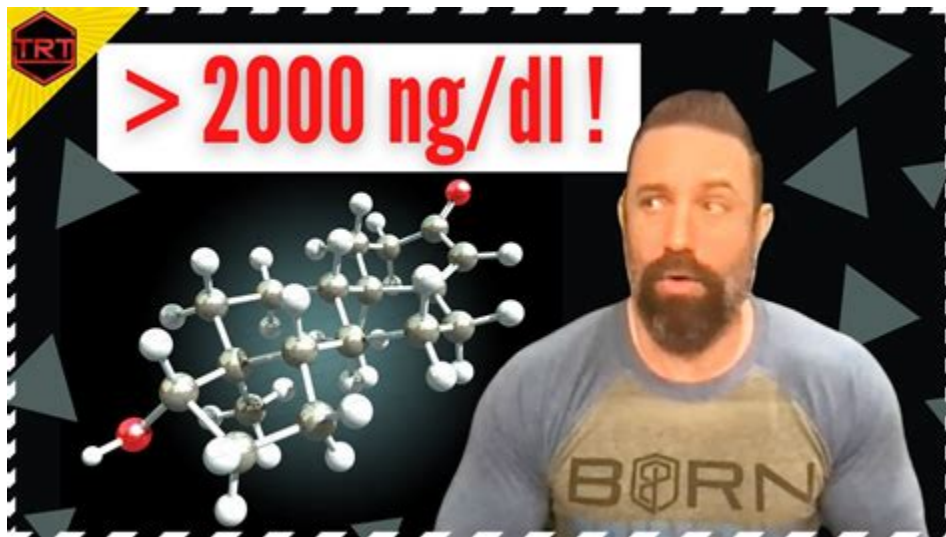
We would like to show you a description here but the site won't allow us.

Testosterone Cycles for Beginners (Guide) - Steroid Cycles



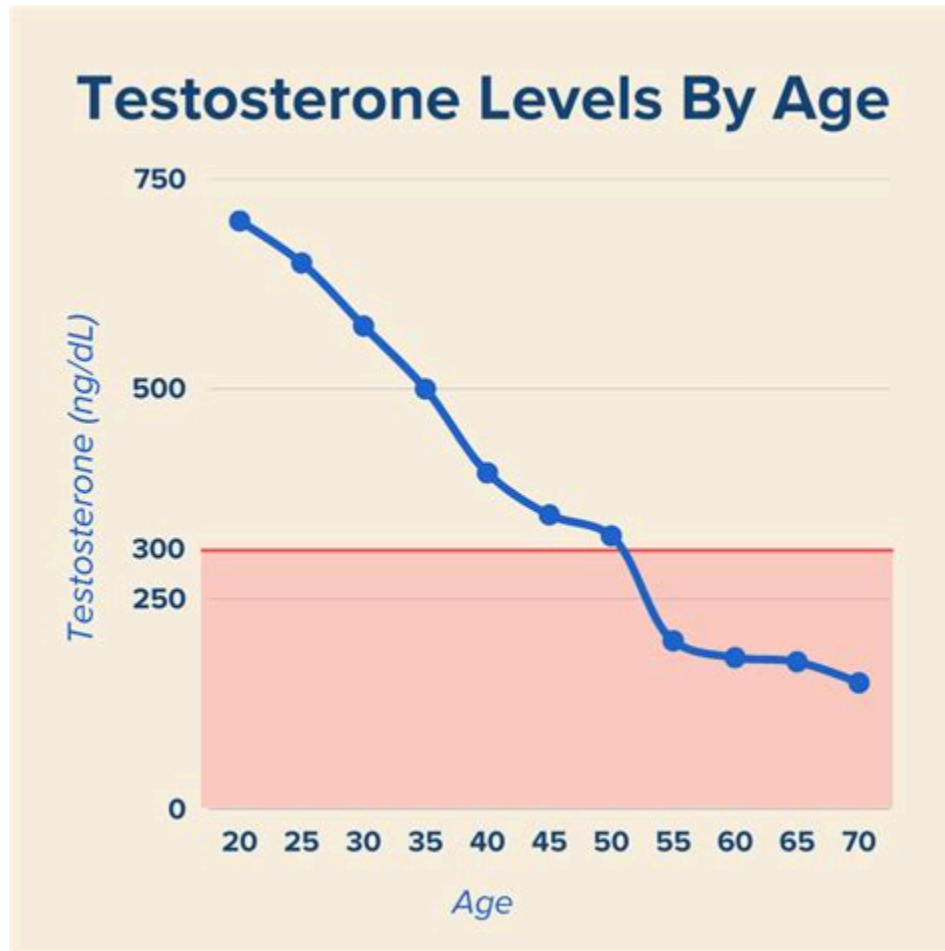
12-week Testosterone / Dianabol Cycle. An example of an advanced Testosterone and Dianabol 12 week bulking cycle would be: Week 1-6 - 40mg/ed Dianabol. Week 1-12 - 500-750mg/week Testosterone (Enanthate/Cypionate), . 5mg/eod Arimidex. (PCT) Week 15-17 - 100mg/day Clomid for 10 days, then 50mg/day for another 10 days.

3000 ng/dl from 140mg a week? : r/Testosterone - Reddit



Test Results from 140 mg Test Cyp a week split into every day dosage 1 / 4 52 comments Add a Comment RevolutionaryDiet602 • 1 yr. ago Your test is legit. Congrats! Hefty_bag_dumps •• 1 yr. ago Yo wtf how are those numbers so perfect? You're doing SC inj every single day? oyveygoyim16 •• 1 yr. ago

Testosterone Levels: Normal Levels by Age, Gender, and More



There is substantial research on RAD 140 to improve physical performance, but very little published data shows what side effects it may cause, especially with long-term use. The Phase 1 breast cancer study by LoRusso et al. noted that RAD 140 had "an acceptable safety profile" when administered at 50 mg, 100 mg, or 150 mg per day.

Pharmacology of testosterone replacement therapy preparations

TABLE 2
FDA-approved testosterone formulations²

Formulation	Trade names	Dosing, route, and administration	Benefits	Potential adverse effects or drawbacks
Testosterone cypionate, testosterone enanthate		75-100 mg IM every week or 150-200 mg IM every 2 weeks	Short-acting preparation that allows for drug withdrawal in the event of adverse effects	Fluctuation of testosterone levels
Testosterone undecanoate	Aveed	750 mg IM followed in 4 weeks by another 750 mg IM, then 750 mg every 10 weeks thereafter	Steady-state testosterone levels without fluctuation	Long-acting formulation; does not allow for rapid discontinuation of therapy if adverse effects develop
Transdermal and transmucosal testosterone	Androderm (patch)	A single, 2-6-mg patch daily	Most closely mirrors physiologic testosterone levels	May cause skin irritation; risk of transfer to partner or children
	Axiron (axillary)	30-120 mg daily		
	AndroGel, Testim, Vogelxo (gel)	50-100 mg daily applied to shoulders, arms, or abdomen		
	Fortesta (gel)	10-70 mg daily applied to thighs		
	Natesto (intranasal)	11 mg 3 times daily		
	Striant (buccal)	30 mg every 12 hours		
Oral testosterone	Androxy (fluoxymesterone)	5-20 mg daily in a single or divided doses	Daily oral dosing	Difficult to obtain normal physiologic levels; risk of hepatotoxicity
	Android, Methitest, Testred (methyltestosterone)	10-50 mg daily		
Subdermal testosterone pellets	Testopel	150-450 mg implanted subcutaneously every 3-6 months	Long duration of action	Infection at implantation site; explantation

IM, intramuscular.

A study administering testosterone enanthate, 200 mg/2 weeks observed major effects to occur over the first 12 months of testosterone administration, . 2010; 140:954-961. doi: 10. 3945/jn. 109. 118737. [Google Scholar] Saad F, Gooren L, Haider A, Yassin A. An exploratory study of the effects of 12 month administration of the novel long-acting .

- https://groups.google.com/g/aasguide/c/pQkb_PjsCVo
- <https://publiclab.org/notes/print/42901>
- <https://www.colcampus.com/courses/94501/pages/boldenone-et-deca>