

# Applied Physique Research — Paper 06

## TRT Dosage & Injection Frequency: Clinical Reality vs Bodybuilding Misinterpretation

**Why 125–250 mg/week Is Often Not True TRT**

*An Applied Case-Based Analysis with Practical Timing Strategy*

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**APPLIED PHYSIQUE RESEARCH**

# TRT

## DOSAGE & INJECTION FREQUENCY

**WHY 125MG OR 250MG/WEEK IS NOT TRUE TRT**

**TRT IS NOT THE DOSE IT'S THE RESULT**

**TESTOSTERONE LEVELS**

- > 1000+ ng/dL SUPRAPHYSIOLOGICAL
- 300 - 1000 ng/dL PHYSIOLOGICAL RANGE
- < 300 ng/dL LOW

**TRUE TRT:**

- ✓ NORMALIZE LEVELS
- ✓ IMPROVE HEALTH
- ✓ INDIVIDUALIZED
- ✓ CONSISTENT DELIVERY

**BLOODWORK DEFINES TRT**

**FREQUENCY CREATES STABILITY**

**INDIVIDUAL RESPONSE NOT ONE SIZE FITS ALL**

**DOSE ≠ RESULT AWARENESS IS KEY**

**TEAM MUSCLE FACTORY** | **THE BODYBUILDING DOCTOR** | **ANABOLIC ARCC**

TESTOSTERONE CYPIONATE 250mg/mL FOR INTRAMUSCULAR USE ONLY

TESTOSTERONE 742 ✓

Based on real athlete observations from Team Muscle Factory

# ABSTRACT

*Testosterone Replacement Therapy (TRT)* is designed to restore physiological testosterone levels in hypogonadal individuals. However, in bodybuilding communities, fixed doses such as 125 mg or 250 mg per week are frequently labeled as “TRT,” regardless of resulting hormone levels.

This paper examines TRT through a clinical lens, highlighting the importance of bloodwork, individual variability, and injection frequency in achieving true physiological replacement rather than performance enhancement.

## WHAT TRT ACTUALLY MEANS (CLINICAL VIEW)?

TRT is NOT defined by dose.

It is defined by:

- **Serum testosterone levels**
- **Symptom resolution**
- **Health marker improvement**

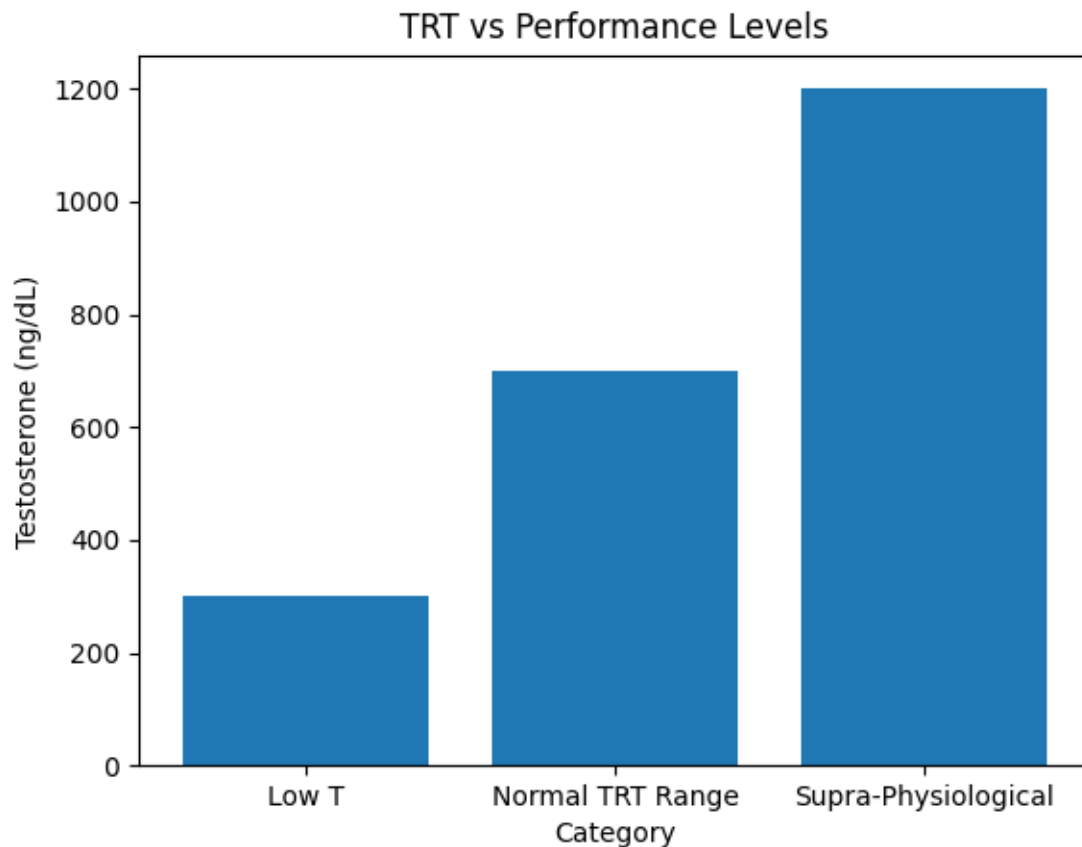
### Clinical Reference

- *Normal total testosterone range: ~300–1000 ng/dL*
- *Goal of TRT: restore levels to mid-normal range*

(Bhasin et al., Endocrine Society Guidelines, 2018)

**“TRT is defined by blood levels, not by the dose being injected.”**

# VISUAL — TRT VS PERFORMANCE LEVELS



**Figure: Testosterone levels across clinical TRT vs performance-enhancing ranges.**

True TRT aims to maintain physiological levels, whereas higher fixed doses often push levels into supra-physiological territory.

## WHY 125–250 MG IS NOT ALWAYS TRT

### 1. Individual Response Variability

Same dose ≠ same blood levels

- 125 mg → 500 ng/dL (true TRT)
- 125 mg → 900+ ng/dL (upper/high-normal)

Already a big difference

## 2. 250 mg/week = Often Supra-Physiological

Clinical data shows:

- **TRT doses typically range between 75–150 mg/week**
- **Higher doses often push levels above normal**

(Bhasin et al., 2001)

### *At 250 mg:*

- Testosterone frequently exceeds natural range
- Androgenic effects increase

This becomes **enhancement, not replacement**

## 3. SHBG & Metabolic Factors

Hormone levels depend on:

- SHBG
- Liver metabolism
- Injection frequency

(Nieschlag et al., 2012)

## **INJECTION FREQUENCY — THE REAL GAME CHANGER**

### **Once Weekly Injection**

Leads to:

- *Peak → crash pattern*
- *Estrogen fluctuation*
- *Mood instability*

### **Optimized Frequency**

- *2x per week*
- *Every other day (advanced protocols)*

### **Evidence Insight**

More frequent dosing:

- *Improves hormonal stability*
- *Reduces fluctuations*

(Morgentaler et al., 2016)

*“Stable hormone levels depend more on frequency than on dose alone.”*

## **FIELD NOTE — TEAM MUSCLE FACTORY**

Over years of applied coaching:

We’ve seen a clear distinction between:

*“Claimed TRT”*

*“Actual TRT”*

### **Observed Patterns**

#### **At 200–250 mg/week:**

- Testosterone often above natural range
- Noticeable performance enhancement
- Increased muscle retention and strength

At controlled TRT dosing + higher frequency:

- *Stable mood*
- *Better energy consistency*
- *Lower side effects*

### **Applied Insight**

**“Most athletes claiming TRT are operating in a mild enhancement zone without realizing it.”**

## TRT VS PERFORMANCE DOSING

Parameter	True TRT	Performance Dosing
Goal	Restore levels	Enhance physique
Testosterone	Normal range	Above normal
Dose	Individualized	Fixed/high
Monitoring	Bloodwork-based	Often ignored

## WHERE MOST PEOPLE GO WRONG

They define TRT as:

*“Low dose steroid use”. This is incorrect.*

## FINAL TAKE

TRT is not about: **125 mg, 250 mg**

It is about:

- *Blood levels*
- *Stability*
- *Health outcomes*

*“If your testosterone is above natural range, you are not replacing — you are enhancing.”*

## CONCLUSION

To correctly approach TRT:

- Use bloodwork as primary guide
- Optimize injection frequency
- Avoid fixed-dose assumptions

## REFERENCES

1. Bhasin S et al. (2018). Testosterone Therapy Guidelines – Endocrine Society

2. Bhasin S et al. (2001). Dose-response of testosterone
3. Nieschlag E et al. (2012). Testosterone therapy pharmacology
4. Morgentaler A et al. (2016). Testosterone therapy and clinical application

— **Coach Varun Dhir**  
*Applied Physique Research Series*