

# TRT Restart & Recovery Guide

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A Comprehensive Guide to Safely Discontinuing Testosterone Replacement Therapy

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## Table of Contents

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1. Introduction
  2. Understanding the Hormone Crash
  3. Recovery Timeline
  4. Post-Cycle Therapy (PCT) Protocols
  5. Symptom Management Strategies
  6. Lab Testing Schedule
  7. When to Consider Restarting TRT
  8. Resources & Support
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## 1. Introduction

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Stopping testosterone replacement therapy (TRT) is a significant decision that requires careful planning and medical supervision. This guide provides evidence-based information to help you understand the discontinuation process, minimize withdrawal symptoms, and support your body's natural hormone recovery.

**Important:** This guide is for educational purposes only. Always work with a qualified healthcare provider when discontinuing TRT. Never attempt to stop therapy or implement PCT protocols without medical supervision.

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## 2. Understanding the Hormone Crash

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### What Happens When You Stop TRT?

When you discontinue exogenous testosterone, your body doesn't immediately resume natural production. The hypothalamic-pituitary-gonadal (HPG) axis has been suppressed during TRT, and it takes time to reactivate.

### The Suppression Cascade

1. **Hypothalamus** stops producing GnRH (gonadotropin-releasing hormone)
2. **Pituitary gland** stops producing LH (luteinizing hormone) and FSH (follicle-stimulating hormone)
3. **Testicles** stop producing testosterone and sperm

### Why Recovery Takes Time

- The HPG axis needs to “wake up” and restart signaling
- Testicular Leydig cells (testosterone-producing cells) may have atrophied during TRT
- Hormone levels must stabilize through multiple feedback loops

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## 3. Recovery Timeline

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### Week 1-2: The Initial Crash

**What's Happening:** Exogenous testosterone clears your system. Blood levels drop rapidly.

#### Symptoms:

- Severe fatigue and low energy
- Mood swings and irritability
- Loss of libido

- Brain fog
- Anxiety

### **What to Do:**

- Maintain healthy sleep schedule (7-9 hours)
- Continue exercise (moderate intensity)
- Stay hydrated
- Avoid alcohol and processed foods
- Seek emotional support

## **Week 3-6: Rock Bottom**

**What's Happening:** Natural production remains suppressed. This is typically the worst phase.

### **Symptoms:**

- Depression and emotional flatness
- Continued fatigue
- Muscle loss and fat gain
- Complete loss of sexual function
- Joint pain

### **What to Do:**

- Consider starting PCT if not already begun
- Monitor symptoms daily
- Maintain protein intake (1g per lb bodyweight)
- Continue resistance training
- Consider therapy or counseling

## **Week 7-12: Early Recovery**

**What's Happening:** HPG axis begins to reactivate. Testosterone slowly rises.

### **Symptoms:**

- Gradual improvement in energy
- Mood stabilizes slightly
- Libido may begin to return
- Physical strength still reduced

### **What to Do:**

- Get first follow-up labs (week 8-10)
- Continue PCT protocol as prescribed
- Gradually increase training intensity
- Track symptom improvements

## **3-6 Months: Partial Recovery**

**What's Happening:** Testosterone levels approach pre-TRT baseline (if it was normal).

### **Symptoms:**

- Energy levels improve
- Mood more stable
- Libido returns (may not be as strong as on TRT)
- Body composition stabilizes

### **What to Do:**

- Get comprehensive hormone panel
- Assess quality of life vs. pre-TRT
- Discuss long-term plan with doctor

## **6-12 Months: Full Recovery (If Possible)**

**What's Happening:** Natural production stabilizes at maximum recoverable level.

### **Reality Check:**

- Younger men (under 35) with no underlying hypogonadism: Good chance of full recovery
  - Older men (over 40): May recover to pre-TRT levels but likely still low
  - Men with primary hypogonadism: May never fully recover
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## 4. Post-Cycle Therapy (PCT) Protocols

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### Standard PCT Protocol

#### Option 1: HCG + Clomid (Most Common)

##### Phase 1: HCG (Weeks 1-4)

- 500-1000 IU every other day
- Stimulates testicular testosterone production
- Prevents testicular atrophy

##### Phase 2: Clomid (Weeks 5-10)

- Week 5-6: 50 mg daily
- Week 7-10: 25 mg daily
- Stimulates pituitary to produce LH and FSH

#### Option 2: HCG + Nolvadex

##### Phase 1: HCG (Weeks 1-4)

- 500-1000 IU every other day

##### Phase 2: Nolvadex (Weeks 5-10)

- Week 5-6: 40 mg daily
- Week 7-10: 20 mg daily

### Advanced PCT Protocol (For Long-Term TRT Users)

#### Phase 1: HCG Priming (Weeks 1-6)

- 1000 IU three times per week
- Longer HCG phase for men on TRT 2+ years

### **Phase 2: SERM Therapy (Weeks 7-14)**

- Clomid 25 mg daily OR Nolvadex 20 mg daily
- Extended SERM phase for better recovery

## **Monitoring During PCT**

### **Required Labs:**

- Week 0 (before stopping TRT): Total T, Free T, LH, FSH, Estradiol
  - Week 6: Total T, Free T, LH, FSH, Estradiol
  - Week 12: Full hormone panel
  - Month 6: Full hormone panel
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# **5. Symptom Management Strategies**

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## **Physical Symptoms**

### **Fatigue:**

- Prioritize sleep (7-9 hours)
- Consider B-complex vitamins
- Moderate caffeine intake
- Short naps (20-30 minutes)

### **Muscle Loss:**

- Maintain resistance training (3-4x per week)
- High protein intake (1-1.2g per lb bodyweight)
- Adequate calories (don't cut during recovery)
- Creatine monohydrate (5g daily)

### **Fat Gain:**

- Monitor calorie intake
- Increase daily activity (walking)
- Avoid crash diets
- Focus on whole foods

### **Joint Pain:**

- Fish oil (2-3g daily)
- Glucosamine/chondroitin
- Adequate hydration
- Reduce training volume if needed

## **Mental/Emotional Symptoms**

### **Depression:**

- Regular exercise (proven mood booster)
- Sunlight exposure (vitamin D)
- Social connection
- Consider therapy/counseling
- Avoid isolation

### **Anxiety:**

- Meditation or breathing exercises
- Reduce caffeine
- Maintain routine
- Journaling
- Professional support if severe

### **Brain Fog:**

- Omega-3 supplementation
- Adequate sleep

- Reduce multitasking
- Regular breaks during work
- Stay mentally active

## **Sexual Symptoms**

### **Low Libido:**

- Be patient (often last symptom to recover)
- Maintain physical intimacy with partner
- Reduce stress
- Avoid pornography
- Consider couples therapy

### **Erectile Dysfunction:**

- Cardiovascular exercise
  - Reduce alcohol
  - Manage stress
  - Consider temporary ED medication (discuss with doctor)
  - Pelvic floor exercises
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## **6. Lab Testing Schedule**

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### **Pre-Discontinuation Labs (Week 0)**

- Total Testosterone
- Free Testosterone
- SHBG
- LH
- FSH
- Estradiol (E2)

- Hematocrit
- PSA (if over 40)
- Comprehensive metabolic panel

### **Early Recovery Labs (Week 6-8)**

- Total Testosterone
- Free Testosterone
- LH
- FSH
- Estradiol

### **Mid Recovery Labs (Week 12-16)**

- Full hormone panel (all markers above)
- Assess PCT effectiveness

### **Long-Term Recovery Labs (Month 6)**

- Complete hormone panel
- Lipid panel
- Metabolic panel
- Thyroid panel (TSH, Free T3, Free T4)

## **Interpreting Results**

### **Good Recovery Signs:**

- LH and FSH rising (indicates HPG axis reactivation)
- Total T above 300 ng/dL and rising
- Symptoms improving

### **Poor Recovery Signs:**

- LH and FSH remain suppressed

- Total T below 200 ng/dL after 3 months
  - Symptoms worsening or not improving
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## 7. When to Consider Restarting TRT

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### Valid Reasons to Resume TRT

#### 1. Labs confirm persistent hypogonadism

- Total T below 300 ng/dL after 6 months
- Symptoms return despite recovery time

#### 2. Quality of life severely impacted

- Depression, fatigue, loss of function
- Unable to work or maintain relationships

#### 3. No improvement after proper PCT

- Followed protocol correctly
- Adequate recovery time given

#### 4. Underlying hypogonadism confirmed

- Primary testicular failure
- Secondary hypogonadism (pituitary/hypothalamus)

### Questions to Ask Yourself

- How do I feel compared to before TRT?
  - Are my symptoms manageable without treatment?
  - What was my original reason for starting TRT?
  - Have I given my body enough time to recover (6+ months)?
  - What are my long-term health goals?
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## 8. Resources & Support

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### Medical Resources

#### TRT Bangkok Clinic

- Phone/WhatsApp: +66 84 224 9559
- Email: info@trtbangkok.com
- Website: www.trtbangkok.com

#### Recommended Lab Testing:

- Comprehensive hormone panels
- PCT monitoring protocols
- Fertility testing (if applicable)

### Lifestyle Support

#### Nutrition:

- Focus on whole foods
- Adequate protein (1-1.2g per lb bodyweight)
- Healthy fats (omega-3, olive oil, avocados)
- Complex carbohydrates
- Micronutrient-rich vegetables

#### Exercise:

- Resistance training 3-4x per week
- Moderate cardio 2-3x per week
- Adequate rest and recovery
- Avoid overtraining

#### Sleep:

- 7-9 hours per night

- Consistent sleep schedule
- Dark, cool bedroom
- Limit screen time before bed

### **Stress Management:**

- Meditation or mindfulness
- Breathing exercises
- Regular social connection
- Hobbies and recreation
- Professional therapy if needed

## **Supplements to Consider**

### **Evidence-Based:**

- Vitamin D3 (2000-5000 IU daily)
- Zinc (30-50 mg daily)
- Magnesium (400-500 mg daily)
- Omega-3 fatty acids (2-3g daily)
- Vitamin B-complex

### **May Help (Less Evidence):**

- D-Aspartic Acid
- Fenugreek
- Ashwagandha
- Tongkat Ali

**Note:** Supplements cannot replace proper PCT protocols or medical supervision.

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## **Final Reminders**

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**✓ Never stop TRT without medical supervision**

- ✔ PCT significantly improves recovery outcomes
  - ✔ Recovery takes time — be patient
  - ✔ Maintain healthy lifestyle habits throughout
  - ✔ Monitor symptoms and labs regularly
  - ✔ Seek support when needed
  - ✔ Reassess after 6 months before making long-term decisions
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**Disclaimer:** This guide is for educational purposes only and does not constitute medical advice. Always consult with a qualified healthcare provider before starting, stopping, or modifying any hormone therapy. Individual results may vary based on age, health status, TRT duration, and underlying conditions.

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### **TRT Bangkok Clinic**

Leading the way in men's hormonal health with evidence-based treatments and expert care in the heart of Bangkok.

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