RAD-140 (Testolone)

A Practical Guide for Building Muscle: Benefits, Dosing Protocols & Cycle Advice

Written for people already using or planning to use enhanced compounds

> ***Note:*** *RAD-140 is a research chemical / SARM not approved for human consumption. This article is educational information for experienced enhanced users. It is not medical advice. Individual responses vary. Bloodwork and personal responsibility are essential.*

1. What Is RAD-140?

RAD-140, also known as Testolone or vosilasarm, is one of the strongest selective androgen receptor modulators (SARMs) available on the research market. It was originally developed for conditions involving muscle wasting and bone loss. In the enhanced community it has become a go-to compound for lean muscle gains, strength increases, and recomposition because of its high binding affinity to the androgen receptor and relatively favorable anabolic-to-androgenic ratio compared with many traditional oral steroids.

It is oral, does not aromatize into estrogen, and produces dry, quality gains rather than the watery look associated with some other compounds. Most users run it in 6–8 week cycles.

2. Key Benefits for Muscle Building

Users and community data consistently report the following advantages when RAD-140 is run with proper training and nutrition:

- **Strong lean muscle accretion** — Noticeable increases in lean mass within 3–4 weeks. Gains are typically dry and hold well after the cycle if training and diet remain solid.
- **Significant strength jumps** — Many report rapid increases in big compound lifts (squat, bench, deadlift, overhead press). Strength often rises before visible size changes.
- **Improved muscle hardness and density** — Because it does not convert to estrogen, the look is usually tighter and more defined, even in a slight surplus.
- **Recomposition friendly** — Effective both in a bulk (adding quality mass) and in a cut (helping retain or even add muscle while losing fat).
- **Good training drive and recovery** — Users frequently note better workout intensity, pumps, and faster recovery between sessions.
- **No estrogen-related sides** — No water retention, no gyno risk from aromatization. This makes it popular for people who want a clean look.
- **Oral convenience** — Simple once-daily dosing with a long half-life (commonly cited around 16–45 hours depending on source data).

Overall, RAD-140 sits in the upper tier of oral SARMs for pure anabolic effect. Many experienced users rank it ahead of Ostarine and close to or above LGD-4033 for strength and lean mass when run at comparable relative doses.

3. Most Effective Dosing Protocols for Building Muscle

There is no official human therapeutic dose for bodybuilding. The ranges below reflect what is commonly used and reported as effective in the enhanced community while staying in practical territory.

Beginner / First-Time RAD-140 Cycle

Goal: solid lean gains and strength with manageable suppression.

- Dose: 10 mg per day
- Duration: 6–8 weeks
- Timing: once daily, preferably in the morning (or same time each day)
- Expected outcome: noticeable strength increase + quality lean mass (often 4–8+ lbs of actual tissue depending on diet and training experience)

Standard / Intermediate Muscle-Building Cycle

This is the most commonly recommended sweet-spot protocol for serious muscle and strength gains.

- Dose: 15 mg per day (some start 10 mg for 1–2 weeks then move to 15 mg)
- Duration: 8 weeks
- Timing: once daily
- Expected outcome: stronger lean mass accrual and more pronounced strength progression than the 10 mg range

Advanced Strength / Lean Bulk Protocol

For experienced users who already know how they respond to SARMs.

- Dose: 20 mg per day
- Duration: 8 weeks (rarely extended past this)
- Notes: Doses above 20 mg rarely produce proportionally better results and increase the side-effect load faster than the muscle return. Most advanced users stay at or under 20 mg.

Experience Level	Daily Dose	Cycle Length	Primary Goal
Beginner	10 mg	6–8 weeks	First cycle, lean gains + strength
Intermediate	15 mg	8 weeks	Best balance of gains vs. sides
Advanced	20 mg	8 weeks	Max strength & lean mass push

Table 1. Common effective RAD-140 dosing ranges used for muscle building.

Women: RAD-140 is generally not recommended due to virilization risk. Lower-dose milder SARMs are preferred if any SARM use is considered.

4. How to Structure a Productive Cycle

Training & Nutrition

RAD-140 amplifies what you already do. Progressive overload in the 6–12 rep range on compounds, sufficient weekly volume, and a controlled calorie surplus (or deficit if cutting) determine how much of the

potential you actually capture. Aim for high protein (roughly 1.6–2.2 g per kg bodyweight) and consistent sleep. The compound will not fix a poor training program or chronically low food intake.

On-Cycle Support That Most Experienced Users Run

- Liver support: TUDCA 250–500 mg/day and/or NAC 600–1200 mg/day is common practice while running oral SARMs.
- Lipid support: High-dose fish oil / omega-3s (3–6 g EPA+DHA), optional citrus bergamot or niacin if lipids are a personal concern.
- General health: Keep alcohol minimal or zero. Stay hydrated. Cardio 2–3× per week helps lipids and overall recovery.

Bloodwork — Non-Negotiable for Smart Users

Even if you feel fine, bloodwork is how you know what is actually happening.

- Pre-cycle baseline (2–4 weeks before): Total testosterone, free testosterone, LH, FSH, estradiol, full lipid panel, AST, ALT, bilirubin, CBC.
- Mid-cycle (around week 4–5): Liver enzymes + lipids at minimum. Add hormones if you want to see suppression depth.
- Post-PCT (4 weeks after finishing PCT): Confirm testosterone, LH, and FSH have returned toward baseline before planning another cycle.

5. Post-Cycle Therapy (PCT)

RAD-140 is significantly suppressive. Almost everyone who runs a proper 6–8 week cycle at the doses above will need a real PCT to restore natural testosterone production in a reasonable timeframe.

Common effective approaches used in the community:

- Start PCT 1–2 days after the last dose of RAD-140 (half-life is not extremely long).
- Enclomiphene 12.5–25 mg daily for 4 weeks, or
- Tamoxifen (Nolvadex) 20 mg daily for 4 weeks (some use 40/20/20/20 taper).

A single SERM is usually sufficient. Dual-SERM protocols are more common after heavier stacks or longer cycles. Confirm recovery with bloodwork rather than guessing.

6. Important Considerations (Keep These in Mind)

RAD-140 is potent. The main issues users actually deal with are:

- Natural testosterone suppression (expect it — plan the PCT).
- Possible elevation of liver enzymes (monitor with bloodwork; keep cycle length reasonable).
- HDL cholesterol reduction (manage with diet, cardio, and omega-3s).
- Hair shedding in genetically predisposed individuals (it can accelerate male-pattern loss).
- Occasional mood/aggression changes or sleep disruption at higher doses.

These are manageable for most experienced users who respect dose, duration, bloodwork, and recovery. They are the reason responsible users treat RAD-140 as a serious compound rather than a mild supplement.

7. Quick Reference — Recommended Approach

For someone who wants the best muscle-building return with a sensible risk profile:

1. Run 10–15 mg daily for 8 weeks (15 mg is the most popular effective dose for intermediate users).
2. Train hard with progressive overload and eat for your goal (surplus for mass, deficit for recomp/cut).
3. Use basic on-cycle support (TUDCA/NAC + omega-3s).
4. Get bloodwork before, mid-cycle, and after PCT.
5. Run a proper 4-week SERM PCT (enclomiphene or tamoxifen).
6. Take at least as much time off as you spent on-cycle + PCT before considering another run.

Follow that framework and RAD-140 becomes one of the more productive oral options available for lean mass and strength in the enhanced toolkit.

This guide is intended for adults already engaged with enhanced performance compounds who want practical, community-informed information. Always source carefully, verify product quality where possible, and take personal responsibility for monitoring your health markers.