



Mind the Dose

The efficacy of and evidence behind GLP-1 microdosing.

By KRITI SHUKLA

There was a time when the mere suggestion of prescribed medicine to modulate appetite was perceived as an unequivocal escalation, a tacit admission that discipline, routine, and the carefully choreographed rituals of wellness had failed to achieve mastery over the body. Early conversations around GLP-1 drugs carried this discomfort openly. To need such medication was to concede a lack of control in a culture that still prized discipline as virtue.

What has shifted in the years since is neither access nor familiarity but rather the cultural and clinical

temperament toward these drugs, wherein the language of transformation—dramatic, sweeping, and often visible—has ceded ground to the language of optimisation and nuanced modulation.

The body, it seemed, could not always keep up with the promises of speed, and patients often faced side effects that were as disruptive as the weight loss was swift. The cultural appetite for extremes waned, and microdosing emerged as a considered response to the consequences embedded in the early enthusiasm surrounding GLP-1 drugs.

To understand how this recalibration is unfolding in

practice, *Bazaar India* spoke to four doctors working across endocrinology and skin health, each confronting the same essential question of proportionality, namely not whether GLP-1s are effective, but how much intervention the body truly requires.

HIGH-DOSE PARADOX

“In my practice, I observed patients losing weight at remarkable speed, yet their faces often betrayed fatigue, hollowness, or premature ageing,” reflects Dr Jamuna Pai, cosmetic physician and Founder of SkinLab. “Patients, increasingly, are seeking not merely weight loss but sustainable appetite control and metabolic improvement—achievements that allow them to look well while maintaining their health. It is within this that microdosing has carved out its clinical utility,” she adds.

Dr Anil Bhoraskar, a Mumbai-based diabetologist tells us, “The main side effects of GLP-1 agonists are gastrointestinal—nausea, vomiting, diarrhoea, decreased taste, and anorexia. Some patients also develop a distaste for familiar foods.” High doses often “mute” food noise entirely, leading to a robotic relationship with food.

But these individual side effects are only part of a larger, more complex picture. Across India, a discreet yet pervasive GLP-1 phenomenon is unfolding, fuelled by easy access, soaring demand, and minimal regulatory oversight. “It has been started without proper screening and adherence to dose escalation protocols. Individuals are risking not only adverse physiological events but also the diminution of the therapeutic potential of these otherwise highly effective pharmacological agents,” Dr Kiran Sethi, Medical Director and Founder of ISYA Aesthetics, points out.

MODERATION IN PRACTICE

For clinicians intent on reconciling efficacy with safety, microdosing is as much an ethical imperative as it is a medical strategy. Rather than adhering rigidly to conventional titration schemas, some practitioners employ a highly individualised approach, adjusting doses incrementally according to patient-specific variables, monitoring for changes not only in weight but in muscle mass, visceral fat, skin integrity, and micronutrient status, and integrating lifestyle modifications as essential adjuncts to pharmacological intervention.

Endocrinologist Dr Anshu Alok explains, “Microdosing can be profoundly beneficial, particularly when combined with sustained lifestyle optimisation and careful clinical oversight.” Dr Sethi adds that her experience taking GLP-1 drugs, combined with integrated care, has allowed her team to develop a safety-first, patient-tailored approach. “Microdosing GLP-1 allows us to individualise treatment, particularly for patients who are sensitive to standard doses or whose

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BMI may not be very high but who struggle with body fat and insulin resistance,” she explains.

The goal is not rapid reduction, reminds Dr Alok, “but long-term metabolic improvement without sacrificing muscle, skin, or quality of life.” Dr Bhoraskar, frames the discussion within the context of Indian metabolic realities particularly relevant for insulin-resistant ‘thin-fat’ Indians. “It gives a fraction of the standard dose to gently reduce appetite and improve food choices without overwhelming the system. Over time, patients naturally gravitate toward simpler foods and lower calorie intake. “Weekly injections typically start at 0.5mg, gradually titrating up, sometimes to 14mg depending on tolerance and response,” he adds.

What unites these voices is a shared insistence on proportionality. Hunger, once cast as a moral failing or enemy, is instead understood as a signal—a conversation between body and mind that can be moderated with care.

THE GREY AREA

Yet, despite its promise, microdosing is not without critique. Researchers caution that because large-scale, long-term clinical trials for low-dose GLP-1 use are still limited, outcomes can be unpredictable. A recent 2024 review in WebMD notes that while low-dose therapy often reduces side effects like nausea, gastrointestinal discomfort, and muscle loss, the evidence base is largely anecdotal and patient-specific, making it difficult to generalise results safely.

When asked how they approach in mitigating risk when working outside standard protocols, Dr Sethi speaks with candour about that complexity. “We, as doctors, have to use our experience to assess what each patient needs individually to improve health while avoiding side effects.” The weight of that responsibility is clear in her next words. “And the health and care of the patient is always primary over standardised guidelines created by pharmaceutical companies that can’t take into account individual needs or genetic predispositions or the needs of South Asian bodies.”

Dr Alok adds the practical dimension. “Working outside standard protocols requires vigilance like weekly monitoring, careful titration, and early intervention,” he notes. “Microdosing is not easier than traditional dosing; it is more nuanced, demanding experience, patience, and constant adjustment.” ■