Chemo Cycle Map · Cycle 3

Russ · Bath · Biweekly **FOLFIRI + Cetuximab** · Wed infusion

Cycle 3: **Wed 16 Sep → Tue 29 Sep 2026**
Next infusion (Cycle 4): **Wed 30 Sep**
New this cycle: **Metformin from Day 4**

DAILY BASELINE — EVERY DAY

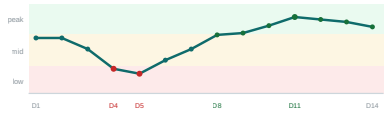
Citalopram 30 mg — w/ breakfast
Antihistamine (loratadine 10 mg) — w/ breakfast
Doxycycline — morning*
Zopiclone — sleep support, PRN
** Harry suggests evening, after food, 2–3 h apart from magnesium/iron/calcium/zinc — confirm & switch.*

★ METFORMIN — NEW THIS CYCLE (FROM DAY 4)

- **Days 4–5:** 500 mg MR once daily, evening, with/ after food
- **Days 6–7:** if tolerated → 500 mg twice daily (breakfast + evening)
- **Days 8–14:** 500 mg twice daily

Start only once eating & drinking normally. **Hold** if vomiting, significant diarrhoea, dehydration or unwell. **Delay the step-up** if constipation / nausea / poor intake persists.

THE ENERGY ARC



BOWEL & ANTI-SICKNESS

Laxido — titrated to effect: **2 on Day 1, 3 from Day 2**. Continue daily through Day 7; adjust day-by-day to keep stools soft & regular (prevent, don't chase).
Domperidone — PRN, **30 min before** meals / meds.

RULES THAT HOLD ALL CYCLE

- **Rest 12–3 PM** daily · weekends = **zero work**
- Hydrate hard — water + electrolytes
- Stop *before* fatigue hits, not after

Week 1

Infusion · fasting · low-carb recovery · nadir

DAY & PHASE	ENERGY	MOVE	WORK	REST & SLEEP	EAT
Day 1 Wed 16 Infusion day LAXIDO ×2 ZOPICLONE	5–7 REST ONLY	Hospital transit, lots of sitting. No structured exercise. Short garden/ local walk post-discharge if you need to move.	1 hr max, admin only. Light emails/planning if steroid alertness kicks in. No complex projects.	Bed **~10 PM**. Lie down as soon as home. 6–8 hrs, fragmented (dexamethasone).	Break the 24-hr fast gently: bone broth, soft scrambled/ poached eggs, light soup. High fluids.
Day 2 Thu 17 Steroid phase LAXIDO ×3	5–7 STEROID	**Walk + ~5-min garden exercise-club session** (did this). No gym.	**Up to ~2 hrs desk** — managed this. Short blocks, clear breaks.	Bed **10 PM**. Mandatory nap 12–3 PM. Early waking likely.	Low-carb, soluble: soups, eggs, cooked greens, tender lean poultry. Avoid dense carbs/fats.
Day 3 Fri 18 · today Steroid washout LAXIDO ×3	4–6 TAPERING	Similar to yesterday: light walk + brief garden exercise-club movement. Watch for sudden fatigue.	Aim ~2 hrs desk in short blocks. Urgent tasks early; lighter admin/brainstorming by midday.	Bed **9:30–10 PM**. Horizontal rest 12–3 PM. 8+ hrs — exhaustion setting in.	Ultra-gentle: warm veg/bone soups, poached eggs, avocado, soft fish. No raw/dense/heavy meals.
Day 4 Sat 19 The dip / nadir LAXIDO (TITRATE) METFORMIN ×1 STARTS	2.5–4 FATIGUE WALL	Cellular fatigue wall. Rest-focused. Minimal household movement or brief garden air only.	**Zero work.** Strict weekend boundary. Passive entertainment, no complex tasks.	Bed **9–9:30 PM**. Priority bed rest 12–3 PM. 9–10+ hrs.	Pureed/bland: warm pureed soups (squash, chicken broth), soft eggs. Metformin only if eating normally.
Day 5 Sun 20 Peak nadir LAXIDO (TITRATE) METFORMIN ×1	2–3.5 LOWEST	Lowest capacity. Possible breathlessness on stairs. Zero strain — complete pacing.	**Zero work.** Protect mental reserves. No stressful comms or deep thinking.	Bed **9–9:30 PM**. Priority afternoon sleep 12–3 PM. Prop up if gastric tightness. 9–10 hrs.	Light & warm: soups, steamed fish, eggs, plain broths. Small frequent portions + electrolytes.
Day 6 Mon 21 Gut transition LAXIDO (TITRATE) METFORMIN ×2 IF TOL.	3–5 STABILISING	Slow stabilisation. Light local stroll or garden movement as gut cramps settle. No strain.	1–2 hrs max. Light admin, email catch-up, low-stress distraction. Short, flexible sessions.	Bed **9:30–10 PM**. Restorative lie-down 12–3 PM. Save energy for evening family time. 8–9 hrs.	Transitioning: clear soups, poached eggs, plain rice, cooked lean meats. Test tolerance gently.
Day 7 Tue 22 Rebound boundary LAXIDO — LAST DAY METFORMIN ×2	4–6 LIFTING	Motility waking up. Light walking, gentle stretching or garden club. Floor lifting.	1–2 hrs max. Focused desk time in brief morning + afternoon blocks. Clear backlog smoothly.	Bed **10 PM**. 45-min lie-down 12–3 PM after morning activity. 8 hrs.	Stepping up: solid whole foods, cooked lean protein, well-cooked veg, soft grains. Prep for Day 8.

Week 2 Rebound · peak performance · pre-infusion prep

DAY & PHASE	ENERGY	MOVE	WORK	REST & SLEEP	EAT
Day 8 Wed 23 Active rebound METFORMIN ×2 SKIN CARE ON	6–7 GYM RETURN	**Gym return.** First session back — 1-on-1 strength or Zone 1/2 Wattbike + local walking. Pace it.	1–2 hrs max. Good clarity for strategic planning + client consulting. Ease back in.	Bed **10 PM**. Post-workout lie-down 12–3 PM to protect recovery scores. 7.5–8 hrs.	Back to normal solids: lean meats, healthy fats, balanced carbs, more fibre. Cetuximab rash care active.
Day 9 Thu 24 Stamina rebuild METFORMIN ×2 RASH PEAK 9–11	6–7.5 BUILDING	**Gym / active.** Strength training or outdoor exertion/gardening, 1–2 hrs. Building stamina.	2–3 hrs. High clarity — client delivery, AI architecture mapping, business ops.	Bed **10–10:30 PM**. Brief lie-down 12–3 PM if needed. 7.5–8 hrs.	Full normal diet. High protein for muscle repair. Rash peak — apply moisturising creams/ topicals.
Day 10 Fri 25 Peak building METFORMIN ×2 RASH CARE	7–8 STRONG	**Gym / cardio.** Structured cardio (Spin/Wattbike Zone 2) or strength work. High capacity.	2–3 hrs. Solid focus — finish deep-work projects, clear milestones before the weekend.	Bed **10:30 PM**. Optional 20–30 min power nap 12–3 PM if training load is high. 7.5–8 hrs.	Full normal diet. Balanced hydration + electrolytes. Keep moisturising face/nose/chest.
Day 11 Sat 26 Peak performance METFORMIN ×2 RASH CARE	7.5–9 HIGHEST	High-stamina window. Family outings, walks around Bath, DIY, or gym. High resilience.	**Zero work.** Normal weekend with Katy, Rex & Lyla. No desk work.	Bed **10:30–11 PM**. Minimal to zero nap — normal weekend flow. 7.5–8.5 hrs.	Full / social eating. Family meals, outings. Keep alcohol minimal — protects liver, avoids rash flares.
Day 12 Sun 27 Peak performance METFORMIN ×2	7.5–8.5 STRONG	Active family day, outdoors, or home DIY. Strong endurance + recovery.	**Zero work.** Family and rest. Enjoy normal weekend activity.	Bed **10 PM**. Wind down early to consolidate late-cycle recovery before infusion week. 8 hrs.	Balanced whole-food diet. High hydration — get the gut fully cleared before the pre-infusion fast.
Day 13 Mon 28 Pre-fast · peak output METFORMIN ×2	7–8 LAST PUSH	Spin bike (20–30 min Zone 1/2) or active garden work. Final active exertion day of the cycle.	**3–5 hrs — peak output.** Clear admin backlog, finalise client work, secure ops before infusion week.	Bed **9:30–10 PM**. Prioritise deep, restorative sleep before infusion day. 8 hrs.	Normal early day (granola, yogurt, lean protein, cooked veg). Prep for 24-hr fast from midday Tue.
Day 14 Tue 29 24-hr pre-chemo fast FAST · MIDDAY METFORMIN — HOLD IF NOT EATING ZOPICLONE	6.5–7.5 FASTING	Rest or very light movement (gentle stretch or brief walk). Avoid strain while fasting.	**3–5 hrs — prep & clear.** Wrap weekly admin, mental prep, organise before hospital.	Bed **9:30 PM**. Use Zopiclone if needed for solid sleep before the early hospital wake. 8+ hrs.	24-hr fast from midday: water, herbal tea, electrolytes only. Pick up Laxido for tomorrow.

★ TO HAVE READY

This week — for Day 4: Metformin MR 500 mg. In hand?

Before Cycle 4 (Wed 30 Sep): Mebendazole 100 mg (human/pharmaceutical grade) — source now for lead time.

Query for Harry: you may have **fenbendazole** not mebendazole — confirm whether it substitutes before relying on it.

Later, Cycle 5+ (only if LFTs OK): Atorvastatin 20 mg (or 10 mg cautious start).

Keep topped up: Laxido, loratadine, doxycycline, domperidone, citalopram, zopiclone, Helixor A (Wk 2).

CETUXIMAB SKIN CARE

Rash care runs Days 8–14.

Peak flare **Days 9–11** — moisturising creams / topicals to face, nose & chest.

Doxycycline continues throughout.

BLOODS GATE THE NEXT AGENTS

Forward bloods every **2–4 weeks** (esp. liver function + magnesium).

Metformin: renal function + normal intake.

Mebendazole: FBC + LFTs.

Atorvastatin: ALT/AST + bilirubin first.