

F.I.S. - FOUNDATION FOR INFINITE SURVIVAL, INC. (Est. 1972)
(science and philosophy in a unified system of thought)
LIFE-EXTENSION & CONTROL OF AGEING PROGRAM
MEDICAL RESEARCH SERVICES / DOCTORINTERNET.COM

#1 - Over-view

The Life-Extension Program is a comprehensive approach to long-range health. It is systematic, individualized, and based on the rapidly evolving field of life-extension science. Directed toward individuals with an orientation toward health and prevention, the focus is on the interests and needs of persons who are 50 years of age and older. The objectives are the extension of the “health span”, the prevention of the chronic diseases (e.g., heart attack, stroke, cancer, diabetes, arthritis, etc.), and a particular approach to clinical medicine if disease occurs. In tandem, we have a research strategy for the eventual control of ageing..

With procedures that are currently available, when implemented in an organized manner, the healthy life-expectancy can be increased in most persons by some 20-30%. Most of the chronic diseases can be avoided or at least mitigated and put under state-of-the-art medical treatment; and the ageing process can be slow. Particular strategies differ according to each person’s bio-medical status. Progress in research offers the prospect of much greater accomplishments; and our strategy in that area is an integral part of this effort. What The Life-Extension Program offers is not provided in a person’s routine medical plan; however, participation will enable one to utilize those services to their fullest potential.

This brochure explains two modes of involvement in the program: **Subscriber**, which is informational, and **Participant**, which involves applications.

Subscriber receives a preliminary evaluation, lecture series, the Manual of Principles & Practices, the DoctorInternet Program, and web-site services. A contribution of \$200 is required, and that can be applied to participation. See explanatory insert for details.

Participant receives, in addition to the above, comprehensive testing and evaluation, the design of a personal life-extension strategy, and a one year program of implementation. A contribution of \$2,500 is required. See explanatory insert for details.

The Foundation was established in 1972 for the purpose of advancing life-extension science. The idea of infinite survival is used as a non-sectarian, philosophy which works in synergy with the bio-technology. For reasons which are explained in the supporting materials, we believe that life-extension is best pursued within a broader philosophical context. The scientific basis of the Life-Extension Program was first published in 1977 and peer-reviewed subsequently in various scientific and medical venues.

Everone CA, 1977. A Systematic Approach To Life-Extension And Control Of Ageing. Journal of Applied Nutrition, 29(3&4) p.32-47, 1977.

Everone CA, 1978. A Uniform System For The Delivery Of Life-Extension Applications And The Advancement Of Ageing Research. Presented at XIth International Congress of Gerontology, Tokyo, Japan, August 1978.

There are three essential component in a scientific approach to life-extension: 1) a clinical program which is tailored to the aims; 2) an experimental animal colony for evaluating life-extension agents; and 3) a research strategy in ageing.

From 1978 to 1991, the first two components were resolved. The Foundation, with Chadd Everone as the Principal Investigator, operated a medical clinic along the guidelines, which are explained herein. Also, an experimental animal colony was maintained for testing life-extension therapies. In 1991, effort was directed toward determining the strategy in basic research for the control of ageing as well as various writing projects including the FIS web-site and the "DoctorInternet.com" computer program. Complete details are posted on The Foundation's web-site at { <http://www.fis.org> }.

Principles & Some Advisors

Chadd Everone, Im., Ph.D.,
Governing Trustee and Principal Investigator.

Ezra T. Clark, M.D.
Medical Director

Richard Stancliff, Ph.D.,
Scientific Advisor,
Businessman.

Douglas Walsh,
Administrative Advisor,
Senior Auditor for Kaiser Permanente.

William Vaughan, Ph.D.,
Scientific Advisor,
Pres. Sport Street.

Mark Rosenberg,
Computer Sciences Advisor,
Div. Mgr. Lawrence Berkeley Lab.

Dale Sobek,
Program Advisor,
Businessman.

Bill Martin,
Program Advisor.
Pres. AntiAging Society, Inc.

#2 - Registration Form

Registration

Name _____
Street Address _____
City, State, Zip _____
Telephone _____
E-mail _____

Make payment by check and send to: Foundation For Infinite Survival, Inc.
P.O. Box 13512
Berkeley, California 94712-4512

- Subscriber \$200
 Participant If intending to become a participant, just check this and become a Subscriber.
 Medical Research Report \$250

Describe the medical condition upon which a research report is requested.
We will contact you by phone to discuss the details.

#3 - subscriber

LIFE-EXTENSION & CONTROL OF AGEING PROGRAM

SUBSCRIBER

The objective here is to provide a good understanding of the basics of life-extension science so that a person is in a position to decide whether or not to participate. Essential materials are provided together with a lecture series and a personal evaluation. A \$200 contribution is required and is applied to participant fees, if one proceeds in The Program within 6 months of registration..

- ◆ **The Manual** is a 500 page document containing the general philosophy and all of the details of the Life-Extension Program, including testing and evaluation procedures and applications. With this information, one can begin a scientific approach to life-extension independently by oneself and personal physician or proceed through our Program.
- ◆ **The DoctorInternet** program instruct in how to use the Internet for health and medicine, something which is an integral part of personal health management.
- ◆ **The Web-site Subscription** is included and provides access to all of the materials and up-dates, keeping one current on developments.

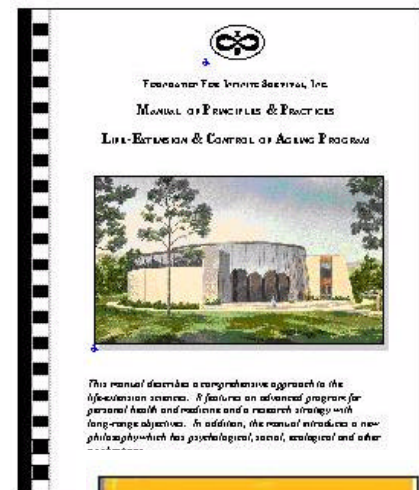
- ◆ **Lecture Series.**

Lecture 1 defines the objectives of The Program and reviews the program materials. The history of life-extension science is covered along with the philosophy. (In large measure, life-extension entails philosophy).

Lecture 2 deals entirely with The Life-Extension Program, doing the full life-expectancy calculation and explaining the testing and evaluation procedures and the Phase I Applications.

Lecture 3 covers the research strategy; and we attempt to get a clear idea about how each person should proceed, either by participating in our program or independently through one's physician and/or by oneself.

- ◆ **Personal Evaluation.** In the course of the above, a person receives an evaluation of the areas of health which need attention and a clear idea about the potential benefits of participation.



#4 - participant

LIFE-EXTENSION & CONTROL OF AGEING PROGRAM

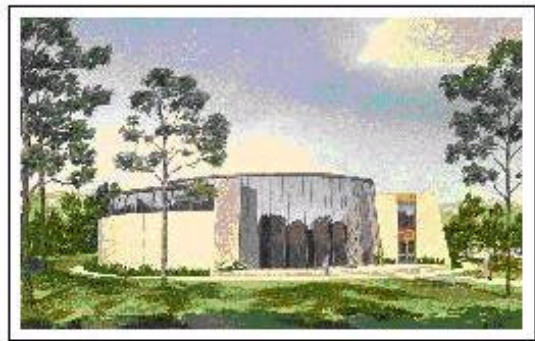
PARTICIPANT

The purpose of becoming a participant in the Life-Extension Program is to optimize one's health in line with the recommended procedures in The Manual. Initially, this is a 1 year program, and one can renew according to needs and interests. The applications includes the following.

First, comprehensive bio-medical testing and evaluation is done involving such things as: medical histories, blood chemistries, electro-cardiography, blood pressures, vision, hearing, and numerous other tests. (For details, see the example of a case file which is attached.) Once the data are assembled, then a personalized program is designed in nutrition, toxicology, physical conditioning, disease prevention, curative medicine, and other considerations which may be relevant. Over the course of the year, the plan is implemented and adjusted, as may be required. The contribution is \$2,500. This may be treated as tax-deductible, which means that the net cost would be about \$1,500. (Because some of the applications would decrease normal consumption, those saving should be comparable to or greater than the cost, thus making the actual expense negligible.)

See the case file for an idea about the details. At present, the number of Participants is limited to 200.

A major objective is to build an advanced reference clinic and research facility for which plans have been drawn and a site located.



Note: Your participation may become an investment. Participants are contributing to the advancement of our research aims in bio-technology. Some of that work may yield commercial discoveries and be spun-off into private stock entities. In such cases, we will treat contributions either as founder's stock or options; so, keep your receipts, they may be convertible to an investment.

To personalize the idea of life-extension,
do the following exercise.

Using the actuarial table below, go to your present age.

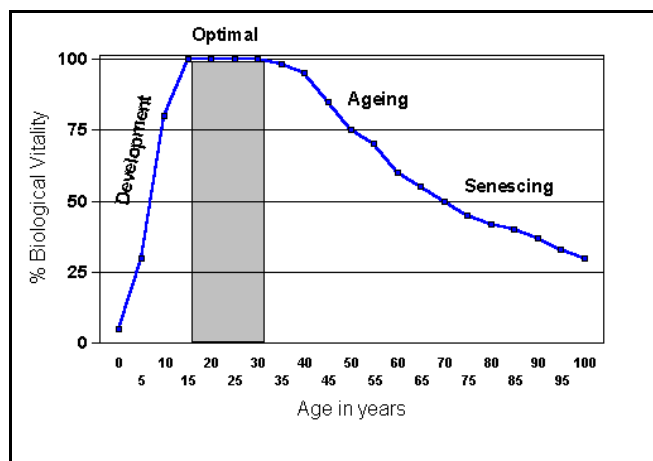
Note your average life-expectancy _____ .

Subtract your present age _____ .

= average number of years remaining _____ .

LIFE-EXPECTANCY TABLE - Males (Note, females live longer.)											
Age	Life span	Age	Life span	Age	Life span	Age	Life span	Age	Life span	Age	Life span
20	75.6	35	76.7	50	78.3	65	81.6	80	87.9	95	98.2
21	75.7	36	76.8	51	78.4	66	81.9	81	88.5	96	99.0
22	75.8	37	76.9	52	78.6	67	82.2	82	89.0	97	99.9
23	75.9	38	77.0	53	78.8	68	82.6	83	89.6	98	100.7
24	75.9	39	77.1	54	78.9	69	82.9	84	90.2	99	101.6
25	76.0	40	77.1	55	79.1	70	83.3	85	90.8	100	102.5
26	76.1	41	77.2	56	79.3	71	83.7	86	91.5	101	102.4
27	76.2	42	77.3	57	79.5	72	84.1	87	92.2		
28	76.2	43	77.4	58	79.7	73	84.5	88	92.8		
29	76.3	44	77.5	59	79.9	74	85.0	89	93.6		
30	76.4	45	77.7	60	80.2	75	85.4	90	94.3		
31	76.4	46	77.8	61	80.4	76	85.9	91	95.0		
32	76.5	47	77.9	62	80.7	77	86.4	92	95.8		
33	76.6	48	78.0	63	81.0	78	86.9	93	96.6		
34	76.7	49	78.2	64	81.3	79	87.4	94	97.4		

If you're going to live this long, you'd better take good care of yourself.



Ageing is shrouded in euphemism and denial, which remain powerful barriers to solving the problem.

What is Life-Extension Science?

By the term “life-extension”, we mean the restoration and maintenance of biological vitality, the benefits of which would extend the healthy and functional life-span. (Life-extension does not mean prolonging ageing-associated frailty nor geriatric medicine - that is what we are attempting to avoid.)

Life-extension science represents a fundamentally new approach to health and medicine. It is an integration of 4 components.

First, emphasis is placed in optimizing health and function. The basic applications involve mainly: diet and nutrition, physical conditioning, and toxicology. These are fairly straight-forward in principle; but getting them into personal application requires training.

Second, attention is given to disease prevention, focusing on the common chronic diseases (heart disease, stroke, cancers, diabetes, etc.). Depending on the testing data, different people required different preventive strategies.



Third, if a person has a particular disease, then there is a “life-extension” approach to treatment, one which employs conventional medicine from a unique perspective. The emphasis is on “observational therapy” along with “evidence-based medicine” - having a clear understanding of the relationship between potential benefits and adverse effects of particular medical procedures, employing state-of-the-art medicine, and investigating experimental options.

Fourth, life-extension science entails a research strategy in the area of the control of biological ageing. Ageing is the fundamental cause of most chronic problems and the limiting force on the life-span potential. Some slowing of ageing can be accomplished by the proper administration of the above. Basic research is progressing rapidly in this area; and a particular strategic approach is a component of our long-range program.

Clinical Applications



Research Objectives



Why The Control of Ageing?

Because without that only marginal benefits can be achieved! Most people will easily accept the notion that the healthy life-span can be extended by a program for optimizing physical condition, preventing disease, and a judicious use of clinical medicine. But the idea of the control of ageing, as a necessary component of such health and life-extension, is still foreign to all but a few, even though it should be quite obvious. Ageing is constituted by an array of degenerative processes that are intrinsic, that cause the organism to become progressively weaker and more vulnerable to disease and death and that limit the maximum life-span. Although ageing can be modulated somewhat by environmental variables, it progresses irrespective of how optimal the environmental conditions may be. For humans, ageing limits the maximum, genetic life-span to slightly over 100, the last 20-30 years of which are usually in a considerable state of disability. Our ancient ancestors, who lived directly in Nature, in the wild, did so under such harsh conditions that the average life-expectancy was about 20 years and no one survived beyond 40. Thus, in Nature, ageing does not occur. Even as recently as 17th Century, Elizabethan England, the average life-expectancy of the upper-class, royalty was only about 29 years. Some exceptionally hearty individuals did lived into their 80's and beyond; but they were rare. Now, of course, that is the fastest growing portion of the population in modern society; and within the near future, over 20% of the population will be over 65 and ageing. A hundred years ago, in 1900, the average life-expectancy was 49; today it is 79. That increase of 30 years is due to the prevention of early deaths by mostly improved standard of living and public health measures (only 5 years has been contributed by medicine). The current medical and health paradigms focus on the prevention and cure of specific diseases; however, even with a perfect medical technology in which no one every died from any of those disease, it would only increase the average life-expectancy by about 12 years, and that would result in virtually everyone living long enough to end up with advanced ageing. Contrary to being a great accomplishment, it will be a personal and social catastrophe; and we are fast moving in that direction unless and until the underlying disease, ageing, is cured. On the other hand, if ageing were controlled, then disease would be minimal and functionality optimal; if disease did occur, medical treatment would be highly effective and recovery rapid; and the life-span potential would be open-ended. There really is not much choice but to move on this opportunity - for self, for those whom we love, for society in general and for future generations. There are only a few areas in basic biology where the solutions reside. One of the therapeutic modality of greatest potential will be “transcription factors” which modulate DNA expression and can be used to reactivate mitosis (eumitotic agents). Chadd Everone, Im., Ph.D., Governing Trustee

#5 - insert

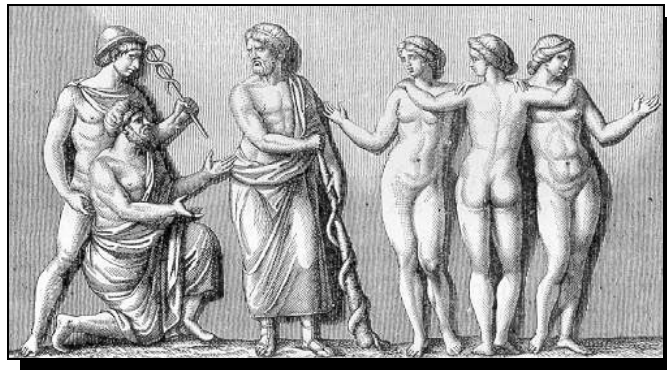
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MEDICAL RESEARCH SERVICES

Some people, who are considering participation in the Life-Extension Program, will have a particular medical problem. That will be a primary concern and point of entry. As previously mentioned, life-extension science has several components, one of which is a particular approach to clinical medicine. Whenever a person has a serious medical problem there are some basic considerations.

- 1) Has a proper diagnosis and staging been made?
- 2) What are the state-of-the-art therapies for the particular disease?
- 3) What are the adverse effects of the proposed treatments and the probability of a successful resolution? Will there be an extension of quality life-span or will treatment mitigate that.
- 4) What is the status of current research on the particular disease and might experimental trials be worth considering?
- 5) The focus should be on “evidence-based” medicine; and “observational therapy” and “watchful waiting” may be appropriate while one is reconditioning general health and physical condition.

In The Program, whenever a person gets a serious medical problem, we recommend that such considerations, as the above, be made; and the first step is to do what is called a Base-Report. Based on that, different strategies will pertain according to the particulars of each case. See the Registration form for ordering or call to discuss the matter.



Aesclepius, the Greek and Roman god of Medicine, with Hermes bringing the Patient to the Physician, who consults the Muses.