PERMANENT LIFE TECHNOLOGY

GLOBAL MOBILE MEDICAL SYSTEM

INDIVIDUAL UNIVERSAL IMMUNOTHERAPY

How to eliminate all virus, bacteria, cancer, toxins, trauma, aging and live forever

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First human to achieve theoretical creative control over matter, energy, life, economy, society, planet, star, galaxy, universe and multiverse, proving all time highest intellectual capacity development from equal human potential

SUMMARY

ABOUT AUTHOR

Alexandre was found by his adopted Anthropologist Mother and Archaeologist Father in a basket floating down the Amazon river. Believed to be the last survivor of Eldorado, the last Pyramid of Egypt, built in a crater under the Amazon Jungle, by Cleopatra and Mark Anthony. They actually fled Europe and crossed the Atlantic, following the lost battle of Actium, taking with them the tomb of Alexander The Great, to their final resting place, in a Golden Pyramid in the deep heart of the Amazon Jungle. Yes, just kidding. I was actually born in Belo Horizonte, Minas Gerais State, Brazil, at Felicio Rocho Hospital at 13:25 of a Thursday, to American and Brazilian teacher parents, in the decade of freedom (60s), grew up in the decade of science-fiction (70s), experienced the decade of conservative-pandemic repression (80s), participated in the decade of the virtual freedom revolution (90s) that created the Internet and that now in the twenty first century is taking over reality too. I can now turn any expensive "barrier of entry" monopoly abuse patented technology obsolete in under an hour. I have developed the lowest cost and highest performance institutional and infrastructure technology in the market, including Healthcare, with Permanent Life Technology.

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I – PERMANENT LIFE PARADIGM

The current primitive traditional bureaucratic medical system is characterized by centralized post-symptomatic care with high fixed cost (real estate, maintenance, personnel and training), lack of widespread application of high-tech advanced medicine, because of bureaucratic/monopolistic economic/religious interests/barriers and use/abuse of psycho-neurological drugs. These act against symptoms instead of causes, which in addition to the use of entertainment neurological drugs, generate serious debilitating collateral effects in the medium/long term, including on neuron cells, that would otherwise be at 100 as efficient as at 10 years old.

The current medical technological paradigm of "sickness and death" is of pre-scientific origin and based on common sense embellished by religion. Supposedly in a certain arbitrary point (leading to a lack of oxygen to brain neuron cells), considered without return, energy ("soul") leaves and turns off the body (lack of electric activity in heart and brain), when in fact 99.99% of cells are alive/active at this point. It puts healthcare as an exceptional or useless product/service (exceptionality of sickness and inevitability of death) reducing and limiting the full engagement of patients and/or relatives that tend to have a pessimist/conformist behavior.

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (ATOMICALLY STRUCTURED DEACTIVATED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

The current definition of "medical death" is of a failure to restart respiratory-circulatory system after 2 to 5 minutes of attempts, because supposedly it would lead to "irreversible" damage/stoppage of the neurological system because of lack of oxygen. Supposed "legal death" is currently the stoppage of the neurological system (lack of electric activity in brain). But using advanced artificial cardio-respiratory equipment and/or lowering the temperature of the body reduces the need for oxygen (around 50% less for each reduction in 10 degrees Celsius), allowing sustaining Cellular Life and future progression.

Death by aging is mainly caused by genetic evolution, mainly programming hormone/enzyme reduction to stop DNA end telomere regrowth, limiting cell division, leading to cell dysfunction and mortality. Death and sexual reproduction have improved species preservation via DNA diversity, leading to higher resistance, specially against viral/bacterial infection, within a limited time frame of Life. Humanity however, now control genetic programming, that can replace diversity as a means of increased Life resistance and preservation. Humans with genetic hormonal/enzyme decline can reverse aging with hormonal/enzyme supplementation combined with immunological, nutritional, physical/mental (and/or electric muscle/neuron cell stimulus) supplementation to preserve Systemic Life, avoiding DNA telomere reduction derived cancer, immune white cell reduction and environmental/genetic cancer growth, with immunological supplementation.

The Permanent Life Paradigm and Protocol preserves, regresses and progresses Life across 5 dimensions, Systemic, Cellular, Atomic, Genetic and Informatic, protecting against all causes of death, including widespread hemorrhage, viral/bacterial infection, cancer or total elimination of current physical body including incineration or disappearance, by preserving the “hardware” genetic code and the “software” memory. As matter-energy entities we already exist forever, after our lives are usually abandoned with 99.99% living cells and suffer atomic/molecular dispersion into the environment, to form other matter-energy entities including Lives with DNA identity at the cellular level, which is lost by such dispersion. DNA/memory identity Life is replaced by Molecular Existence or Quantum Existence (atomic, electronic, photonic or gravitonic) with no known unique identity. Potential Permanent Life is replaced by Permanent Existence that can return to Permanent Life if Genetic or Informatic Life is preserved (Hardware/DNA and Software/Memory).

Primitive definitions of death are damaging to Life, are not scientifically current and are illegal/unconstitutional (conflict with original motivation of legislator to preserve life based on advanced science and with other hierarchically superior life protection laws). Reducing the temperature of the body for example can extend the cardio-respiratory reactivation window (there are several cases of survival to more than two hours without oxygen under ice inside cold waters), artificial cardiorespiratory equipment can maintain Cellular Life indefinitely and allow future progression. A pregnant women with a "dead" brain and heart had her Cellular Life preserved for more than 4 months to complete her pregnancy. The same equipment should be used to maintain the Cellular Life of any individual. However government/private health systems and patient families have mostly opt to not use or turn off artificial Life support systems at some point because of cost, supposed suffering or low probability of recovery, all of which are damaging, illegal and technically incorrect.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced until 6 years and potentially after) and cardiac

muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can grow in size, can survive indefinitely (if not destroyed by neurological drugs, cancer, virus, bacteria and have adequate protection), can be replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and/or artificial super cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by collateral effect of neurological drugs or pollution).

Theoretical and empirical evidence demonstrate that LIFE CAN BE PERMANENT and that Systemic Life, Cellular Life, Atomic Life, Genetic Life and Informatic Life can be preserved, regressed, regenerated and progressed. Efficient Medical procedure would involve for example cardiorespiratory equipment and/or hypothermic preservation of Cellular Life; cryonic dehydration/rehydration preservation of Atomic Life followed by porous intercellular circulation (direct external oxygenation/nutrition) and vascular recirculation; hormonal/immunological/nutritional/physical supplement cellular regeneration to than seek progression back to full Systemic Life with physical, chemical, electric, photonic and/or gravitonic stimulus.

Systemic Life should be preserved with systematic nutritional, hormonal, immunological, stem-cell, physical, mental, electric supplements: bio-specific (anti-cancer vaccines / viruses / bacteria) and bio-identical white cells/hormones; sensitive/selective cellular nano-marking (photothermal/electromagnetic/biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

Non-individualizable or unidentifiable Atomic Life (moving matter or kinetic energy) is proven to be permanent with atomic and sub-atomic particles that can date billions of years. Life does not die only transforms. Humans are made of about 100 trillion rotating cells and 7 octillion rotating atoms that can last forever interacting with the environment and human technology. Individualizable or Identifiable Atomic Life (with unique DNA code attached to cellular structured atoms) is already technologically possible (in theory and/or practice) to preserve, regress, regenerate and progress back to Systemic Life. Human Individualized Permanent Life must be protected and not dispersed with loss of identity. Any person may have a hydrogen or oxygen atom that belonged to a dinosaur or a caveman who had their Atomic Lives dispersed to become unidentifiable and without DNA preservation.

Human embryos, oocytes, sperm, stem cells, umbilical cord blood and testicular/ovarian tissues are currently preserved, regressed and progressed to/from Cellular Life (deactivated cell or cell integrated systems) to/from Atomic Life

(deactivated cell structure) with cryopreservation-reactivation. Respiratory and circulatory systems have been routinely reactivated and the neurological system is theoretically possible to reactivate via physical, chemical, electric, photonic and/or gravitonic stimulus.

The issue to be solved is one of complexity and logistics, just requiring resources, execution, time and experience to be fully completed. Umbilical cord blood embryonic cells have been dehydrated with dry freezing (freezing followed by sublimation in vacuum), preserved at room temperature and successfully rehydrated. There is an enormous potential to reduce cryopreservation cost and raise reactivation potential, combining the use of intracellular/intraorganelle trehalose cryopreservative, mechanical vibration and electromagnetic field for instant freezing without crystal formation.

Flash dry freeze results in a porous fully/partial dry "sponge" body that can be rehydrated/regenerated via additional porous/ interstitial/ intercellular from high (liquid) to low (vacuum) pressure circulation. Porous Intercellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. This protocol would be recommended in case a general or segmented artificial vascular circulation is not possible because of generalized hemorrhage, viral/bacterial infection and/or cancer. Cells would be added/regenerated by mitosis or by introduction of external stem cells with nano markers to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

Other animals and plants Systemic Lives have been preserved/regressed/progressed from/to Systemic, Cellular and Atomic Life. Tardigrades can endure alterations of minus 100 degrees Celsius to plus 100 degrees Celsius and endure space vacuum, solar heat/radiation by dehydrating cells, regressing to Atomic Life and back to Cellular Life and Systemic Life, including reproduction capacity, converting glucose to trehalose. Nematodes endure minus 196 Celsius. Moss plants, frogs, lizards, turtles and Arctic squirrels endure below zero degree Celsius, water freezing temperatures, with sugar/protein cellular cryopreservatives (cell water won't freeze at usual temperature) and go into different levels of hibernation, increasing/decreasing cellular activity and oxygen/energy needed. An Alaskan beetle can endure -60C. A kidney from a rabbit has been frozen (vitrified), unfrozen and transplanted successfully. Virus, bacteria and nematode found in Arctic Canada/Russia, over 30-40,000 years have been unfrozen, self-repaired membrane and returned to life.

PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM defines health as a product/service of total coverage/utility, providing economies of scale (mass production) and economies of scope (multi utility), with full political, social, economic, cultural engagement/inclusion of all patients and/or relatives. The adoption and

dissemination of this paradigm has immediate philosophical impact on society with substantial increase in physical and psychological well being. Due to limited knowledge, lack of resources, inefficiency, economic, social, cultural and religious primitive habits, currently occurs the abandonment of Systemic Life, Cellular Life, Atomic Life, Genetic Life, Informatic Life of the patient after respiratory, circulatory, neurological systems electric stoppage, potentially partially or fully reversible in the short and/or long term.

The arbitrary, abstract, primitive, pseudo-scientific concept of "death" was initially a respiratory, than a circulatory and currently neurological system stoppage, which is then followed by gradual cell stoppages and partial atomic/molecular dispersion into the environment. Generally in traditional mortuary procedures, only the skeleton remains after the abandonment of Cellular Life in high temperature environment, or even worse the body with living cells may be burned to gases and ashes (all the atoms/molecules will be recicled into the environment with loss of the DNA identity). The supposed "death" is accompanied in general by religious beliefs about the supposed maintenance of an energy/photonic structural identity ("soul/spirit") and grouping of these in a specific location ("heaven" or "paradise") or return to a new body ("spiritual reincarnation"). These beliefs were created and propagated with the artifice that they would have origin in a super powerful rational creative divine entity that allegedly would have been expressed to specific human beings ("prophets"). DEATH IS A PRE-SCIENCE COMMON SENSE RELIGIOUS CONCEPT.

Most of the energy or the electrons of an individual, remains orbited around neutrons/protons inside atoms, especially hydrogen, oxygen, carbon and nitrogen that are millions or billions of years old. These atoms/molecules can be dispersed in whole or in part in the environment without maintaining any identity (DNA) with the atomic structure of the original individual. The release of all electrons could occur in the event of a burial inside a star like the Sun or an artificial nuclear reactor and would cause the total unidentifiable dispersion of these sub-atomic particles.

The primitive concept of "death" or supposed post-death electronic/photonic life is unrealistic, unnecessary or improbable (although some natural or artificial form of photonic ID could be possible, speculated or believed as long as this does not lead to the abandonment of the known DNA cellular ID). The primitive death concept should be replaced by the concept of Permanent Life and its components: Systemic Life (respiratory, circulatory and neurological cell integration systems), Cellular Life (non-integrated structure of individual cells), Atomic Life (cell structured atoms), Genetic Life (bio genetic code in DNA) and Informatic Life (DNA genetic code in computational binary code; social, economic, cultural and psychological memory/history).

The concept of Permanent Life can be more attractive to individuals under severe emotional or psychological pressure in search of supernatural religious explanations.

What matters is that religious beliefs do not cause damage to Permanent Life of Human Beings and that on the contrary strengthen the pursuit of preservation, regression, regeneration and progression of components of Permanent Life. THE CURRENT RELIGIOUS OR TRADITIONAL MORTUARY PROCEDURES ARE HIGHLY DAMAGING TO PERMANENT LIFE AND MUST NOT TAKE PLACE: SYSTEMIC, CELLULAR AND ATOMIC LIFE MUST BE PROTECTED.

The medical technological paradigm of Permanent Life seeks preservation, regression, regeneration and progression of Systemic Life (via nutritional, immunological, physical and hormonal supplementation), Cellular Life (via artificial equipment for external/internal blood oxygenation, nutrition and filtration), Atomic Life (via cryopreservative of glucose/trehalose plus phosphate, potassium, sodium and/or calcium to penetrate/protect cellular membranes/ organelles, flash/dry freezing, dehydration, rehydration, porous intercellular circulation and regeneration), Genetic Life (preservation of bio cellular genetic code for regenerative cell reproduction and/or complete reproduction via nuclear transfer for oocyte to development of twin brother/son or twin sister/daughter) and Informatic Life (human hardware/software: binary audiovisual DNA genetic code for bio DNA transfer and memory, historic-social-economic-cultural identity information, for education or cerebral upload via visual or direct interface).

Embryos (Cellular Lives) have been disabled (regressed to Atomic Lives) by reproduction clinics via cryonic freezing, with cell preservation with cryo preservatives, to be reactivated later successfully for reproductive purposes or discarded. This activity is allowed in most countries, but is damaging to life (when permanently regressive/destructive) and should not be allowed by the criteria of protection of life. Alternatively it is possible to freeze cryonically oocytes/sperm (female/male gametes) and adult cells with nucleus containing DNA to transfer to a nucleus-free oocyte (reproduction via same DNA or hybrid new DNA).

An adult cell nuclear transfer into an oocyte (unfertilized female gamete produced and discarded regularly by fertile women is not an independent Cellular Life), has been mistakenly, illegally and unconstitutionally banned in many countries because supposedly it is damaging to life. There is not in fact any kind of damage to life, on the contrary, this technique is progressive and regenerative, does not regress or destroy life, on the contrary preserves Genetic Life and develops Cellular Life, that alternatively can be progressed/incorporated to the Systemic Life of the original nucleus (direct development of tissues, fluids or organs) or development into an independent Systemic Life with the same genetic code (DNA) but independent respiratory, circulatory and neurological systems that integrate these new cells.

Obviously there can be no damaging removal of tissues, organs or fluids from an independent Systemic Life, even if they have the same genetic code, from the point of development of cell integration systems, specially the neurological system, specially

the brain, which then characterizes a new Individual, a new Systemic Life and a new protected Permanent Life. The preference is to develop biologic, electronic or bioelectronic organs with the same DNA of the receptor, starting from an oocyte with a nucleus transfer from an adult cell with the same DNA.

Abortion destroys Cellular Lives (embryos) and should be replaced with embryonic or fetal transfer to another gestation-mother, incubator (dry/air or wet/liquid) or when not yet technologically possible to cryonic preservation with cryo preservatives for future transfer. The legal prohibition of abortion is not efficient because it is not operationally possible for the government or society to control voluntary actions of individuals over their own body in the privacy of a residential or commercial unit (in addition to the life-threatening risk to clandestine abortion actions especially without appropriate medical expertise). Incubators with aminiotic fluid, lung-heart-kidney machines (oxygenate, nourish, supplement and filter the blood of the fetus) could reduce unwanted pregnancies from an involuntary mother to less than five months. Abortion clinics could be replaced by gestation clinics and/or transfer to incubators.

Society and governments, in the interest of preservation of life and protection of minors, should not require or enforce parental responsibility with laws and criminal or civil (payments) process, as they encourage abortions, instead of encouraging gestation for later adoption or government guard in a boarding educational institution, preferably an University. On the impossibility of voluntary gestation, as a last resort should then opt for embryo/fetal transfer (gestation-mother/incubator) when technologically possible or cryonic Atomic Life preservation for future reactivation, avoiding the abortive destruction of Cellular Life or Systemic Life. Additionally there must be development and improvement of use, multiuse, efficiency and complementary alternatives of birth control methods to eliminate the abortion practice.

Preservation (or transfer when technologically possible) of embryonic Cellular Life or fetal/child/adult Systemic Life does not generate economic deficit (expense), on the contrary generates surplus (investment) because when economically activated can generate on average higher revenues than the cost of their preservation. The destruction of Cellular or Systemic Lives generate significant economic and psychological damage to society. The transfer and regression of Cellular Life to Atomic Life (cryonic freezing), as protective measure against its possible destruction, is valid and effective as last voluntary alternative to abortion (embryonic/fetal destruction) after parental responsibility transfer attempt (Systemic Life with full 8-9 months gestation), transfer to incubator (from 4-7 months of gestation) or embryo transfer to another mother (when technologically possible).

Organs (smaller cellular systems with specific functionality) of patients with Cellular Life, but with inactive Systemic Life, can also be preserved with temporary loans to other patients to maintain their Systemic Life active, returning to the original patient when the receiver also has inactive Systemic Life. Biological, electronic or

bioelectronic organs can also replace damaged or missing organs. Millions of Systemic Lives can be maintained with efficient administration (quick and mobile) of a loan bank from extended and preserved Cellular Lives. The main objective must be to develop organs with the same DNA of the receptor to avoid rejection or the suppression of the immune system.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (glucose/trehalose), flash/dry freeze (-20 to 40 Celsius, electromagnetic/mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge), rehydration (vapor, mist, spray and liquid) and porous intercellular circulation in addition to parttial vascular recirculation (assuming it's obstructed making it necessary to regress Cellular Life with artificial circulation equipments to Atomic Life and future progression back).

Recirculation includes bio-identical bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) to accelerate growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via enlarged/reinforced pores/membranes/veins/arteries/capillaries (pressure/osmosis/electrolysis/gravity flux/cycle), reestablishing aquatic/wet Cellular Life. After cell structure regeneration, cell pores can be reduced/closed to normal functionallity (replacing/changing trehalose to glucose, seeking to close cell and skin higher porosity to nomal levels).

Genetic (bio cell DNA) and Informatic (computer binary code DNA and memory) Lives can also be preserved for nuclear transfer reproduction and genetic reprogramming pluripotent cellular for tissue/organ growth or complete body reproduction/growth into a new independent Systemic Life genetically identical, with memory/education transmission (similar human hardware/software preservation, with same DNA and approximate/similar memory). Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

II- PERMANENT LIFE PROTOCOL

Over 50 million lives, with cardiorespiratory/neurological electric stoppage but with 99.99% living cells, are abandoned yearly by primitive traditional doctors, without the use of the most advanced medical techniques, to then be buried or burned. Doctors must immediately implement the Permanent Life Protocol to protect lives and avoid judicial responsibility for their abandonment. Justice agents must stop this abandonment and protect Permanent Life. The traditional primitive damaging mortuary protocol must be stopped.

Medical/Judicial systems and personnel are obligated by professional/judicial contract to protect life with the full extent of ADVANCED MEDICINE, that is distinct from alternative/experimental medicine by offering solutions that do not have any alternative in the mainstream medical systems. These solutions solve current problems that lead primitive doctors to declare "death", leading a Human Life, with around 100 trillion living cells, to be abandoned, deactivated, disintegrated into unidentifiable around 8 octillion atoms that will be dispersed into the environment (molecules, atoms and/or sub-atomic energy-matter quantum particles), losing DNA identity and incorporated into other cellular life forms.

The Permanent Life Protocol systematizes medical techniques that have no alternative in traditional mainstream medical systems, that are not applying such techniques systematically, motivated by short term profits and/or professional/religious conservatism. This protocol can be better applied with a low cost mass flexible production product with all components to protect Life, as is the Permanent Life Module technology offered by the Global Mobile Medical System (www.mesistem.com).

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (DEACTIVATED ATOMICALLY STRUCTURED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

PREVENTION:

1-Prevention of use of inside/outside content mass media for lethal substance abuse propaganda, defined as systemic for income or empowerement and not for freedom of expression, with restitution for damage, fine for premeditation, asset seizure, activity stoppage and home arrest for danger, without previous censorship or reduction of

freedom of expression.

2-Prevention of pollution, accidents and substance abuse, with elimination of causes, macro/micro fluid exams and biometrics mandated by organizations to its subordinates for productivity, long term profitability and humanitarian reasons, with restitution for damage, fine for premeditation, asset seizure, activity stoppage and home arrest for danger, without previous reduction of freedom of initiative and organization.

PRESERVATION, Regression, Regeneration and Progression:

1-PROTECTING SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS):

Governments, enterprises and health systems must immediately test, on a general and regular basis, for substance abuse and offer incentives/sanctions/alternatives for their end. Most hospitals and health systems are overwhelmed with patients that voluntarily abuse of overdoses of unhealthy neurological substances (caffeine/coffee, nicotine/tobacco, alcohol, salt/sugar/fat abuse, pain/sleeping/psychological drugs etc) for psychological supposed entertainment/pleasure or relief of symptoms, instead of causes. Economic incentives/sanctions; advertisement damage restitution; psychological/sociological treatment; use of alternatives without side effects; working on causes; removal of repression; exercise of free will; all can dramatically reduce/alleviate health systems, increasing to almost double the life expectancy of substance abusers and decrease the cost of health systems.

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Average life expectancy has been consistently advancing and when it reaches around the average point, Systemic Life protection must be applied to extend life further and potentially forever. Bone, muscle, tissue, organ and brain deterioration from supposed "aging", leading to mobility and/or intellectual capacity reduction (specially because of use of neurological drugs and lack of activity), to cardiorespiratory stoppage, to neurological stoppage and supposed "death" can be delayed and reversed. Currently 85 to 95 years is the usual age treatment interval in terms of cost-benefit, where there is nothing to lose and everything to gain if there is significant reduction of mobility and/or intellectual capacity.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced more until 6 years and less after) and cardiac muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can

grow in size, can survive indefinitely (if not destroyed by neurological drugs, cancer, virus, bacteria and have adequate protection), can be replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and artificial cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by the collateral effect of neurological drugs or pollution).

Systemic Life should be preserved with physical/mental activity and nutritional/hormonal/immunological supplements: bio-specific (anti-cancer/viruses/bacteria vaccines) and bio-identical white cells/hormones (same DNA); sensitive/selective cellular nano-marking (photo-thermal/electromagnetic/biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

An Universal Immunological Supplement Defense System (anti virus, bacteria and cancer) can combine cell markers (to accelerate placement of immune signaling cell membrane elements, as phosphoethanolamine for example, to accelerate mitochondria caspase placement on the cell membrane, a protease that signals cancer cells for elimination); cell signaling pathway protectors (immune cell identification process of cell markers need to have signaling pathway protected from been disabled in dysfunctional cells avoiding their identification); indirect vaccines (signaling cell membrane elements of unhealthy cells introduced to alert and accelerate response of the immune system) and direct vaccines (production of bio identical immune cells outside the body and exposure to signaling cell membrane elements of unhealthy cells, to then be reintroduced to reinforce immune system). Clinical trials have tested these components separately when they should be testing the system efficiency together. A cell marker as phosphoethanolamine may not be very effective if the immune system of the patient is inefficient. Photo / magnetic / electric cell markers can be used additionally to mark healthy and unhealthy cells for constructive placement or destruction.

2-PROTECTING CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS)

If Systemic Life cannot be sustained, in case of cardiorespiratory and neurological electric stoppage, there will be a regression to Cellular Life that must be protected with artificial systems until progression back to Systemic Life is possible. Cardiorespiratory stoppage from a controllable local hemorrhage/infection/cancer or a vital system/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with artificial cardiorespiratory systems.

Cellular Life must be preserved with external (pulsation suit, chest automatic inflatable belt, chest vertical pump heart pulsation, legs/arms counter-pulsation inflatable belts, automatic electric shock defibrillator, mouth vacuum valve oxygenation and gravitational swing circulation) and/or internal (direct blood nutrition/filtration/immunization/oxygenation heart-lung/kidney machine) mechanical blood circulation/oxygenation (hand heart massage generates only 15% of normal blood circulation and can't be sustained for a long time) and/or reduction of temperature to reduce cell oxygen consumption (50% reduction with each 10 Celsius reduction until +4 Celsius), cardio-muscular and brain-neurological supplementation (body electrodes for maintenance of muscle contraction and electrical neurological flow). If unified general circulation is not possible (because of organ dysfunction and/or localized hemorrhage/infection/cancer), independent partial/segmented circulation can be used to provide oxygenation, nutrition, filtration, immunization, hormonization and regeneration to the cells.

Sonic, electric, photonic and/or gravitonic waves can in theory eliminate unhealthy / senile / cancer cells, bacteria and virus by breaking their natural membranes or coated by biochemic an/or nanorobotic markers, while preserving stronger healthy cell membranes (empirical tests must determine the wave density/size/frequency). This may be the last attempt to preserve Cellular Life before regressing to Atomic Life, where the procedure may be repeated, against unhealthy membranes that resist instantaneous freezing generating microcrystals of water, dehydration, thawing and rehydration (markers can unprotect unhealthy membranes while healthy membranes are protected by cryopreservatives such as trehalose).

3-PROTECTING ATOMIC LIFE (DEACTIVATED ATOMICALLY STRUCTURED CELLS):

General hemorrhage/infection/cancer and/or vital organ dysfunction can obstruct unified or segmented vascular circulation, leading to a generalized collapse of the cells. The cells can be deactivated temporarily for their protection, until porous circulation can be added to the obstructed vascular circulation allowing all cells to be reached, sustained and regenerated. Cardiorespiratory stoppage from uncontrollable general hemorrhage/infection/cancer or vital systems/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with cryoprotected flash/dry freeze, dehydration, followed by porous rehydration/circulation, cellular regeneration and progression back to Cellular/Systemic Life.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (sugary/saline/ionic solution as phosphate-trehalose to penetrate and protect cellular membranes including internal organelles and nucleus), flash/dry freeze (-20 to -40 Celsius, electromagnetic waves/mechanical vibration sustain heat then when turned off generate feeze with less damaging micro water crystals that are neutralized by cryoprotector threhalose, then

vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). Reintroduction of blood (or circulatory solution), bio-identical/bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) accelerates growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via pores/vases (top to bottom pressure/osmosis/electrolysis/gravity cyclic flux), reestablishing aquatic Cellular Life.

Flash/dry freeze results in a porous dry "sponge" body that can be rehydrated/regenerated via additional porous interstitial (inter-cellular) high (liquid) to low (vacuum) pressure circulation bi chamber with body as filter in between. It is possible to only dehydrate the interstitial fluid and not necessarily the cells, allowing rehydration vertical porous circulation in between the cells to replace or complement vascular circulation. Trehalose cryo Porous Inter-cellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. Cells would be added/regenerated by mitosis or by introduction of external stem cells with nanomarkers to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. After cell structure regeneration (using also external stem/artificial cell introduction if necessary), there will be a transition to external dry Cellular Life with natural/artificial addition of external epidermic keratin to impermeabilize skin, maintaining the vascular mechanical circulation for nutrition/oxygenation of blood. Trehalase enzyme (present in intestines) can be introduced in circulation to convert cell cryopreservative trehalose to glucose to be utilized by cells. Finally there will be a transition back to the original Systemic Life with the reactivation of the natural circulatory, respiratory and neurological systems via chemical/electric stimulus. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

Frozen/unfrozen, over a thousand years, bacteria use enzymes to repair DNA. Damaged frozen/unfrozen human cells also can have their DNA, membrane and organelles repaired by enzymes/hormones and/or nanobots and/or can be replaced by artificial super cells and/or stem cells. Over 40,000 year multicellular nematodes have successfully been brought back to life. Frozen mammals or humans could be successfully defrosted and repaired even without cryopreservative/flash freeze protocol. Over 2 billion humans should have been frozen since 70s, but have instead been atomic/molecule dispersed into environment, so this primitive mortuary habit must be stopped immediately.

4-PROTECTING GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

Genetic (bio cell DNA and text-audio-video indirect interface memory) and Informatic (computer binary code DNA and neural direct interface memory) Lives can also be preserved for nuclear transfer reproduction and pluripotent cellular genetic reprogramming for tissue/organ growth or complete body reproduction/growth into a new independent Systemic Life genetically identical, with memory/education transmission (similar human hardware/software preservation, with same DNA and approximate/similar memory).

DNA bio-preserved in frozen/dehydrated cells, allowing identical atoms to be reassembled into identical cell structures of a new identical partial (organs/tissues) or total body ("hardware"), via genetic reprogramming of stem cells, or gamete (oocyte) reproduction by nuclear transfer (twin son/daughter of adults or twin brother/sister of minors). Also a similar brain memory ("software"), transferred directly via neuron interface when possible, or indirectly via text/audio/video interface of knowledge, culture and history. Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

Different types of unipotent (fluid, tissue and organ adult cells) or pluripotent cells (embryonic adult and stem cells, such as in umbilical cord blood) must be preserved for potential reprogramming and/or nuclear transfer. Preservation of DNA genetic code for regeneration/reproduction of organ/tissue/fluid cells and/or complete reproduction via nuclear transfer to oocyte for development of twin brother-son or sister-daughter. Over one billion fertile women can produce over twelve billion oocytes a year for dual gamete reproduction, cell nuclear transfer reproduction and/or organ/tissue/fluid/cell regeneration with genetic reprogramming (remove genetic diseases, increase longevity and performance).

MEDICAL AND JUDICIAL RESPONSIBILITY

Medical Systems, Organizations and Medics are responsible for the preservation of Systemic, Cellular, Atomic, Genetic and Informatic Permanent Lives of their patients, with the use of advanced medical techniques and systems (high technology). Even common refrigeration and freezing (with cell membrane damage from crystallization, potentially regeneratable) are preferred to the routine abandonment of Lives with around 100 trillion living cells at ambient temperature for their gradual atomic/molecular dispersion. Not applying Permanent Life advanced medical techniques can result in civil/criminal (murder) action in national or international judicial systems as Jusistem - Global Mobile Judicial System. Jusistem agents prove

damage, premeditation, danger to obtain restitution, fine and self-financed productive-educational home arrest in national or international territory (www.jusistem.com).

The current primitive medical systems have an economic interest in the fact that there wouldn't be enough resources in current governmental/private primitive systems to sustain life of more than 50 million supposed "dead" annually and in the fact that mass life extension to over 100 years would make them supposedly unprofitable, unsustainable, bankrupt or in need of supplement funding from younger payers (that would supposedly occur with high cost traditional medical technology but not with low cost Permanent Life technology).

Cost reductions will save more than enough money to cover the new low cost mobile preventive permanent health system: mandatory substance abuse prevention (caffeine, tobacco, alcohol, sugar, fat, salt, marijuana, cocaine, heroin, pain killers, sleeping pills, psychological drugs etc.); economic abuse prevention (drug/device patent monopolies, drug cartels/trusts, enterprise/personnel unions/associations etc); health performance enhancement and mass production economies of scale. A patent does not give the right to price gauging monopoly abuse and anti-trust laws can be used to force prices to have a 20% to 40% liquid profit margin maximum. This includes auditing Research, Development, suppliers, subsidiaries, buyers for over/under pricing to reduce actual profitability, while increasing funds in certain national economies with high money laundering and low protection for economic damage abuse.

Also patients' relatives, who are their property heirs, have an economic interest in not wanting to use the patient's property to extend a supposedly low quality or suffering life style, sometimes even at the request of a suicidal patient. Life protection enforcement must be used to mandate that primitive medical systems and patient's heirs commit the funds to protect the patient's life to the full extent made possible by advanced medicine, including when Systemic Life regresses to Cellular Life, Atomic Life, Genetic Life or Informatic Life, with the goal of progressing it back to Systemic Life.

THERE ARE ALSO RESOURCES IN THE GLOBAL ECONOMY TO SUSTAIN PERMANENT LIFE, specially the currently used for neurological drugs (caffeine, tobacco, alcohol, pharmacy/prescription neurological drugs and "illicit" drugs such as marijuana, crack, cocaine, heroin etc); superfluous luxury consumerism, abusive monopoly prices (especially in the health care industry), superfluous military spending (abusive over price and excessive demand beyond the tactical-strategic military need) and especially corruption money (diverted from governments and companies) in trillionaire deposits, real estate and investments in money laundering paradises or returned laundered money to traditional national economies. Jusistem, a global mobile judicial system, has the potential capacity to finance and implement global protection for permanent life (www.jusistem.com). Mesistem, a global mobile medical system, has the potential capacity to finance and implement global protection for permanent life (www.mesistem.com).

III - PERMANENT LIFE PRODUCT

1)PERMANENT LIFE MODULE

Permanent Life Module (PLM) is a low cost, high performance, multi application product, with high economies of scale and scope. Preserves, regresses, regenerates and progresses Systemic, Cellular, Atomic, Genetic and Informatic Life. Price target of US$9995 + US$95 month for a target market of over 7 billion Humans.

A biochemic-infotronic product (bioengineering, biogenetic, bioinformatic, bioelectronic, cryobiology, microbiology, microfluids, biomedicine and nanomedicine) systematizing multi techniques/services/products into one device that can be mass produced (economies of scale), have multi functions (economies of scope), with control/storage/network integrated capacity to receive/deliver information, energy and fluids.

It's crucial to have the technology to regress/progress stages of life within the same device because of cultural, philosophical, scientific differences/inefficiencies/discoordinations leading to the abandonment of Systemic, Cellular, Atomic, Genetic, Informatic Life and eventual non-identifiable partial atomic/molecular dispersion. This is typical of current mortuary, medical, legal and religious procedures, usually leaving only skeleton or ashes, with loss of Identifiable Permanent Life (if also Genetic and Informatic Life are not preserved).

The Permanent Life Module mobile body posture (also applicable to bed sleeping posture) is an upper body 30 degree angle and lower body 10 degree angle, laying on back, because of the gravity effect on the circulatory, respiratory and immune system: better brain to feet circulation (oxygen/nutrition supply to cells) and flow down/out of defensive mucus/fluids/pathogens avoiding stagnation and spread of infection. Also allows for gravity swing circulation enhancement.

All hospitals, clinics, ambulances, organizations and events with large concentration of individuals should have a PLM. Eventually all individuals should have their individual PLM in their place of work and/or at their residence. Initially Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Individual Universal Immunotherapy (IUI) can eliminate viruses, bacteria and cancer at the lowest cost and highest performance in the healthcare industry: blood extraction with pathogen, infected cell and white cells; additional extractions, with centrifuge separating white cells (added to the first extraction), red cells (oxygenated/ozonated) and plasma (add nutrition/supplements).

1.1-SYSTEMIC LIFE SUB-MODULE (SYSTEMIC PROTECTION-REGENERATION):

Micro Lab (microfluid anaylsis as blood, saliva and urine);
Micro Immunity (Individual Universal Immunotherapy, vaccines, cell nano markers);
Micro Nutrition (blood oxygen, glucose and hormones);
Micro Filtration (blood filtration);
Micro Screen (direct interaction with information database and doctors);
Micro Imaging (ultrasound/magnetic resonance image: bones, muscles and tissues),
Micro Probe (blood-vessel or inter-cellular nano catheter/robot diagnostic and treatment).

Average life expectancy has been consistently advancing and when it reaches around the average point, Systemic Life protection must be applied to extend life further and potentially forever. Bone, muscle, tissue, organ and brain deterioration from supposed "aging", leading to mobility and/or intellectual capacity reduction (specially because of use of neurological drugs and lack of activity), to cardiorespiratory stoppage, to neurological stoppage and supposed "death" can be delayed and reversed. Currently 85 to 95 years is the usual age treatment interval in terms of cost-benefit, where there is nothing to lose and everything to gain if there is significant reduction of mobility and/or intellectual capacity.

Cells can divide/grow indefinitely if the cell telomere (end of the chromosomes) has adequate size, induced by the telomerase enzyme, which in turn is induced by hormones. Neural cells (produced until 6 years and potentially after) and cardiac muscle cells (renewed 0.3% to 1% based on carbon dating) do not have a fixed life time, can grow in size, can survive indefinitely (if not destroyed by neurological drugs, cancer, virus, bacteria and have adequate protection), can be replaced/recovered by internal stimulus (regeneration/repair enzymes/hormones) and/or external introduction of stem/repair/replace cells (bio cells, nanobots and artificial cells). Individuals considered "dead" by primitive traditional medicine have 99.99% living cells and healthy neurons similar to the time of infancy (unless neurons are affected by the collateral effect of neurological drugs or polution).

Systemic Life should be preserved with physical/mental activity and nutritional / hormonal / immunological supplements: bio-specific (anti-cancer/viruses/bacteria vaccines) and bio-identical white cells/hormones (same DNA); sensitive/selective cellular nanomarking (photo-thermal / electromagnetic / biochemical); growth of specific tissue/organ with stem cells via nuclear transfer or genetic reprogramming/pluripotency to accelerate the growth of healthy cells and suppress the growth of unhealthy cells. Anomalies such as cancer, weak regrown muscle or ventricular heart defect can be prevented with bio-identical hormones/vaccines, supplementary nutrition/exercise, monitoring and/or corrective intervention.

The Systemic Life sub-module should offer support for the permanent preservation and regeneration of cells; reinforcement of immune system to combat damaging virus, bacteria and cancer (antibiotics and vaccination: externally/internally induced combat-specific bio-identical white cells and unhealthy cell nanomarkers to accelerate signal to white cells); micro-fluid testing (blood, saliva, urine etc.); micro magnetic resonance and ultra sound examination (bone, muscle, tendon and tissue); tissue/organ/cell regeneration, construction and transplantation; nano, micro and macro surgery; nutritional/hormonal/immunological supplements; orthopedic/neurologic/circulatory (pressure/counter-pressure) exoskeleton; photo / magnetic / electric / chemical / bio (positive virus/bacteria gene changer) sensitive cell nanomarkers/ nanorobots/ nanosponges (soak up hydrogel w/red cell membrane) to eliminate unhealthy cells or position new healthy modified cells derived from stem cells.

Pluripotent cells can be any kind of cell via cell DNA reprogramming of pluripotency genes Oct4/Pou5f1, Sox2, cMyc and Klf4 (IPSC: Induced Pluripotent Stem Cells); cell reproduction via DNA nuclear transfer to new oocytes (SCNT: Somatic Cell Nuclear Transfer); genetic engineering with nano-robots and/or bio-robots (CRISPR/TALEN/ZFN/MAGE etc.); permanent regeneration with unlimited controllable mitosis stopping shortening telomeres at end of chromosomes that limit mitosis to around 50, via gene/enzyme (HTert/Telomerase Reverse Transcriptase) and/or via growth hormones.

An immune supplemental system should simultaneously combine cell markers (enhance cancer, viral and bacterial cell signaling to the immune system), immunological checkpoint protectors (deactivated/inhibited by harmful agents), indirect vaccines (immune system specific activating alarm against harmful cells) and direct vaccines (introduction of pre-activated immune cells against specific harmful cells).

There can be also a combination of bio-chemical, electro-magnetic and/or photonic nanomarkers with bio-identical anti-cancer / viral / bacterial vaccines and/or destroyers/builders of marked cells. The photo/ electro-magnetic sensitive nanomarker of unhealthy cells can destroy them by subsequent thermal photo / electro-magnetic stimulus (laser, microwave and/or electro-magnetic current/wave). Healthy cells derived from stem cells can also be marked, for example with nano magnetic biodegradable substance, and conducted to a specific site, through the bloodstream, to the region marked by the magnetic field.

The current traditional chemo radioactive anticancer system is expensive, has efficiency limited to early tumors and significant side effects, including lethal, while also attacking healthy cells. Brachytherapy, short distance micro radiation, introducing radioactive micro seeds with a catheter, directly on/near the tumor, are more efficient with reduced collateral effect. The current governmental bureaucratic system of approval of patented treatments is inefficient/damaging and seeks the primary interest

of enterprises and secondarily of the patients that should be treated with multiple simultaneous systems, theoretically more efficient, to be verified empirically.

In new systems, phosphoethanolamine for example could be used as a bio-chemical marker because it participates in the formation of cell membranes that include proteins. This substance or any other that accelerates the placement of signaling proteins/proteases (such as interleukin/caspase) or dysfunctional (cancerous) in the cell membrane, would lead to an acceleration in the marking or identification of this cell as cancerous by the immune system.

If additionally white cells of the patient with cancer are removed and exposed to cancer markers, they will immediately be conditioned/prepared to attack these unhealthy cells when reintroduced into the bloodstream. If a biodegradable magnetic nanomarker is added to the white cells and a magnetic field of attraction is placed, these cells will be attracted to the cancer region quicker, whose marking has been also accelerated by the phosphoethanolamine (in addition to a protector against inhibitors/deactivators of immune cell checkpoints), destroying cancer cells immediately and efficiently. Bio-identical healthy cells derived from stem cells can also be conducted to the affected area to repair the tissue / organ.

Electric and photonic currents/waves are currently used in Life preserving systems. Gravitonic currents/waves (sub-photonic graviton energy-matter quantum) would expand the possibilities even further with human complete automated cellular diagnostics and treatment, identifying all healthy and unhealthy cells to be repaired or eliminated by cell markers, multi energy quantum waves and/or nanorobots.

1.2-CELLULAR LIFE SUB-MODULE (VASCULAR EXO-CIRCULATION):

AEROHEART, AUTOMATED EXTERNAL VASCULAR CIRCULATION, ELECTRIC EXOSKELETON NEURO-MUSCULAR STIMULATOR AND COMPRESSION PULSATION BELT PNEUMATIC BODY SUIT, RESPIRATION VACUUM-AIR PUMP, GRAVITY SWING PLATFORM, BLOOD OXYGENATION-NUTRITION- FILTRATION, ELETRODE-ELETROCHEMICAL STIMULATOR, REFRIGERATION FOR THE REDUCTION OF CELLULAR OXYGEN CONSUMPTION, EXTERNAL/INTERNAL AIR-VACUUM PRESSURE-SUCK BLOOD HEART CIRCULATOR.

If Systemic Life cannot be sustained, in case of cardiorespiratory and neurological stoppage, there will be a regression to Cellular Life that must be protected with artificial systems until progression back to Systemic Life is possible. Cardiorespiratory stoppage from a controllable local hemorrhage/infection/cancer or a vital system/organ damage / dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with artificial cardiorespiratory systems.

Cellular Life must be preserved with external (pulsation suit, chest automatic inflatable belt, chest vertical pump heart pulsation, legs/arms counter-pulsation inflatable belts, automatic electric shock defibrillator, mouth vacuum valve oxygenation and gravitational swing circulation) and/or internal (direct blood nutrition/filtration/immunization/oxygenation heart-lung/kidney machine) mechanical blood circulation/oxygenation (hand heart massage generates only 15% of normal blood circulation and can't be sustained for a long time) and/or reduction of temperature to reduce cell oxygen consumption (50% reduction with each 10 Celsius reduction until +4 Celsius), cardio-muscular and brain-neurological supplementation (body electrodes for maintenance of muscle contraction and electrical neurological flow). If unified general circulation is not possible (because of organ dysfunction and/or localized hemorrhage/infection/cancer), independent partial/segmented circulation can be used to provide oxygenation, nutrition, filtration, immunization, hormonization and regeneration to the cells.

Generally after 3 to 5 minutes of failed attempts to restart circulatory and respiratory systems, with traditional manual operated cardio-respiratory monitoring and electric/physical stimulus, the patient is declared medically dead by primitive medicine and waits legal death which is when neurological system stops because of the lack of oxygen in cells. Some doctors or primitive medical systems may try temporarily to extend the window to restart the cardio-respiratory system by using automatic external heart stimulator and/or bags of ice, to reduce temperature and cell oxygen consumption. The full possibilities of advanced medicine are not been used to the full extent to preserve Life, mainly for economic reasons and systemic integration inefficiencies.

Gravitational swing carbon fiber full body platform (up-down center leverage), supports a full body exoskeleton that can also be used for full/partial skeleton immobilization for bone fracture recovery and/or electric muscle replacement mobility. Defibrillator and full body electric system (external electrodes / internal electrochemicals) can stimulate muscles, heart, brain, organs and tissues for recovery acceleration and restart of activity. Inflatable pulsation belts placed in exoskeleton give sequential pressure counter circulation to increase arterial/venal circulation flux/reflux from thorax belt pressure on heart.

Belt suit form a full body refrigerated pressure circulation system supported by exoskeleton, connected/synchronized with gravitational swing platform and respiration air pump with thorax vacuum pressure over heart. All devices acting together, and with reduction in cellular oxygen consumption via refrigeration, can increase substantially the efficiency of primitive manual CPR heart massage and air intake blow (from only 15% efficiency compared to normal circulation), sustaining Cellular Life until progression back to Systemic Life.

The Permanent Life Module can be used to extend indefinitely Cellular Life via external/internal cell oxygenation and/or gradual reduction of temperature of patient,

reducing cell oxygen consumption by 50% for each 10 Celsius reduction, while maintaining an automated computer guided cardio-respiratory monitoring and physical/electric stimulus. Its Heart-Lung Machine component can replace interior heart/lung indefinitely, or before a potential bio/artificial transplant, or for direct blood temperature reduction for fast body hypothermia as a last resort to reduce cell oxygen consumption before freezing/deactivating cells with transition from Cellular Life to Atomic Life.

Sonic, electric, photonic and/or gravitonic waves can in theory eliminate unhealthy / senile / cancer cells, bacteria and virus by breaking their natural membranes or coated by biochemic an/or nanorobotic markers, while preserving stronger healthy cell membranes (empirical tests must determine the wave density/size/frequency). This may be the last attempt to preserve Cellular Life before regressing to Atomic Life, where the procedure may be repeated, against unhealthy membranes that resist instantaneous freezing generating microcrystals of water, dehydration, thawing and rehydration (markers can unprotect unhealthy membranes while healthy membranes are protected by cryopreservatives such as trehalose).

1.3-ATOMIC LIFE SUB-MODULE (POROUS EXO-CIRCULATION):

AQUAHEART, CRYOPRESERVATIVE AND BLOOD RESERVOIR, FLASH AND DRY FREEZER, VIBRATION PLATFORM, ELETROMAGNETIC MICROWAVES, VACUUM DEHYDRATOR, REHYDRATOR, EXTERIOR POROUS PRESSURE-GRAVITY INTERCELLULAR CIRCULATOR.

General hemorrhage/infection/cancer and/or vital organ dysfunction can obstruct unified or segmented vascular circulation, leading to a generalized collapse of the cells. The cells can be deactivated temporarily for their protection, until porous circulation can be added to the obstructed vascular circulation allowing all cells to be reached, sustained and regenerated. Cardiorespiratory stoppage from uncontrollable general hemorrhage/infection/cancer or vital systems/organ damage/dysfunction from trauma, cancer, bacteria or virus (etc), leading to neurological stoppage, can be reversed with cryoprotected flash/dry freeze followed by porous rehydration/circulation, cellular regeneration and progression back to Cellular/Systemic Life.

Atomic Life must be preserved with deactivation of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (sugary/saline/ionic solution as phosphate-trehalose to penetrate and protect cellular membranes including internal organelles and nucleus), flash/dry freeze (-20 to -40 Celsius, electromagnetic waves, mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). Reintroduction of blood (or circulatory solution) including bio-identical/bio-specific hormones and white cells with same DNA (anti-cancer/viral/bacterial vaccines) accelerates growth of healthy cells and suppression of unhealthy cells. Cells will be fed with glucose/oxygen (etc) directly via

pores/vases (top to bottom pressure/osmosis/electrolysis/gravity cyclic flux), reestablishing aquatic Cellular Life.

Flash/dry freeze results in a porous dry "sponge" body that can be rehydrated/regenerated via additional porous interstitial/ intercellular high (liquid) to low (vacuum) pressure circulation. Porous Intercellular Circulation can be total, for all the body, or partial, for separated damaged organs, tissues or body segment without vascular circulation, in addition to the partial vascular circulation for the rest of the body. Cells would be added/regenerated by mitosis or by introduction of external stem cells with nano markers/robots to guide them to place and/or use of biodegradable scaffolds to fully assemble organs/tissues. After cell structure regeneration (using also external stem cell introduction if necessary), there will be a transition to external dry Cellular Life with natural/artificial addition of external epidermic keratin to impermeabilize skin, maintaining the vascular mechanical circulation for nutrition/oxygenation of blood. Finally there will be a transition back to the original Systemic Life with the reactivation of the natural circulatory, respiratory and neurologic systems via chemical/electric stimulus.

When Tardigrades (the most resistant animal on Earth) dry out, the glucose in their bodies changes to trehalose, entering cryptobiosis, a state where they appear "dead." But when receiving water, they reactivate the cells and return to their metabolic state. Tardigrades can endure alterations of minus 200 degrees Celsius to plus 150 degrees Celsius, over 30 years without water/food, endure space vacuum, solar heat/radiation, by dehydrating cells, regressing to Atomic Life, back to Cellular Life and Systemic Life, including preserving reproduction capacity. The sea sponges have an intercellular porous circulation of sea water, demonstrating empirically, together with the Tardigrades, the possibilities of cellular, dehydration, rehydration and regeneration.

Atomic Life must be preserved with deactivation/dehydration of cells (for subsequent reactivation after cell rehydration and regeneration) using cryopreservatives (phosphate/sugar-trehalose/saline solution), flash/dry freeze (-40 Celsius, electromagnetic/mechanical vibration, vacuum sublimation, forming a cell structured dry porous sponge) and rehydration (vapor, mist, spray and liquid). If this high tech assisted flash/dry/cryopreserved freezing is not available, Cellular/Atomic Life should be preserved in refrigerator (dry hypothermia +4C), freezer (in saline water to -20 Celsius or in sugar water to -40 C), near Earth's poles or at high mountains, with sugared and/or saline water if possible (frozen water crystal cell membrane rupture is potentially fixable with a specific wet defrosting protocol). Water freeze may lead to cell damaging, but it is better than non preservation, because in theory cell damages can be repaired as well, while a collapsed cell structure at high ambient temperature, followed by atomic dispersion, cannot be repaired with the same atoms that will become unidentifiable in the environment. Multicellular cryopreservation liquid defrost protocol consists of raising temperature from top to bottom cells to avoid mechanical collapse.

1.4-GENETIC AND INFORMATIC LIFE SUB-MODULE (BIO-BINARY DNA-MEMORY):

MICRO FLASH/DRY FREEZER (bio-DNA preservation),
MICRO HARDRIVE-SOFTWARE (binary DNA and memory).

DNA bio-preserved in frozen/dehydrated cells, allowing identical atoms to be reassembled into identical cell structures of a new identical partial (organs/tissues) or total body ("hardware"), via genetic reprogramming of stem cells, or gamete (oocyte) reproduction by nuclear transfer (twin son/daughter of adults or twin brother/sister of minors). Also a similar brain memory ("software"), transferred directly (neuron interface when possible) or indirectly via binary memory (text / audio / video interface of knowledge, culture and history). Faster invasive direct neural connection and slower non-invasive indirect interface (text/audio/video) have also the alternative of mid-speed hybrid non-invasive sub-conscious/sleep/hypnosis acceleration of input (ear/audio and eye/video/text) and output (mouth/voice/audio and hand/text/image).

Different types of unipotent (fluid, tissue and organ adult cells) or pluripotent cells (embryonic adult and stem cells, such as in umbilical cord blood) must be preserved for potential reprogramming and/or nuclear transfer. Preservation of DNA genetic code for regeneration/reproduction of organ/tissue/fluid cells and/or complete reproduction via nuclear transfer to oocyte for development of twin brother-son or sister-daughter. Over one billion fertile women can produce over twelve billion oocytes a year for dual gamete reproduction, cell nuclear transfer reproduction and/or organ/tissue/fluid/cell regeneration with genetic reprogramming.

2)PERMANENT LIFE FLUID INCUBATOR

The Permanent Life Fluid Incubator is the Reproduction and Gestation Module of the Permanent Life Module that can preserve Embryonic/Fetal Life or Adult Genetic/Informatic Life. It can also equip Hospitals, Clinics of Reproduction and Gestation to replace abortion practice and clinics. Also can include video-robotic extraction device and for cryo freezing storage, to remove embryo from unwanting/at risk mother, for preservation, potential re-implantation for natural development or in artificial Fluid Incubator. A wanted or unwanted embryo/fetus could be removed from natural mother or placed directly into a Permanent Life Fluid Incubator for full development.

Currently, dry incubators can receive wanted/unwanted fetus, transferred from the mother/fetus at risk or from unwanting mother, after between 5-8 month of gestation, but with development risks to the fetus, specially between 5-6 months. A Fluid Incubator, replicating the mother's womb environment with amniotic fluid, is more effective in terms of healthy fetus formation and could bring that time frame bellow 5 months. The full development of a semi-cloned (2 parent gamete DNAs) or cloned (1

parent DNA) embryo is also possible and may fully replace the natural gestation process, specially when there may be health and/or productivity risks for the mother. Also can eliminate completely the abortion of unwanted embryo/fetus that could be also cryo frozen, while the technology is not yet completely available, or a time specification development is desired for the embryo.

Abortion destroys Cellular Lives (embryos) and should be replaced with embryonic or fetal transfer to another gestation-mother, incubator (dry/air or wet/liquid) or when not yet technologically possible to cryonic preservation with cryo preservatives for future transfer. The legal prohibition of abortion is not efficient because it is not operationally possible for the government or society to control voluntary actions of individuals over their own body in the privacy of a residential or commercial unit (in addition to the life-threatening risk to clandestine abortion actions especially without appropriate medical expertise). Incubators with aminiotic fluid, lung-heart-kidney machines (oxygenate, nourish, supplement and filter the blood of the fetus) could reduce unwanted pregnancies from an involuntary mother to less than five months. Abortion clinics could be replaced by gestation clinics and/or transfer to incubators.

Society and governments, in the interest of preservation of life and protection of minors, should not require or enforce parental responsibility with laws and criminal or civil (payments) process, as they encourage abortions, instead of encouraging gestation for later adoption or government guard in a boarding educational institution, preferably an University. On the impossibility of voluntary gestation, as a last resort should then opt for embryo/fetal transfer (gestation-mother/incubator) when technologically possible or cryonic Atomic Life preservation for future reactivation, avoiding the abortive destruction of Cellular Life or Systemic Life. Additionally there must be development and improvement of use, multiuse, efficiency and complementary alternatives of birth control methods to eliminate the abortion practice.

Preservation (or transfer when technologically possible) of embryonic Cellular Life or fetal/child/adult Systemic Life does not generate economic deficit (expense), on the contrary generates surplus (investment) because when economically activated can generate on average higher revenues than the cost of their preservation. The destruction of Cellular or Systemic Lives generate significant economic and psychological damage to society. The transfer and regression of Cellular Life to Atomic Life (cryonic freezing), as protective measure against its possible destruction, is valid and effective as last voluntary alternative to abortion (embryonic/fetal destruction) after parental responsibility transfer attempt (Systemic Life with full 8-9 months gestation), transfer to incubator (from 4-7 months of gestation) or embryo transfer to another mother (when technologically possible).

3)PERMANENT LIFE DEFENSE SYSTEM

Traditional medical paradigm of disease and death must be replaced by the Permanent Life Paradigm that sustains, regresses, regenerates and progresses life across five dimensions: Systemic, Cellular, Atomic, Genetic and Informatic. The ideal is to preserve Systemic Life with a permanent Universal Immunological Supplement Defense System that supports/perfects the natural evolving immune system. This Defense System against cancer, aging (including eliminating dysfunctional/old/senescent cells) and any viral/bacterial infection already exists theoretically and must be implemented immediately.

The most important is that patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

The obsolete/inefficient/illegal/unconstitutional patent/monopoly system favors the development of specialized, symptomatic, palliative drugs and clinical trials that maximize short-term profits but minimize health results and long term profits. Clinical trials must focus on multi component technology systems that maximize sustainable health results and development of low cost self-immunity. Using system components simultaneously, to obtain 75% to 95% positive results in clinical trials, will usually result in regulated/controlled lower prices and the need for higher investment, mass production with lower profit margins, lower short term profits, but higher long term profits. This is in the interest of patients/society and long term investors/managers but not necessarily in the short term interest of short term technocratic management/investors. These usually prefer targeting 20% to 40% positive results in clinical trials of specialized drugs to maintain unregulated/uncontrolled high pricing monopoly and low investments/production with higher short term profitability, without total cure.

A patent supposedly gives a right to monopoly, but not to monopoly abuse, which is damaging to consumers/society and goes against anti-trust laws. Monopoly leads to probable abuse and reversing it is difficult, since regulators and judges are appointed by the executive/legislative members that receive all kinds of bribes/advantages (contributions/remunerations) from trusts (monopolies/oligopolies/cartels). These monopolies can be ignored by pro-health economic/political groups acting in self-defense of themselves and of humanity, or easily replaced by alternative or more advanced technologies.

The human immune system has systemic multi variables that require systemic simultaneous supplementation to eliminate cancers, virus, bacterias and any damaging substance or organism:

3.1-INDUCERS: preventive vaccines, benign dysfunctional pieces of unhealthy cells/micro-organisms, alert and induce the immune cell system to prepare to attack functional malignant full cell/micro-organisms as bacterias, viruses, cancer and dysfunctional/senescent (old) cells. Preventive vaccines can overload the immune system and require supplementation of therapeudic vaccines.

3.2-SUPPLEMENTS: immune cell supplementation (therapeudic vaccines) from blood/lymph harvesting, endo/exo in vivo/vitro cultivation, stem cell derivation and/or bio-cybernetic super cell creation, improves defense and helps regeneration; also nutritional supplementation as glucose, proteins, oxygenation and hormones/enzymes (increase/decrease telomerase supplement, increasing DNA telomeres, for example for specific tissues or cell clusters, increases healthy cell growth and decreases unhealthy cells as cancers). Hormone/Telomerase supplementation must always be combined with physical/nutritional/immunological supplementation to avoid/reduce side effects (acceleration of genetic/environment cancers or anomalous ventricular heart valve regrowth, that can also be corrected by micro/nano surgery).

3.3-ATTACKERS: biochemical combos attacking different stages of development of cancer, dysfunctional/senescent cells, bacteria and virus, as cell interstitial pre-entry, membrane entry, RNA replication, nucleus DNA entry, cell pre-exit, membrane exit and post-exit intercellular. This can reduce selection evolution and mutation survival of unhealthy cells/organisms. Attacking must also be combined with other defense system components to avoid the development of super bacterias, viruses and cancers.

3.4-MARKERS: unhealthy cell/organism membrane markers, as biochemical natural marker (enzymes/proteases/caspases signaling celular death/dysfunction) and/or artificial metal-biochemical markers; complemented by energy-matter quantum wave membrane destruction or nanobots/nanogels elimination/absorption, while healthy cell/organism membranes resist, survive and grow. Elimination of cell immune checkpoint inhibitors can help mark cancer or dysfunctional cells but can also help mark still healthy cells.

3.5-WAVERS: unhealthy substance clusters/clumps, cell/organism membranes, marked or not, can be destroyed by energy-matter quantum waves, as molecular (sonic/ultrasound), electric (electrodes), photonic (lasers/eletromagnets) and/or innovative gravitonic beams (gasers derived from laser/fiber optic solenoids/toroids).

3.6-COMPETITORS: benign viruses, bacterias, cells, chemicals and substances can compete against similar malignant organisms/substances for resources, weakening the malignant version or as “trojan horses”, absorbed/fused to the malignant version, leading to their destruction.

3.7-REGENERATORS: hormones that induce cell replication enzymes or the enzymes themselves, as telomerase, that induces the growth of telomeres, DNA ending caps. That allows continuous cell replication, reduction of cell division errors and reduction of cancers derived from this cause. However it can stimulate healthy and unhealthy cell replication, including cancerous cells derived from other genetic defects and external environment and substance causes. This must be stopped by other complementary defense system components. Mass production of bio-cybernetic Super Cells, compatible with the immune system, can also replace or supplement natural cells.

3.8-REMOVERS: nanogels and/or nanobots can absorb/remove venoms, viruses, bacterias, cancers, identified by some marker/property that will lead to attachment, absorbing and removing.

3.9-FILTRATORS: blood and lymph filtration may remove cancers, toxins, bacterias, viruses, dysfunctional/old/senescent cells, add immunological and nutritional supplementation as glucose, enzymes, hormones, proteins and oxygenation.

3.10-CIRCULATORS: full or segmented vascular blood/lymph circulation must be sustained artificially with pressure/gravitational system for nutrition, oxygenation, filtration and immune supplementation. In case of general infection/cancer/hemorrhage that obstructs partial/full vascular circulation, interstitial/intercellular porous circulation can be achieved with trehalose cryopreservative flash/dry freezing, followed by partial vacuum dehydration of the intercellular space. The opening of interstitial/intercellular pours will allow porous circulation from pressure difference between high and low pressure chambers, with body as a filtering porous sponge in between.

4)INDIVIDUAL UNIVERSAL IMMUNOTHERAPY

IUI SERVICE - Individual Universal Immunotherapy - Viral pandemic use for contaminated cure and immunization of non-contaminated.
Immediate use of existing separated hardware/software against COVID-19, virus, bacteria, cancer, toxins, aging (telomerase) and trauma (platelets).
Goal is to accelerate/supplement NATURAL TESTED PROCESS in vitro/lab, with VERIFIABLE multi-strategies and re-inject to accelerate body results.
1-Extract sequential blood samples to centrifuge and separate white/defensive cells/molecules and concentrate them on first sample with pathogen.
2-Follow on electronic microscope the identification of intra/extracellular pathogen and result of Strategy 1 to extract/inform/load antigen.
3-If Strategy 1 is successful, add new defensive cells/molecules to spread/load antigen to inform/attack, re-injecting part, until cure.
4-If Strategy 1 is slow or fails, use Strategy 2 of increasing specific white/defensive cell/molecule versus pathogen until acceleration or success.
5-Strategy 3 is to use external biological, chemical or mechanical intervention, as membrane piercing, to induce cell alarm to expose pathogen.

6-Strategy 4 is to add neutralized/disabled pathogen as a real time vaccine; 5 is with antibodies from convalescent/cured patient;
7-Strategy 6 is cultured defensive cells/molecules; 7 is plasma serum anti-bodies from horses; 8 is genetically enhanced defensive cells.
8- Strategy 9 +regeneration clearing senescent cells, 10 +telomerase, DNA telomere growth enzyme; 11 +platelets for trauma repair; etc.
9- Nanoparticle spray/cream external vaccines with viral, bacterial, cancer proteins can induce the immune system at the site of contagion.

IUI MACHINE - Individual Universal Immunotherapy - Immune and Stem Cell Bank Hardware/Software against virus/bacteria/cancer/trauma/aging:
1-Nanoscoper: identifying intra/extracellular pathogens from blood and body fluid.
2-Centrifuger: separating/concentrating white cells, red cells and plasma.
3-Vaccinater: white cell concentration/culture, antigen extraction/information/addition.
4-Oxygenater: red cell concentration/culture and oxygenation/ozonation.
5-Nurturer: plasma defensive molecules concentration/culture and nutrition/hormones.
6-Marker: cyber-bio-chimo-quantic marker to locate/eliminate/build.

Individual Universal Immunotherapy allows Technician and/or automated Artificial Intelligence to accelerate immune antigen extraction response by concentrating immune cells/molecules against pathogen and other strategies until safe immunity/cure is achieved w/ individual safer results.

1 Million covid + 100 Million flu life abandonment = protocol inefficiency.
Vaccines could/can be roll out starting w/ non-isolated or w/ IUI.

Mainstream medical viral protocols resulted in 1 million Life abandonments for Covid-19, 100 million for Flu since the pandemic of early 20th century. It's necessary mandatory annual global multiviral vaccination (not only so called subjective risk groups that depend on the viral load absorbed), isolation of all infected, block use of symptomatic drugs and use of Individual Universal Immunotherapy: accelerate learning timing and risk exposure reduction of Immune system achieving cure/immunity in vitro/lab to in vivo/body using blood concentrate with immune cells/molecules against virus, bacteria, cancer, toxin, trauma and aging.

Individual Universal Immunotherapy can accelerate immune response to trauma, concentrating platelet at hemorrhage and aging, raising telomerase enzyme for healthy cell regrowth and/or using messenger RNA to express reprogramming factors. Enhancement of speed, strength, area coverage and immune functionality of platelets via a SuperCell and/or NanoBot is crucial to eliminate possibility of general hemorrhage or infection. This would be the main reason for the need to hibernation regression of Systemic/Cellular Life to deactivated cell Atomic/Molecular Life and the need for porous circulation in Permanent Life Protocol. Just like new oil to a motor, new/filtered/supplemented/enhanced healthier blood (cells, molecules and plasma) can

have an enhancing performance effect in the whole body system.

Ultra-low cost Global Health Insurance from 1 to 5% of +US$20Trillion Global Exports for all near 8 billion Humans with mobile/home treatment, microscopy/microfluid computerized diagnostics, nutrition management/ supplementation, micro/nano robotic low invasive surgery, Individual Universal Immunotherapy, enzime/hormonal supplementation, physical/mental/electrical activity, defensive cellular hibernation equipment and external/internal temporary/permanent artificial organ replacement. Ambulance/Mobile Clinic with Permanent Life Module with Intensive Care Unit and Individual Universal Immunotherapy.

Individual Universal Immunotherapy (IUI) is an accelerated natural supplementation process to eliminate immediately all disease pathogens. Nutrition, hydration, temperature, rest and ideal posture favor the efficiency of the immune system. Internal vaccines can be complemented by nanoparticle spray/cream external vaccines with viral, bacterial, cancer proteins that can induce the immune system at the site of contagion.

The ideal resting posture is around 20-40 degrees of inclination of the bed or post-hip upper body so that defensive immune fluids can drain pathogens, especially from the airway, instead of puddling and spreading them in a traditional posture horizontal rest (respiratory viruses such as influenza and coronavirus, including covid-19). But if there is initial contamination, generating a small accumulation of defensive fluids in the lung, these can be relieved / drained by expanding/opening the chest through several deep breaths followed by forced coughing. Once the lung is significantly contaminated (pneumonia) the most advantageous posture is to be placed on your stomach to drain defensive fluids out of the lung.

Production of excessive defensive fluids, generating super inflammation/congestion/pain, are usually the result of self-medication with symptomatic anti-pain, anti-inflammatory and anti-congestion drugs (avoiding/postponing ideal conditions for the immune system, such as rest, posture, nutrition, hydration and ideal temperature), aggravating infection and symptoms. This is what usually happens in severe complications of viral infections (such as pneumonias of influenza / covid-19 etc.), especially in pandemics, in addition to the high viral load associated with the traditional protocol of centralizing contaminated, small distance between them, poor/collective ventilation and early intubation (in general to try to protect the medical staff and other patients), when the ideal is only the aid with low cost portable oxygen masks, preferably supplied to the patient's home.

Use of symptomatic drugs (pain/congestion) and high dosages of exposure to pathogens (as in overcrowded emergencies/infirmaries, as in the viral pandemic cases of influenza/covid-19) reduces reaction efficiency of immune system, increasing requirement for supplementation, that may be provided in real time or by previous

stock of an Individualized Cell Bank. Mass produced home isolation-bubble-bed-ventilator-monitor and remote assistance should expand individual care, avoiding expensive dangerous collective centralized high exposure to stress/virus/bacteria/fungus in congested hospitals.

Idea of circulating live virus to achieve "herd immunity" is inefficient, damaging and illegal (eugenic genocide), since even number of "deaths" (aka Life abandonment) are predictable and it would be less damaging to circulate immediately untested neutralized virus vaccine. In a pandemic re-circulation can be achieved with vest/mask/washing protection, testing to form a closed uncontaminated group and/or Individual Universal Immunotherapy.

Ideal is the formation of a collective macro and/or home micro individual bank of fluids, DNA, gametes, embryos, tissues and cells, especially stem and immunological cells. Preventive vaccines, drugs and other post symptomatic treatments may not work fast enough for many patients that end up being abandoned for supposed "death" after electric heart/brain dysfunction. Global governments can stock/acquire/distribute to all citizens billions of mass produced low cost Environment Hazard Permanent Vests and Masks, against viral, bacterial, radioactive, chemical, pollutants exposure to generate national security, safe work protocol and social-economic confidence.

Natural therapeutic vaccines (immunotherapy) and stem cell regeneration has the best cost benefit for mass universal disease cure and live extension, including in vitro corrective signaling natural substances and processes to avoid immune evasion of virus, bacteria and cancer, to then trigger immune action, to neutralize pathogen and obtain antigen information to spread to other immune cells in vitro, to then reintroduce cells in body, to spread antigen and immune action further, to finally neutralize pathogen in body.

Stem and Immune cell bank is an universal paradigm for treatment for virus, bacteria, cancer, trauma, aging or any dysfunction in the human body. Cost, timing and bureaucratic barriers are usually used as excuse and promise of future use, but can actually be used now. Preventive vaccines can supply, by natural known public technology, information (virus/ bacteria/ cancer antigen) to immune cells. Therapeutic vaccines can provide immune cells already informed and/or ready to attack. Cell/tissue damage natural regeneration can be supplemented by introducing new stem/tissue cells. Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any virus, bacteria, cancer or injury to cells and tissues.

Cultured defensive cells/molecules, in vitro to in vivo, can increase immune efficiency and acceleration adding to the pathogen or vaccine in lab blood extract first, so that the antigen may be identified and spread, then injected into the body. Plasma antidote

serum of anti-bodies from horses can increase scale and speed of production of antibodies. Genetically enhanced defensive cells, can overcome natural selection evolution of defensive mutations of pathogens. Regeneration can be improved with better identification and elimination of senescent cells, stimulating and opening space for new healthy cells; as long as growth hormones/enzymes as telomerase, DNA telomere growth enzyme, is also at adequate levels, allowing the endings of DNAs to keep adequate size to avoid error in cell split mitosis/meiosis. Platelets and other repair molecules/proteins/enzymes can be added to improve/accelerate trauma repair.

Abusive monopolist pharmaceutical trust companies want to transform this enhanced natural process into an artificial "patented drug" to then abuse monopoly power (abusive price and corrupting political contributions that affect regulation and non-independent judiciary appointments neutralizing anti-trust laws) to offer unregulated, expensive and low efficiency solutions (total cure leads to unwanted price regulation and lower short term profits). This damaging/illegal strategy can eliminate not only long term profits but the management and/or enterprises.

LOWEST COST AND HIGHEST PERFORMANCE HEALTH DEFENSE SUPPLEMENTATION SYSTEM are Immune Cells of an Individual (same DNA), such as Attack/Inform (antigen presenting) Macrophages (M-cells), T-cells (Helper/Killer) or B-cells (Antibodies/Cytokines) or Inform only Dendritic Cells (D-cells), present in extracted blood/fluids from patient, replicated, exo/lab exposed to antigen (virus, bacteria or cancer) in highly advantageous ratios (as opposed to endo/body disadvantageous ratios leading to disease symptoms), then reintroduced in body to create higher advantage.

Any disease (low ratio in body)= Immune cell+Antigen informed immune cell + Antigen attack ready immune cell / pathogen < Cure (higher ratio in vitro/lab then transferred back into body). Corrective natural defense signaling substances/molecules, such as extra/intra cellular immunoglobin (antibodies), nucleotides, caspases, interferons, mRNAs, phosphoethanolamine (involved in cell membrane structuring and inducing immune system caspase signaling at the membrane) and exogenous biological, chemical or mechanic help processes, as simple as piercing the infected/dysfunctional cell or nucleus membrane (to expose pathogen, induce cell alarm, trigger immune cell action and antigen identification), can counter attack the immune evasion natural selection mutations of virus, bacteria and cancer.

Antigen loaded antibodies and other defensive molecules could also be harvested from cured/convalescent patients blood/plasma, although the ideal is to harvest directly from treated patient, unless as a last resort to identify pathogen and load antigens (white cells from donors may present auto immune healthy cell attack collateral effects). Antibodies, other defensive molecules and white cells should be concentrated in vitro first at higher ratio against the pathogen to then be transferred back to body, where there is lower ratio (cell culture and cell banks would improve even more efficiency of

treatment). Another strategy is to increase neutralized/disabled pathogen as a real time vaccine.

Another resource is corrective or innovative genetic selection/engineering and bio-cybernetic nanotechnology to create immunological supercells/molecules for information/attack or supercells/molecules that are immune to pathogens. Original/new immunological cells/molecules can also be used to locate, inform and/or destroy pathogens using antigens (as for example PSMA, Prostate Specific Membrane Antigen molecule), chemicals (as phosphoethanolamine) or quantic waves (as photonic PET/CT scans, lasers, ultrasounds etc).

Original/new immune cells/molecules can be loaded/marked (nano-cyber-bio-chymo-radio-thermal) to assist in locating/eliminating the pathogens. These can be preventively detected in the blood by many signs such as from damaged white blood cells, elevated levels of certain proteins/molecules, DNA from pathogens, cfDNA (Cell Free DNA) methylation patterns, mutated genes, platelet RNA profiles etc.

Observed in vitro staged battle, between the pathogen and immune cells, leads them to identify the antigen of the pathogen. Antigen informed immune cells in vitro will seek to inform attack cells in body. Antigen already informed attack cells in vitro, will seek to destroy the pathogen in body. It's about staging a battle in vitro (lab) to win the war in the body. Signaling substances and processes may be also taken in body, specially to known concentrations of pathogen, using mini/micro/nano catheter/surgery/robot.

This is a simple endo/exo natural replicating process, that can be carried out regardless of identifying/isolating the antigen or using foreign cells/substances with high potential known/unknown collateral effects. It simply turns an internal losing situation, to an external winning situation, to then turn the internal situation around by reintroducing reinforcements with no or minimal potential collateral effect. No expensive, specific, long clinical trials, patents, barriers of entry, monopoly abuses are necessary. It accelerates the learning curve of an already over a billion year old naturally developed defense system, now enhanced by low cost, high performance systems.

Stem cells and full Individual multi tissue cell lines can be used to supplement/accelerate natural immune cell processes of regeneration. Cells, tissues and/or organs can introduces by nano/micro/mini catheters/surgery/cyber-bio-bots, to regenerate damage caused by virus, bacteria, cancer, trauma or any body dysfunctional process, allowing unlimited protection and extension of Systemic Life, complemented by process/protocol that can also protect Cellular, Atomic, Genetic and Informatic Life levels in the paradigm/protocol of Permanent Life.

Individual Universal Immunotherapy (IUI) can eliminate virus, bacteria, cancer, toxin, aging and trauma at the lowest cost and highest performance in the healthcare industry. It could be applied for example to the covid-19 coronavirus, immediately using the

infected patient's blood. Blood extraction with pathogen, infected cell and white cells. Additional extractions, with centrifuge separating white cells (added to the first extraction), red cells (oxygenated/ozonated) and plasma (add nutrition/supplements). Concentration of diversified or specific white cells in the first extraction will generate identification, extraction and replication of the antigen, with/without the aid of additional intracellular substances/molecules and/or exogenous mechanical intervention, such as piercing of the cell and/or nuclear membrane to expose the pathogen to the cells or any strategy that facilitates/accelerates the identification of the pathogen/antigen and spread of information to other white cells. Once the white cells are informed and/or ready to attack the pathogen, they are reintroduced in patient along with oxygenated/ozonated red cells and nurtured/supplemented plasma.

This continuous process will accelerate the patient's recovery, preventing his progress to a severe condition and eventually will immunize him. It is possible to develop hardware/software that automates this continuous process. The existence of a Bank of Immune Cells a priori for all citizens, facilitates and accelerates this process. Even when a ventilator/lung (and/or heart) is not enough, external oxygenation of red cells (oxygenator or heart-lung machine), more antigenization of white cells, more nutrition/plasma supplementation keeps the patient alive and improving.

5)EXOSUIT

Exosuit is a medical/aerospace/ocean Permanent Life support system, that can be complemented by Microlab add-on of back/legs/arms/head support, allowing survival beyond normal average human physical conditions.

Modular components of Exosuit include an Exoskeleton to replace/enhance muscle/bone function and allow gravitational swing circulatory replacement/enhancement; internal segmented
Aqua-Aerobags for high/low pressure protection, circulatory replacement/enhancement and temperature control; Electrodes for neuro-muscular electric stimulus; vacuum-sealed mouth
Aero Valve allows air/oxygen supplement and lung/heart contraction/expansion enhancement.

Minilab medical/aerospace/ocean Permanent Life support system, that can be complemented by Exosuit, are back/legs/arms/head support boxes, allowing survival beyond normal average human physical conditions.
Modular components of the Minilab include Mini Laboratory (micro fluid analysis as blood, saliva and urine); Mini Immunity (direct/indirect vaccines and cell nano markers); Mini Nutrition (blood oxygen, glucose and hormones); Mini Filtration (blood filtration); Mini Screen (direct interaction with information database and doctors); Mini Imaging (ultrasound/magnetic resonance image: bones, muscles and tissues), Mini Probe (blood-vessel or inter-cellular nano catheter/robot diagnostic and treatment).

6)SUPERSKIN

SuperSkin is a higher-tech evolution of Exosuit looking like natural human skin. Protects the skin, eliminates aging, controls temperature and enhances circulation.

Reduces functional circulatory, temperature control and structural enhancement components of mini Exosuit into micro structures to make it as thin as possible. Eliminates completely aging appearance, enhances skin esthetics, resistance to fire/cutting/smashing/UV and muscle/bone strength/action performance. SuperSkin is a complete human body supplement skin suit that eliminates age appearance and provides beauty/strength appearance (esthetic function).

Allows temperature control (high/low temperature heat/cold exterior endurance and interior temperature cell protection), nutrition, electric, immune, hormonal, muscle and circulation supplementation (bio-structure function).

SuperSkin can be made of quantic and/or molecular porous Graphene (outer layer) and Hydrogel (inner layer), embedded with nano/micro electronics, artificial nerve electric wiring, artificial vase/capillary fluid channels, artificial muscle contraction fibers and micro-bone carbon fiber structure.
Micro/nanorobot probes can circulate freely or be guided inside SuperSkin and/or natural body, to function directly as a visual/censorial immune system for defense/repair, and/or as a nano/micro visual/censorial probe/catheter surgery system.

Electronic, Photonic, Gravitonic BioQuantic Connecter can connect biocells (neuronic, muscular, audiovisual etc), SuperCells (artificial bio-genetic-cyber multi enhanced cells), NanoRobots to SuperSkin and exterior multi-function hardware/software as Artificial Intelligence and Quantic Source.

7)SUPERCELL

SuperCell/NanoLab is a nano evolution of Module/MacroLab, Exosuit/MiniLab, SuperSkin/Microlab and Natural Biological Cell, consisting of super bio-nanobots and/or genetic engineered stem cells, forming tissues/limbs/organs, capable of performing/improving all the functions of Macro/Mini/Microlab-BioCell and potentially of all human biological cells/tissues/organs.

Natural evolution is the result of environment circumstances and competition with other species, not necessarily the lowest cost and highest performance technology possible. SuperCells could for example get energy directly from the sun or any other direct external source. SuperCells could be the primary component of a super skin, substituting, complementing or upgrading the natural skin.

SuperCells can be a replacement, alternative or supplement to regeneration stimulus of natural cells and/or bio DNA identical stem cells. SuperCells could eliminate cancer cells, virus and/or bacteria and replace damages structurally and functionally at a lower cost and higher performance level.

Supercells can be used with or without current cells or new stem cells to build tissues, limbs and/or organs, directly at the body or out of the body for later attachment or insertion. Supercells can have superior or new cell characteristics as strength, flexibility, sensitivity, connectivity, and even audiovisual capacity.

Supercells can be genetically engineered from embryo/stem cells to, for example, convert glucose to trehalose, with a glucase enzyme produced by an RNA instruction, from DNA code copied from the Tardigrade, the most resistant animal known, capable of enduring +/- 100 Celsius, dehydration or cryofreezing, to protect cells with a rubber consistency to cell membranes.

After danger/threat/induced hibernation, trehalase, already human produced in intestine cells, can convert back trehalose to glucose. Macro/Micro lab can inject trehalose/trehalase into circulatory fluid to protect cells in case of regression to Atomic Life following the Permanent Life Protocol in case of general hemorrhage, cancer or bacterial/viral infection, stopping vascular circulation and mandating addition of porous circulation by the way of cryofreezing/dehydration.

Individual Universal Immunotherapy can accelerate immune response to trauma, concentrating platelet at hemorrhage and aging, raising telomerase enzyme for healthy cell regrowth and/or using messenger RNA to express reprogramming factors. Enhancement of speed, strength, area coverage and immune functionality of platelets via a SuperCell and/or NanoBot is crucial to eliminate possibility of general hemorrhage or infection. This would be the main reason for the need to hibernation regression of Systemic/Cellular Life to deactivated cell Atomic/Molecular Life and the need for porous circulation in Permanent Life Protocol. Just like new oil to a motor, new/filtered/supplemented/enhanced healthier blood (cells, molecules and plasma) can have an enhancing performance effect in the whole body system.

8) SUPERCART

Cartilage supposedly does not grow in adults (as supposedly cardiac or neuron cells), according to traditional medicine, but in fact they all have low growth if stimulated, that in the case of cartilage, with continuous attrition it's not able to regenerate significantly or at all. However if significantly replacing walking for biking for example, meniscus cartilage from knee for example may regenerate partially over many years, combining with muscle strengthening to reduce pressure at articulation.

Supercart is a super cartilage system for a significant rapid regrowth, regeneration, strengthening of cartilage by combining a protection bio-glass (polymer/silica that recombines/regenerates/self-heals after stress) and/or strong/elastic hydrogel with clay/carbon nanoparticle, for a biocompatible porous structure/scaffold, both 3D printable, that can also permit natural regrowth and/or additional implanted lab grown cultured cells (extracted from internal nose) and/or stem cells between the structure.

9) TELEPORT

3D CBC-PAL TELE-PORT is a 3-Dimension Cyber-Bio-Chimo Printer-Assembly-Line Tele-Transporting, sending a 3D copy instead of the original, with zero/low gravity/weight outer space or liquid printing/assembly chamber.

Only quantic information of scanned dimensions, blue prints and DNAs need to be sent from point A to B, via a quantic electric, photonic or gravitonic beam. The original matter-energy object or life will only be copied/printed/assembled.

For living matter-energy (individual DNA code), this process can be replaced by a natural bio Permanent Life Fluid Incubator, resulting an Infant Life instead of an Adult Life. In both cases cell DNA defects or disadvantages can be fixed.

III - PERMANENT LIFE SERVICE

Globocean-United Lands will create 8 billion Global Citizen accounts for all Humans, offering monthly GLOBAL MEDICAL DIVIDEND reward to provide Substance Abuse Avoidance, Microfluid Preventive Testing, Nutrition Supplementation Management, Individual Universal Immunotherapy, Permanent Life Protocol and Permanent Life Module. Financed by Global Money G$ with ballast in production expansion assets, sponsors, data dividend, percentage over Global transactions, national public/private health insurance, taxes and currency. Global Citizen accounts will be gradually claimed as deposits/services expand. Target of G$100 to 1000 in global currency a month matched by 100 to 1000 in national currency.
(www.mesistem.com / www.globocean.org / www.globolsa.com)

MESISTEM is a Global Mobile Medical System of preservation of Permanent Life that reduces costs, increases indefinitely the expectancy of Systemic Life, Cellular Life, Atomic Life, Genetic Life and Informatic Life of patients.

Traditional primitive medicine follows a post-symptomatic palliative paradigm of disease and death. MESISTEM SYSTEMATIZES ADVANCED MEDICINE WITH A MOBILE, PREVENTIVE AND PERMANENT PARADIGM.

THE NEW PERMANENT LIFE MEDICAL TECHNOLOGY PARADIGM, PROTOCOL AND PRODUCT SEEKS TO PRESERVE, REGRESS, REGENERATE AND PROGRESS ITS COMPONENTS: SYSTEMIC LIFE (CELLS WITH NATURAL INTEGRATION SYSTEMS), CELLULAR LIFE (CELLS WITH ARTIFICIAL INTEGRATION SYSTEMS), ATOMIC LIFE (ATOMICALLY STRUCTURED DEACTIVATED CELLS), GENETIC LIFE (BIOLOGICAL DNA AND TEXT-AUDIO-VISUAL INDIRECT INTERFACE MEMORY) AND INFORMATIC LIFE (BINARY DNA AND NEURAL DIRECT INTERFACE MEMORY).

1)MESFUND

Patients make a minimum monthly deposit (including for an insurance against fund insufficiency proportional to deposits, balance and preventive cooperation, specially through tests for obesity, physical activity and substance abuse) to their FUND OF INDIVIDUAL INVESTMENT AND SOCIAL SECURITY (FIS, interest/dividend escrow/bound account) to finance basic and/or premium services, in addition to the amount paid by sponsors (insurance, organizations and/or advertisers) (cost + 20% + sponsorships). The main expense of FIS is to finance the execution of the Prevention and Preservation Permanent Life Global Mandatory Protocol; the acquisition and maintenance of the Permanent Life Module (US$9995 + US$95 month), including training as Health Manager to operate own PLM and/or of relatives.

Patients classified as cooperative and non-cooperative (especially relating to substance abuse, mainly leading to obesity, and use of neurological/psychological drugs), with the cooperative receiving a reduction in minimum deposit (and/or higher sponsorship), functioning as economic stimulus to cooperation, added to the possibility of suspension of income originated from sponsor (organization/government/insurer) and diverse psychological support (different philosophies/doctrines in accordance with the patient's social-cultural-psychological background).

2)MESMANAGER

Health Managers openly certified to collect health data (own, family, colleagues, neighbors or clients) with social-economic-cultural information, measurements (weight, size, heartbeat, breathing, etc.), physical samples (saliva , blood, urine, feces, sweat, hairs etc.); preventive strengthening of immune system (vaccines, nutrition etc) and neurological system (not use or abuse of drug for physical or psychological pain, diverse psychological counseling for self preservation and knowledge of neurological alarm system: pain is an information/symptom indicating the location and intensity of a problem and its elimination, without identifying its origin and proper positioning of the body in order to reduce it, can be an aggravating factor of the original problem); home consultation (presential and/or virtual) with general/specialist doctors based on symptoms and test results; maintenance/development of health, preserving/developing an alarm, defense and healing system.

Health Managers are trained to maintain and operate Permanent Life Modules that also offer web interface with Doctors that can also come to its place of operation for direct contact with the user. Patients can have their blood and other fluids retrieved for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

3)MESHOME

Global Mobile Home and Enterprise Care with general check-up from Health Managers and Medical Visits (virtual and/or real). Non-use or abuse of psycho-neurological drugs that act on symptoms and not on causes (use only as a last resort against severe pain to aid sleep in position minimizing/reducing pain).

Cooperative patients receive home or work annual checkup from Health Managers. Uncooperative patients receive daily/weekly/monthly check-ups, voluntary or mandatory: administrative (organizational) or judicial (suicidal or semi-suicidal, indifferent to the reduction in their life expectancy, considered incapable or semi-incapable of self defense/preservation as health damaging drug users).

Certificates of Own Health Cooperation, no substance abuse, no social or professional doping, can be issued monthly (patients with history of abuse) and annually (patients without history of abuse), for organizational ends (rewards and/or sanctions). Permanent Life Modules are located in the residence and/or workplace of the patient and sponsor. PLMs offer global web interface and database connection with doctors, specialists and health managers that also may go to the local of the PLM.

4)MESCLINIC

Global Micro Mobile Intensive Care with Micro Interventions and Diagnostic Equipment. Treatment of patients with non-life-threatening emergency symptoms. Carries small quantities of Permanent Life Modules. ICU (Intensive Care Unit) and IUI (Individual Universal Immunotherapy).

5)MESHOSPITAL

Global Macro Mobile Intensive Care with Macro Interventions and Diagnostic Equipment. Treatment of patients with life-threatening emergency symptoms. Carries large quantities of Permanent Life Modules.

6)MESAPP

Global Mobile Medical System Application to coordinate doctors, patients, exams, equipments and substances visiting/delivered to patient's home and/or work.

7)MESDATA

Global Mobile Medical System Database holding information of doctors (CV/resume), patients, exams, equipments and substances. Patient's medical information includes physical/medical characteristics, history of diseases, genetic code, personal, social and professional direct/indirect memory/history registration (binary, text, audio and video).

8)MESBANK

Essential and urgent the formation of an individual bank of fluids, DNA, gametes, embryos, tissues and cells, especially stem and immunological cells. Stem and Immune cell bank is an universal paradigm for treatment of viral/bacterial infection, cancer, trauma or any dysfunction in the human body.

Patients can retrieve blood and other fluids for preventive testing, to harvest stem and immune cells, to be replicated and cryopreserved in a bank for immediate economic use, when needed, as adding antigen and nuclear transfers, to eliminate any viral/bacterial infection, cancer or injury to cells and tissues.

Antigen loaded antibodies and other defensive molecules could also be harvested from cured/convalescent patients blood/plasma, although the ideal is to harvest directly from treated patient, unless there is late stage difficulty to identify pathogen and load antigens (white cells from donors may present auto immune healthy cell attack collateral effects).

Individual Universal Immunotherapy accelerates learning timing and risk exposure reduction of Immune system achieving cure/immunity in vitro/lab to in vivo/body using blood concentrate with immune cells/molecules against virus, bacteria, cancer, toxin, trauma and aging.

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Global Mobile Medical System
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