INTERNATIONAL ASSOCIATION OF STEMCELL & REGENERATIVE MEDICINE

जीवेम शरदः शतम् *"May we live a hundred autumns" — Rigveda*

THE HEALTHSPAN STANDARD · DELHI · 2027

A CONSTITUTION

for Longevity & Regenerative Medicine

HEALTHSPAN STANDARD 2027

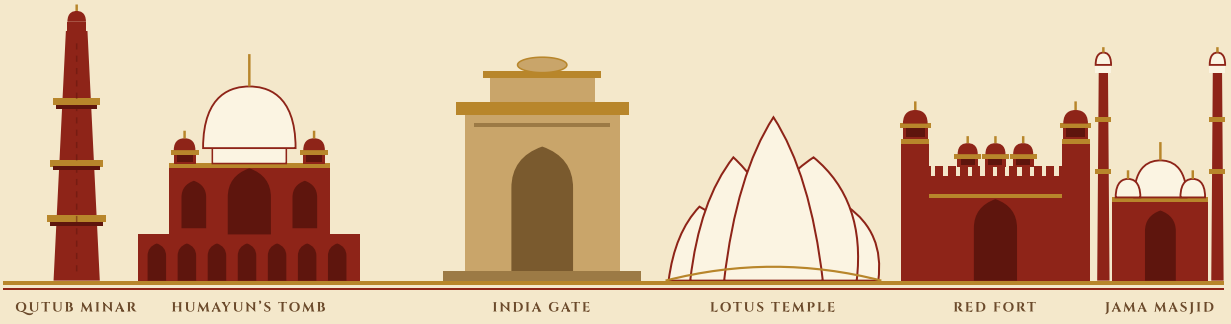
DELHI · INDIA

Two days on evidence in longevity and regenerative medicine — three books unveiled, the inaugural Longevity 40 honours, and the adoption of the Charter.

CONVENED	SHANGRI-LA EROS	IN SESSION
Sat 10 – Sun 11 April 2027	New Delhi, India	07:00 – 21:15

YOGA & MEDITATION · EXPERIENCE LOUNGE · RAPID-FIRE ROUNDS · GALA DINNER

For invited healthcare professionals · The Public Fire Rounds are open to all



Written in evidence. Argued in open summit. Signed in Delhi.

POWERED BY IASRM · TITLE SPONSOR AYUVA

In collaboration with Anti-Ageing Foundation (India) · Entrepreneur Forum of India

PART I

THE PREAMBLE

WE, THE RESEARCHERS, SCIENTISTS, INNOVATORS, INDUSTRIALISTS AND PRACTITIONERS OF LONGEVITY & REGENERATIVE MEDICINE,

having solemnly resolved to constitute our discipline into an

EVIDENCE-LED, ETHICAL, EQUITABLE AND HUMANE SCIENCE,

and to secure to every patient:

JUSTICE of honest counsel, every claim graded by its evidence;

LIBERTY of informed consent where the data is thin;

EQUALITY of access beyond the reach of wealth alone;

and to promote among us all

FRATERNITY assuring the dignity of the patient and the healthspan of the nation;

IN OUR SUMMIT at New Delhi this eleventh day of April, 2027, do

HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CHARTER.

PART II

ON THE LENGTH OF LIFE

Words carried into the work

जीवेम शरदः शतम्

jīvema śaradaḥ śatam

May we live a hundred autumns.

RIGVEDA

✦

सर्वे सन्तु निरामयाः

sarve santu nirāmayāḥ

May all be free from illness.

TRADITIONAL SANSKRIT INVOCATION

✦

The purpose of medicine is to preserve the health of the healthy, and only then to cure the disease of the diseased.

AFTER THE CHARAKA SAMHITA

✦

It is not that we have a short time to live, but that we waste a great deal of it.

SENECA

✦

A long life is an arithmetic. A long healthy life is a discipline.

THE SUMMIT'S OWN

✦

We are not in the business of adding years to the end of life. We are in the business of moving the illness out of them.

THE HEALTHSPAN STANDARD

PART III

WHY WE GATHER

and for whom

Most of us will spend the last decade of life unwell. That decade — not the length of the life around it — is the problem worth solving.

Longevity science has arrived at a moment of unusual attention. Interest has outpaced evidence, and claims now reach patients faster than the studies that would justify them. This summit is built on the opposite principle.

ARTICLE I · THE HOUSE RULE

Every claim made from this stage carries its evidence tier on the slide — human randomised trial, human observational, animal, or mechanism alone. Without exception, and including the organisers.

I	II	III	IV
Human randomised trial	Human observational	Animal	Mechanism alone

Evidence before enthusiasm.

WHO WE MADE THIS FOR

For the physician who is asked every week about a supplement, a test or a clinic abroad — and wants an honest answer to give.

For the researcher whose careful trial is drowned out by a louder claim. For the founder building something that should outlast its marketing.

And for the patient, who is the reason for all of it.

36	30	3	3	40	2
LECTURES	RAPID-FIRE TALKS	PANELS	BOOKS	HONOUREES	DAYS

INTERNATIONAL FACULTY

THE FACULTY

Six nations, one house rule

The first voices confirmed for New Delhi — clinicians and scientists from six countries, each speaking under the same rule: every claim carries its evidence tier.

IRELAND *Prof* **PATRICK TREACY**	PHILIPPINES *Dr* **DARYL J DUMDUM**	USA *Dr* **NEERAJ KOHLI**
SAUDI ARABIA *Dr* **HISHAM ARAB**	EGYPT *Dr* **NOHA SALAH**	INDIA *Dr* **LENNY DCOSTA**

More faculty to be announced.

THE FOUNDER'S KEYNOTE · DAY ONE, 11:30

Sukhāyu — the science of years worth living

Charaka described four kinds of life — beneficial or harmful, happy or unhappy — and asked medicine to serve the one that is long, healthy and happy. This keynote sets that idea against today's evidence on purpose, relationships and joy, graded like every claim at this summit.

PRABHU CHANDRA MISHRA

Founder of IASRM, running the Longevity & Regenerative Medicine conferences since 2014

WHAT EVERY DELEGATE TAKES HOME

- Your biological-age and biomarker results
- Delegate kit and certificate of participation
- A place among the signatories of the Charter
- The gala dinner with the Longevity 40

Six nations on one stage, and one rule for all of them.

PART IV

THE ORDER OF THE DAYS

Day One · We begin by measuring

DAY ONE

SATURDAY · 10 APRIL 2027

Measurement, metabolism, nutrition, movement and regeneration — closing with the honours.

07:00 – 08:00
Yoga, Breathwork & Meditation
Optional. Delegates may join the main programme from 08:00.

08:00 – 08:40
Registration & Welcome Coffee
Delegate kits issued. The Experience Lounge opens.

08:40 – 08:55
Opening Address
Welcome from the organisers and IASRM, with the case for a healthspan standard.

08:55 – 09:25
Book Launch — *The Healthspan Standard*
Unveiling and author address.

09:25 – 10:10
Session I — Foundations: The Biology and Measurement of Ageing
Chair to be announced · 3 lectures of fifteen minutes

i. The hallmarks of ageing in 2027 — what has held and what has been revised
ii. Biological age clocks: reproducibility, drift, and what a result actually means
iii. Functional markers — why grip strength and gait speed outperform most panels

10:10 – 11:10
Session II — Obesity, Metabolic Health and the Indian Phenotype
Chair to be announced · 4 lectures of fifteen minutes

i. The South Asian cardiometabolic phenotype: insulin resistance at lower BMI
ii. Visceral and hepatic fat — what to measure when BMI misleads
iii. GLP-1 receptor agonists: outcome data, lean mass loss and monitoring
iv. Obesity pharmacotherapy and bariatric referral — selecting the right patient

Arrive a little early. The yoga hour is optional — but the quiet it leaves behind tends to last the whole day.

PART IV

THE ORDER OF THE DAYS

Day One · Food, strength and repair

11:10 – 11:30

Experience Lounge & Tea

Assessment stations open.

11:30 – 12:15

Session III — Gut Health and Nutrition

Chair to be announced · 3 lectures of fifteen minutes

i. The gut microbiome and metabolic health — what the intervention data supports
ii. Protein requirements, sarcopenia and the vegetarian patient
iii. Fasting and dietary pattern: the evidence, and where it thins

12:15 – 13:00

Session IV — Exercise, Strength and the Measured Body

Chair to be announced · 3 lectures of fifteen minutes

i. Muscle as an endocrine organ — and the staircase of catastrophic loss
ii. Sarcopenic obesity: the patient who looks unremarkable and is not
iii. Prescribing resistance training with the specificity of a drug

13:00 – 14:00

Luncheon

A longevity-informed menu, with macronutrient composition printed on the card.

14:00 – 14:30

Book Launch — *Regenerative Intelligence*

Unveiling and author address.

14:30 – 15:30

Session V — Regenerative Medicine: The Human Evidence

Chair to be announced · 4 lectures of fifteen minutes

i. Mesenchymal stromal cells — what the completed human trials show
ii. Exosomes and secretome therapy: mechanism, manufacturing and evidence tier
iii. PRP and orthobiologics in osteoarthritis — evidence and patient selection
iv. Aesthetic longevity — skin as an ageing organ: threads, devices and evidence tier

Lunch is part of the programme. The menu card carries its macronutrients because we would rather show than tell.

PART IV

THE ORDER OF THE DAYS

Day One · Honest risk, and an evening of honour

15:30 – 15:50

Experience Lounge & Tea

Second window at the stations.

15:50 – 16:35

Session VI — Cancer Risk and Early Detection

Chair to be announced · 3 lectures of fifteen minutes

i. The screening register: what a longevity clinic owes every patient

ii. Multi-cancer early detection — what the assays show and what they do not

iii. Whole-body imaging in the asymptomatic adult: findings, cascades and consent

16:35 – 17:20

Panel I — Does Longevity Science Generalise?

Motion: "Protocols developed in Western cohorts can be applied to Indian patients without modification." Panellists for and against, moderated cross-examination, audience vote before and after.

17:20 – 18:15

Interval & Reception

Delegates change for the evening. Welcome drinks and photographs.

18:15 – 19:45

The Longevity 40 — Honours Ceremony

Citations read from the stage; medal, certificate and memento presented.

19:45 – 21:15

Gala Dinner

Seated dinner with the honourees, faculty and partners.

The evening belongs to people — the forty honoured, and the colleagues who thought them worth nominating.

PART V

THE ORDER OF THE DAYS

Day Two · Rest, and the ageing mind

DAY TWO

SUNDAY · 11 APRIL 2027

Sleep, brain, hormones, sexual health and technology — five rapid-fire rounds, two panels, and the Charter.

07:00 – 08:00
Yoga, Breathwork & Meditation
Optional. A shorter practice, on the second morning.

08:00 – 08:30
Coffee & Experience Lounge
Final window at the assessment stations.

08:30 – 08:40
Opening of the Second Day
A summary of the first day, and the questions it left open.

08:40 – 09:05
Book Launch — *The 10 PM Club*
Unveiling and author address.

09:05 – 09:50
Session VII — Sleep, Circadian Health and Precision Longevity
Main hall · Chair to be announced · 3 lectures of fifteen minutes

i. Circadian disruption and cardiometabolic risk — the measurable cost of late nights
ii. Sleep architecture: what to measure, what to ignore, what to treat
iii. Precision longevity — stratification, pharmacogenomics and individual response

09:05 – 09:50
HALL II Rapid-Fire Round I — Measuring Ageing in the Real Clinic
Six talks of six minutes, then nine minutes of questions from the floor. Topics in Part VI.

09:50 – 10:35
Session VIII — Neurodegeneration and Cognitive Longevity
Main hall · Chair to be announced · 3 lectures of fifteen minutes

i. Detecting cognitive decline before symptoms — what is actually measurable
ii. Amyloid, tau and the anti-amyloid trials: what the outcome data supports
iii. Modifiable risk — hearing, sleep, vascular health and dementia prevention

09:50 – 10:35
HALL II Rapid-Fire Round II — The Indian Plate
Six talks of six minutes, then nine minutes of questions from the floor. Topics in Part VI.

PART V

THE ORDER OF THE DAYS

Day Two · Hormones, intimacy and tradition

10:35 – 10:50
TEA

10:50 – 11:35
SESSION IX — HORMONES, PEPTIDES AND PHARMACOLOGY
Main hall · Chair to be announced · 3 lectures of fifteen minutes

i. Testosterone therapy in men — indications, outcome data and the limits of evidence
ii. Menopausal hormone therapy: the post-WHI reassessment and current guidance
iii. Peptides in longevity practice — regulatory status, and what is sold ahead of data

10:50 – 11:35
HALL II **RAPID-FIRE ROUND III — REGENERATIVE PRACTICE: CASES, COMPLICATIONS AND CONSENT**
Six talks of six minutes, then nine minutes of questions from the floor. Topics in Part VI.

11:35 – 12:20
SESSION X — SEXUAL HEALTH AND HEALTHSPAN
Main hall · Chair to be announced · 3 lectures of fifteen minutes

i. Erectile dysfunction as a cardiovascular sentinel — assessment and what it predicts
ii. Female sexual function across the menopause transition
iii. Regenerative approaches in sexual medicine — evidence tier and honest counselling

11:35 – 12:20
HALL II **RAPID-FIRE ROUND IV — TRADITIONS UNDER THE EVIDENCE LENS**
Six talks of six minutes, then nine minutes of questions from the floor. Topics in Part VI.

12:20 – 13:10
LUNCHEON

Two rooms run side by side this morning. Choose the one that will change what you do on Monday.

PART V

THE ORDER OF THE DAYS

Day Two · The Charter

13:10
14:05

Panel II — Where Is the Line? The Statements, Argued

The consensus statements are read from the floor, one by one, and argued. Delegates vote on each, and amendments carried are incorporated before signing. Practice running ahead of evidence, consent, advertising, regulation, and what a clinician owes a patient when the data is thin. A working session, not a presentation.

14:05
14:45

Panel III — Who Can Afford This?

Cost, access and the ethics of private longevity practice, with the Entrepreneur Forum of India. Pricing, scalability, and whether a discipline available only to the wealthy can call itself medicine.

14:45
15:45

Session XI — Technologies in Longevity

Main hall · Chair to be announced · 4 lectures of fifteen minutes

i. Wearables and continuous monitoring — which metrics to trust, and which to ignore

ii. Continuous glucose monitoring in the non-diabetic patient: signal, noise and behaviour

iii. Artificial intelligence in clinical practice — risk prediction, imaging, and where the models fail

iv. The digital clinic: remote monitoring, data governance and patient privacy

14:45
15:30

HALL II Rapid-Fire Round V — Women's Healthspan

Six talks of six minutes, then nine minutes of questions from the floor. Topics in Part VI.

15:45
16:15

Adoption of the Charter

The statements as amended this afternoon are read a final time, and signed by those who choose to be bound by them.

16:15
16:30

Closing Address

What was agreed, what was not, and what is asked of delegates before the next Congress.

The Charter is not signed on anyone's behalf. Each signature is a personal promise, made in public, to the patients who will never read it.

PART V · DAY TWO

THE ORDER OF THE DAYS

Day Two · The Public Fire Rounds

16:30 – 16:45
Doors Open to the Public
Families, patients and the curious are welcome. Entry is free with prior registration.

16:45 – 18:15
The Public Fire Rounds — Thirteen Tracks, Thirteen Talks
One speaker from each track, five minutes each, in plain language — then twenty minutes of questions from the audience. Every slide carries its evidence tier.

THE THIRTEEN TALKS

01	Your Organs Age at Different Speeds	*The Biology & Measurement of Ageing*
02	Thin on the Outside, Sick on the Inside	*Obesity, Metabolic Health & the Indian Phenotype*
03	What Your Gut Bacteria Do With Your Dinner	*Gut Health & Nutrition*
04	Your Grip Predicts Your Lifespan	*Exercise, Strength & the Measured Body*
05	Stem Cells That Freed Diabetics From Insulin?	*Regenerative Medicine — the Human Evidence*
06	A Blood Test for Cancer?	*Cancer Risk & Early Detection*
07	The 10 PM Rule	*Sleep, Circadian Health & Precision Longevity*
08	Could a Vaccine Lower Dementia Risk?	*Neurodegeneration & Cognitive Longevity*
09	The Weight-Loss Jab, Beyond Weight	*Hormones, Peptides & Pharmacology*
10	Intimacy as a Vital Sign	*Sexual Health & Healthspan*
11	Your Smartwatch Knows — But Should You Trust It?	*Technologies in Longevity*
12	Yoga, Breath and Purpose: What the Trials Show	*Holistic Approaches to Longevity*
13	Can a Cell Forget Its Age?	*Frontier Therapies — CAR-T, iPSC & Cellular Reprogramming*

✺ *The science of ageing belongs to everyone who ages.*

PART VI

THE RAPID-FIRE ROUNDS

Hall II · Day Two

Five rounds of forty-five minutes. In each, six speakers take six minutes apiece — one idea, one case, one finding — and the last nine minutes belong to the floor. The House Rule holds here too: every slide shows its evidence tier.

ROUND I Measuring Ageing in the Real Clinic — 09:05 – 09:50

1. Explaining a biological-age report to a patient — what to say, and what not to promise
2. ApoB, HbA1c and hs-CRP: the three numbers that earn their place
3. Estimating VO_2max without a laboratory
4. Re-testing epigenetic clocks: how soon is too soon?
5. Grip strength in the OPD — a sixty-second vital sign
6. Building a baseline longevity assessment on an Indian budget

ROUND II The Indian Plate — 09:50 – 10:35

1. From thali to target: meeting protein needs on a vegetarian diet
2. Rice, roti and glycaemic load — what the Indian data shows
3. Religious fasting — Navratri, Ramadan, Ekadashi — and metabolic health
4. Ghee, mustard oil and coconut oil: reading the lipid evidence
5. Turmeric, fenugreek and cinnamon under the evidence lens
6. Alcohol and 'moderate drinking': the revised evidence

ROUND III Regenerative Practice: Cases, Complications and Consent — 10:50 – 11:35

1. The PRP case that did not work — and what it taught
2. Autologous BMAC in premature ovarian insufficiency: a case series, with caveats
3. Exosome products in India: what the regulatory landscape allows
4. Adverse events in aesthetic regenerative procedures
5. Writing consent for therapies with thin evidence
6. Stem-cell tourism: counselling the patient who has already booked

ROUND IV Traditions Under the Evidence Lens — 11:35 – 12:20

1. Yoga for blood pressure and glycaemic control: the trial data
2. Pranayama and heart-rate variability
3. Ayurvedic rasayana — what has actually been tested in humans
4. Meditation and cognitive ageing
5. Dinacharya and circadian science: an old routine, a new rationale
6. Loneliness, purpose and community as determinants of healthspan

ROUND V Women's Healthspan — 14:45 – 15:30

1. Ovarian ageing as a pacemaker of female ageing
2. Recognising perimenopause in primary care
3. Bone health after forty: screening and prevention
4. Pelvic-floor health and quality of life
5. PCOS across the lifespan: long-term metabolic risk
6. Thin endometrium: regenerative approaches and their evidence tier

Suggested topics · speakers to be announced

PART VII

THE BOOKS & THE CHARTER

THREE BOOKS, UNVEILED FROM THE STAGE



DAY ONE · 08:55

The Healthspan Standard

Unveiling and author address.



DAY ONE · 14:00

Regenerative Intelligence

Unveiling and author address.



DAY TWO · 08:40

The 10 PM Club

Unveiling and author address.

HOW THE CHARTER IS MADE

1. **Read**
   The consensus statements are read from the floor, one by one.

2. **Argued**
   Practice running ahead of evidence, consent, advertising, regulation, and what a clinician owes a patient when the data is thin.

3. **Amended**
   Delegates vote on each statement; amendments carried are incorporated before signing.

4. **Signed**
   Read a final time on Sunday afternoon, and signed by those who choose to be bound by them.

A book is one person's argument. A charter is many people agreeing to be held to one. We launch both, because the discipline needs both.

PART VIII

THE LONGEVITY 40

The inaugural honours

Forty honourees — clinicians, scientists, innovators, authors and organisations — recognised for advancing evidence-based regenerative and longevity medicine.

INDEPENDENT
Selection is by an independent panel.

NO ENTRY FEE
Nominations are free.

NEVER PURCHASED
There is no purchased recognition.

THE CATEGORIES

01 Clinical Excellence in Regenerative Medicine

02 Patient Outcomes & Safety

03 Education & Mentorship

04 Access & Community Practice

05 Emerging Practitioner of the Year

06 Author of the Year

07 Scientist of the Year

08 Researcher of the Year

09 Innovator of the Year

10 Company of the Year

11 Manufacturing & Product Excellence

THE CEREMONY

Saturday 10 April, 18:15 – 19:45. Citations read from the stage; medal, certificate and memento presented — followed by the Gala Dinner with the honourees, faculty and partners.

NOMINATIONS

Open **1 October 2026** · Close **31 January 2027** · No fee

Think of the colleague who does careful work and never puts themselves forward. This is for them.

PART IX

THE LOUNGE & THE REGISTER

THE EXPERIENCE LOUNGE

Assessment and demonstration stations run through both days. Every station displays the tier of evidence behind its primary claim.

- Biological age & biomarker panel
- VO_2 estimate & cardiorespiratory fitness
- Heart rate variability & breathwork
- Skin & photoageing analysis
- Grip strength & gait speed
- Body composition analysis
- Sleep & circadian assessment
- Consultation desk

REGISTRATION

Pass	Early bird · to 31 Dec	Standard
Two-Day Pass · Individual *One delegate, both days*	₹ 45,000 USD 495	₹ 51,000 USD 555
Residential Pass · Individual *One delegate, both days, two nights' stay*	₹ 90,000 USD 990	₹ 1,00,000 USD 1,100
Couple Pass *Two delegates, both days*	₹ 80,000 USD 890	₹ 90,000 USD 1,000
Group Pass *Five delegates — best value per head*	₹ 1,70,000 USD 1,890	₹ 1,90,000 USD 2,100
The Longevity 40 Honourees *Recognition is never charged for*	NIL	NIL

Every pass covers both days, the Experience Lounge, both luncheons and the gala dinner. Exclusive of GST.

Try the stations as a patient would. It is the quickest way to learn what your own patients feel when they wait for a number.

PART X

WHAT WE ASK OF YOU

Three things, and the dates that govern them

I. Come, and come early.

Registration closes when the room is full and not before — but the early rate closes on the thirty-first of December. The group pass carries five delegates and is the best value per head; most clinics send their whole team on it.

II. Nominate someone.

The Longevity 40 runs on nominations, and the people most deserving of recognition are the least likely to put themselves forward. Nominations open on the first of October and close on the thirty-first of January. There is no fee.

III. Hold us to the rule.

Every claim from our stage carries its evidence tier. If you hear one presented above the grade its data supports, say so from the floor. That is not an interruption of the programme. It is the programme.

THE SCHEDULE OF DATES

1 October 2026	15 November 2026	31 December 2026	31 January 2027	10 – 11 April 2027
Longevity 40 nominations open	Call for abstracts closes	Early registration closes	Longevity 40 nominations close	The summit & the Charter

Bring a question you have not been able to answer for a patient. Leave with the evidence — or with honest words for why there is none yet.

PART XI

THE CALL FOR ABSTRACTS

Speak from the stage

Clinicians, scientists and researchers are invited to submit original work in longevity and regenerative medicine. Selected abstracts are presented from the stage — each held to the house rule.

LAST DATE FOR ABSTRACTS
15 November 2026

THE THIRTEEN TRACKS

01	The Biology & Measurement of Ageing	02	Obesity, Metabolic Health & the Indian Phenotype
03	Gut Health & Nutrition	04	Exercise, Strength & the Measured Body
05	Regenerative Medicine — the Human Evidence	06	Cancer Risk & Early Detection
07	Sleep, Circadian Health & Precision Longevity	08	Neurodegeneration & Cognitive Longevity
09	Hormones, Peptides & Pharmacology	10	Sexual Health & Healthspan
11	Technologies in Longevity	12	Holistic Approaches to Longevity

13 Frontier Therapies — CAR-T, iPSC & Cellular Reprogramming

HOW TO SUBMIT

1. **Prepare**
   Up to 300 words — background, methods, results, conclusion — with title, authors and affiliations.
2. **Declare the tier**
   State the evidence tier behind your central claim: human randomised trial, human observational, animal, or mechanism alone.
3. **Disclose**
   Conflicts of interest and funding. Commercial claims without data are not accepted.
4. **Submit**
   Email info@iasrmglobal.org with the subject “Abstract — Healthspan Standard 2027”, naming your track.

An abstract is a small promise: here is what we found, and here is how sure we are.

PART XII

THE ORGANISING TEAM

Those who convene the summit



FOUNDER · IASRM

Prabhu Chandra Mishra

Founder of IASRM, running the Longevity & Regenerative Medicine conferences since 2014

> Every claim from this stage carries its evidence tier. We ask the same of ourselves — evidence before enthusiasm.



Dr Sanjana Botcha



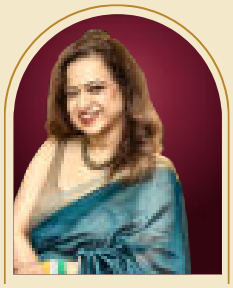
Shirley Dsouza



Dr Deepali Bhardwaj



Dr Moumita Nandy



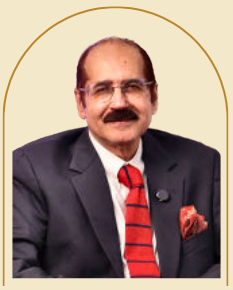
Dr Yukti Wadhawan



Dr Aditi Tandon



Dr Biren Banerjee



Dr Sanjay Sachdeva



Shaifali Arora

✺ *The Charter is argued by everyone in the room. These are the people who built the room.*