A question seeking correction, ownership, and a defensible path.

PLANNING STAGE	NO PRINCIPAL INVESTIGATOR	NO INSTITUTIONAL SPONSOR	NO IRB SUBMISSION OR APPROVAL	NO RECRUITMENT OR INTERVENTION

THE QUESTION

During prolonged severe energy restriction, can a defined essential-amino-acid formulation attenuate lean-tissue catabolism and preserve selected functional performance while stored body fat supplies most energy - and where do the physiological, performance, and safety limits emerge?

This is a founder-originated hypothesis, not a known result. Amino acids provide metabolizable energy, and a future protocol must define the exact formulation, dose, timing, comparator, endpoints, and total intake. The project does not assume that essential amino acids reproduce whole food, prevent muscle loss, increase fat oxidation, preserve every performance domain, or make prolonged fasting safe.

WHY THE QUESTION MAY MATTER

If a safe and informative version exists, the logistics question could matter in remote expeditions, disrupted supply lines, maritime or disaster contingencies, and future aerospace operations where conventional food is constrained. These are proposed use cases only; no military, government, university, hospital, or aerospace affiliation is claimed.

WHAT MUST BE DISTINGUISHED AND MEASURED

Protein loss and lean tissue	Urinary-nitrogen-derived protein equivalents, standardized body-composition estimates, hydration and glycogen controls, and their measurement limits.
Function	Prespecified strength, movement, endurance, cognition, judgment, and task-performance outcomes - not a blanket claim that performance is preserved.
Clinical safety	Symptoms, electrolytes, cardiovascular, renal, endocrine, medication and supplement context, adverse events, and independent stopping authority.
Recovery and refeeding	A clinically owned refeeding plan, post-intervention monitoring, recovery endpoints, escalation, and follow-up.

NON-NEGOTIABLE OWNERSHIP AND INDEPENDENCE

Scientific and institutional	A qualified principal investigator, institutional home, biostatistical and methodological review, and a version-controlled protocol with frozen outcomes.	**Clinical and regulatory**	Independent medical monitoring, written stopping and refeeding rules, emergency access, and formal IRB, ethics, and regulatory determinations.
Data and publication	Institution-approved systems, audit trails, privacy controls, prespecified analysis, conflict disclosure, and the right to report null, unfavorable, or harmful findings.	**Commercial firewall**	The Art of Survival store, suppliers, sponsors, media partners, and founder preferences cannot select the science, control safety, buy conclusions, or suppress results.

THE IMMEDIATE ASK

A 20-minute feasibility critique - not endorsement. We are asking qualified professionals to identify fatal flaws, define the lowest-risk informative next phase, or refer the concept to a better-suited investigator and institution.

THREE USEFUL OUTCOMES

1. Is any version scientifically worth pursuing?
2. What is the lowest-risk informative next phase?
3. Who could legitimately own it?

Public materials: overview | source-linked evidence guide | professional inquiry | governance and disclosures