

BIOLOGY OF AGING: CAUSES OF PREMATURE AGING AND STRATEGIES FOR HEALTHY LONGEVITY

Sohaib Shakeel

Department of Zoology, University of Gujrat, 50700, Gujrat, Pakistan

sohaibshakeel974@gmail.com

Keywords

Precursors, Biomarkers, Toxins, Melatonin, Senolytics, inflammation, Gene Therapy, Customised medicines

Article History

Received: 01 January, 2025
Accepted: 21 February, 2025
Published: 31 March, 2025

Copyright @Author

Corresponding Author: *
Sohaib Shakeel

Abstract

This article explores the biology of aging and strategies to promote healthy longevity. It highlights the roles of hormone balance, stress management, sleep, and physical activity in slowing aging and preventing related diseases. Regular exercise, quality sleep, and stress reduction improve cognitive and physical function, while supplements like DHEA, melatonin, and NAD⁺ precursors support cellular repair. Emerging therapies such as senolytics, gene therapy, and personalized medicine offer promising avenues for extending lifespan. Together, these approaches combine lifestyle, technology, and medical advances to enhance health and independence with age.



INTRODUCTION

Ageing is a complicated and universal biological process characterised by a progressive deterioration in physiological integrity that results in decreased physical and cognitive function, heightened susceptibility to chronic illnesses, and eventually, death (Lopez-Otin et al. 2019). The term "inflammaging" refers to a variety of cellular and molecular changes that occur in the body as people age, such as telomere attrition, mitochondrial dysfunction, epigenetic changes, oxidative stress, genomic instability, and chronic low-grade inflammation (Franceschi et al., 2020). These aging-related characteristics play a role in the development and course of age-related illnesses include Sarcopenia, Osteoporosis, Alzheimer's disease, cardiovascular disease, and type 2 diabetes. The goal of contemporary Biomedicine has changed from simply increasing longevity to extending healthspan the number of years spent in good health, free from crippling chronic

conditions as life expectancy rises internationally and population's age at an unparalleled rate (Tarnopolsky, 2019).

Understanding the modifiable factors of ageing has advanced significantly in recent decades, emphasizing the significance that behavioral interventions and lifestyle choices have in extending life expectancy. With strong evidence connecting aerobic, resistance, and flexibility training to enhanced cardiovascular health, muscle strength, cognitive resilience, and preservation of telomere length-one of the primary biomarkers of cellular aging-regular physical activity has become a cornerstone of healthy ageing (Eisenberg et al., 2020). Similarly, it has been demonstrated that getting enough sleep and managing stress can guard against immune system deterioration, metabolic problems, and dementia. Cognitive function, cellular repair, and hormone regulation all depend on sleep, especially the deep

slow-wave stage (Walker. 2022). Elderly people who have chronic sleep deprivation are more likely to experience dementia and depression, as well as faster telomere shortening (Li et al., 2023).

The ability of mind-body techniques like mindfulness and meditation to lower cortisol levels, elevate mood, and encourage neuroplasticity in older people is becoming more widely acknowledged. Particularly in the elderly population, mindfulness-based stress reduction (MBSR) has shown notable advantages for brain health, emotional control, and immunological modulation (Crescentini et al., 2022). In addition to being non-invasive and economical, these interventions provide people the confidence to actively participate in maintaining their own health.

In addition to behavioural tactics, specific hormonal and nutritional supplements have gained popularity as a means of halting aging-related deterioration. Studies are being conducted on the effects of hormone treatments including melatonin and DHEA (Dehydroepiandrosterone) on bone density, muscle maintenance, sleep quality, and cognitive function (Henderson et al., 2020). Similarly, in animal models and early-stage human trials, NAD⁺ (nicotinamide adenine dinucleotide) precursors, including nicotinamide riboside (NR) and nicotinamide mononucleotide (NMN), have demonstrated the ability to improve mitochondrial function, improve DNA repair, and improve metabolic health (Dellinger et al., 2021). The increasing interest in metabolic improvement and cellular rejuvenation as anti-aging techniques is reflected in these new therapies.

Powerful technologies that target the molecular causes of ageing have also been introduced by advances in biomedical science. In animal models, senolytic medicines have shown promise in enhancing physical function, decreasing inflammation, and prolonging longevity by specifically removing senescent cells that build up with age and cause tissue malfunction (Zhu et al., 2020). Their potential as a treatment for diseases such as pulmonary fibrosis and osteoarthritis is currently being investigated in human early clinical studies (Justice et al., 2020). Parallel to this, the areas of gene therapy and epigenetic reprogramming are quickly developing and seek to repair genetic damage caused by ageing, revitalize tissues, and restore homeostatic balance (Yu et al., 2022). In preclinical models, gene editing methods such as CRISPR-Cas9

have already demonstrated efficacy in restoring age-associated characteristics.

Personalized medicine is also changing our understanding of and approach to ageing. Healthcare is shifting towards more individualized and predictive methods by utilizing genetic profiling, biomarker analysis, and machine learning. In order to reduce ageing and maximize well-being, longevity clinics are already providing customized interventions that incorporate wearable health monitoring, microbiome analysis, lifestyle coaching, and genetic data (Klapper et al., 2022). Integrative techniques are also supported by recent public health discoveries. For instance, the DO-HEALTH experiment (2025) discovered that omega-3 supplementation may reduce biological ageing by around one month annually, as determined by epigenetic clocks. The shingles vaccine may also lower the incidence of dementia, according to a population-based study conducted in Wales, suggesting that vaccination represents a unique longevity strategy.

The goal of this study is to present a thorough analysis of the processes that underlie ageing and the wide range of therapies that can be used to counteract its effects. This article offers a multifaceted approach to encouraging healthy ageing by combining the most recent research on physical activity, sleep, stress management, hormonal and nutritional support, and cutting-edge biotechnological techniques, such as senolytics, gene therapy, and personalized medicine. Comprehending and incorporating these strategies is essential for increasing life expectancy and enhancing ageing quality of life, ultimately promoting a future where ageing is better controlled and vitality is maintained (Goyal et al., 2022).

II. The Biology of Aging

A. Cellular Senescence

Numerous internal and external stresses, including oxidative stress, telomere attrition, and DNA damage, can cause cellular senescence, an irreversible cell cycle stop. Senescent cell accumulation over time is now understood to be a significant contribution to tissue malfunction, chronic inflammation, and age-related illnesses, even if it initially acts as a crucial tumor-suppressive mechanism by stopping the proliferation of damaged cells (Gorgoulis et al., 2019). DNA damage, which is frequently brought on by genomic

instability brought on by ultraviolet (UV) radiation, reactive oxygen species (ROS), or genotoxic chemicals, is one of the main causes of senescence.

The DNA damage response (DDR), which is triggered by persistent DNA damages, activates tumour suppressor pathways involving p53 and p16^{INK4a}, resulting in cell cycle arrest (Wiley et al., 2021). Similar to this, oxidative stress, which results from too many reactive oxygen species (ROS) produced by regular metabolism or environmental exposures, destroys macromolecules within cells and also leads to DDR activation, which in turn promotes senescence. Crucially, ROS can be produced by senescent cells themselves, creating a negative feedback loop that perpetuates the senescent state (Childs et al., 2017).

B. Telomere Shortening

At the ends of linear chromosomes are repeating nucleotide sequences called telomeres (TTAGGG in humans), which are essential for maintaining genomic stability throughout cell division. These protective caps stop chromosomal ends from being misinterpreted for breaks in DNA, which would otherwise cause reactions that damage DNA. However, telomeres get a little shorter with each cell division because of the end-replication problem, which occurs when DNA polymerases are unable to completely copy the 3' ends of linear DNA. A typical somatic cell's ability to divide is limited by this continual shortening, which functions as a biological clock (Hayflick & Moorhead., 2023). Critically short telomeres cause cells to either enter a metabolically active but non-dividing state called replicative senescence or undergo programmed cell death, or apoptosis, which suppresses tumors (Blackburn. 2018).

Shorter telomeres have been linked to the onset and advancement of a number of aging-related disorders in addition to their function in controlling cellular lifetime. People with shorter leukocyte telomere length (LTL) are more likely to develop cardiovascular disorders, such as hypertension, atherosclerosis, and myocardial infarction, according to a number of epidemiological and molecular studies. Cardiovascular disease is promoted by telomere shortening in endothelial cells and vascular smooth muscle cells, which leads to vascular ageing and dysfunction (Fyhrquist & Saijonmaa., 2019). Shorter

telomeres have been linked to insulin resistance, pancreatic β -cell dysfunction, and systemic inflammation-all of which are important factors in the development of metabolic diseases including type 2 diabetes mellitus (Zhao et al., 2021). Furthermore, there is evidence linking neurodegenerative illnesses like Parkinson's and Alzheimer's to shorter telomeres, indicating that telomere attrition may be a factor in neuronal loss, poor neurogenesis, and chronic neuroinflammation (Zhan et al., 2020).

Additionally, while early telomere shortening may serve as a check on unchecked growth, extremely short telomeres can also result in chromosomal instability, which is a sign of cancer progression. Telomerase or alternative lengthening of telomeres (ALT) processes are activated by cancer cells in many advanced tumours in order to preserve telomere length and permit infinite replication (Shay & Wright., 2022). The complicated role that telomeres play in ageing and age-related disorders is highlighted by their dual function, which is protective when intact and potentially detrimental when shortened.

Together, telomere shortening contributes to the pathophysiology of many chronic diseases and serves as a biomarker of biological ageing, highlighting the significance of telomere biology in promoting longevity and preventing disease.

C. Oxidative Stress and Free Radical Damage

In addition to being the cell's main source of energy, mitochondria are also where oxidative phosphorylation produces the majority of reactive oxygen species (ROS). A tiny proportion of electrons leak and prematurely reduce oxygen as they move through the mitochondrial electron transport chain, forming superoxide anions ($O_2^{\bullet-}$). These can then be transformed into additional ROS, including hydrogen peroxide (H_2O_2) and hydroxyl radicals (OH^{\bullet}) (Balaban et al., 2023). These ROS are involved in homeostasis and cell signaling under normal circumstances, but excessive synthesis or insufficient antioxidant defense results in oxidative stress, which damages cells and plays a part in ageing and a number of chronic illnesses. The overproduction of ROS or damage to mitochondrial components causes mitochondrial malfunction, which intensifies ROS creation in a vicious cycle that further compromises mitochondrial function (Murphy, 2018).

Proteins, cell membranes, and mitochondrial DNA (mtDNA) are the main targets of ROS-induced damage. Because it lacks protective histones and is situated close to the inner mitochondrial membrane, where ROS are produced, mtDNA is particularly sensitive. Energy shortages and increased generation of ROS can occur from oxidative damage to mtDNA, which can cause mutations and deletions that hinder the synthesis of proteins essential to the electron transport chain (Wallace. 2019). Similar to this, ROS can oxidise proteins, changing their structure and function. This might harm antioxidant systems or deactivate important enzymes involved in cellular respiration. Oxidation of iron-sulfur clusters in respiratory complexes, for example, can interfere with ATP synthesis and electron flow (Brand. 2020). Furthermore, ROS cause lipid peroxidation by attacking polyunsaturated fatty acids found in mitochondrial and cell membranes. The integrity, fluidity, and permeability of the membrane are compromised by this process, which may result in the release of pro-apoptotic substances such cytochrome c, which causes cell death (Ott et al., 2019).

In conclusion, ROS-mediated attacks on DNA, proteins, and lipids result in substantial cellular damage due to oxidative stress, especially when it is fueled by mitochondrial malfunction. In addition to hastening the ageing process, this also plays a role in the emergence of age-related illnesses like cancer, heart disease, and neurological conditions. Therefore, methods for encouraging good ageing and preventing chronic diseases must focus on understanding and reducing oxidative stress.

D. Epigenetic Changes

The regulation of gene expression depends heavily on epigenetic modifications, particularly DNA methylation and histone modifications, which change significantly with age. Gene silence results from DNA methylation, which adds methyl groups to cytosine residues in CpG dinucleotides. Age-related global DNA hypo methylation and site-specific hyper methylation, especially in tumour suppressor gene promoters, impair regular cellular processes and raise the risk of illnesses like cancer and neurological conditions (Zhang et al., 2020). These methylation alterations are linked to increased inflammation and modified immunological function, and they also

impact genomic stability (Wang et al., 2022). It has been demonstrated that aberrant methylation in neurodegeneration affects genes related to synaptic function, plasticity, and neuronal survival. Histone changes, including as acetylation, methylation, and phosphorylation, in addition to DNA methylation, dynamically control gene transcription and chromatin accessibility. Histone deacetylases (HDACs) remove these acetyl groups, resulting in chromatin condensation and gene suppression, whereas histone acetyltransferases (HATs) acetylate histone tails, which usually encourage transcriptional activation by reducing chromatin structure (Li et al., 2021). Depending on which lysine residue is altered, histone methylation can either activate or repress transcription. For example, H3K4me3 is linked to gene activation, whereas H3K27me3 is linked to gene repression. Decreases in advantageous histone modifications and the buildup of repressive marks are common signs of ageing, and they both lead to the dysregulation of metabolic pathways, cell cycle genes, and the stress response (Wang et al., 2022).

These cumulative epigenetic changes cause cellular senescence, poor tissue regeneration, and increased vulnerability to age-related illnesses by upsetting the balance of gene expression over time (Zhang et al., 2020). For instance, showed that the DNA methylation patterns of neonates and centenarians differ greatly, with the former exhibiting hyper methylation in a number of genes related to ageing and development. These results provide credence to the "epigenetic clock," a theory that predicts biological age more precisely than chronological age by using methylation patterns. Furthermore, public scientific communication has brought attention to how epigenetic discoveries are changing our knowledge of gene regulation and longevity, as demonstrated piece in the New York (Allis and Reinberg's., 2016). In the end, the epigenome's plasticity offers a potentially effective treatment approach for fostering good ageing and preventing age-related illnesses.

E. Hormonal Changes

The human body experiences major hormonal changes as we age, which have a dramatic impact on our general function, appearance, and health. The slow decrease in important hormones like growth hormone (GH), estrogen, and testosterone is one of

the most noticeable alterations. Numerous physiological and physical indicators of ageing, such as changes in metabolism, skin texture, muscle and bone mass, and emotional health, are influenced by these hormone changes.

The **pituitary gland** produces growth hormone, which is vital for promoting muscular growth, tissue repair, and metabolic processes. On the other hand, GH levels start to drop about age 30, a condition known as somatopause. This decrease is linked to poorer energy levels, delayed injury recovery, higher fat formation, and decreased muscle growth (Melmed et al., 2020). Similarly, during menopause, which usually occurs between the ages of 45 and 55, **Estrogen** levels in women fall precipitously. Bone density, skin elasticity, fat distribution, and cardiovascular health are all significantly influenced by estrogen. Because it plays a crucial role in bone remodeling, its loss increases the risk of osteoporosis, causes thinner, more wrinkled skin, and increases belly fat (Zhao et al., 2022).

Men may experience a variety of age-related symptoms as a result of **Andropause**, which is the steady decline in testosterone. Maintaining bone health, mood, libido, and muscle strength all depend on testosterone. Men may lose muscle, acquire fat, have less libido, have less energy, and be at higher risk of cardiovascular disease as their levels decline with age (Travison et al., 2021). Declining levels of GH, estrogen, and testosterone can have a major impact on metabolic health, causing men and women to become frail overall, have slower metabolisms, weaker bones, and less collagen in their skin.

While many of the negative effects of ageing are caused by these hormonal changes, they are also natural. To counteract these decreases, scientists and medical professionals have looked into hormone replacement treatments (HRT) and other measures. Although there are advantages to such treatments, such as increased muscle mass and bone density, they must be used carefully because of the risks, which include cancer and cardiovascular issues. In the end, comprehending these hormonal shifts lays the groundwork for creating secure and efficient methods to promote healthier ageing.

III. Biological Causes of Premature Aging

A. Chronic Inflammation ("Inflammaging")

"Inflammaging," or chronic low-grade inflammation, is a major factor in the onset of age-related disorders and the premature ageing process. Pro-inflammatory cytokines like interleukin-6 (IL-6) and tumour necrosis factor-alpha (TNF- α) are persistently elevated during inflammation and have been linked to tissue damage, functional decline, and the onset of chronic conditions like diabetes, cardiovascular disease, and neurodegenerative disorders (Franceschi et al., 2019). Senescent cells, which are biologically active but no longer divide, gradually accumulate in people as they age. By producing pro-inflammatory substances like IL-6, these senescent cells take on a senescence-associated secretory phenotype (SASP), which feeds the cycle of chronic inflammation (Diniz et al., 2020). By altering the function of nearby cells, which causes them to also enter senescence and release inflammatory chemicals, the presence of these cells in tissues causes additional harm and the advancement of age-related diseases.

Another important factor that contributes to inflammation is oxidative stress, which rises with age. In addition to triggering inflammatory pathways and intensifying the inflammatory milieu, the production of reactive oxygen species (ROS) harms cellular constituents such DNA, proteins, and lipids (Zhang et al., 2021). The deterioration of tissue integrity and cellular function is a result of this oxidative stress. Chronic inflammation is further exacerbated by changes in the immune system that occur with ageing. A dysregulated immune response results from changes in immune cell activity and cytokine production that occur with ageing. This raises the baseline level of inflammation, which is a sign of ageing and a major contributor to a number of age-related illnesses (Franceschi et al., 2019). According to current research, the receptor for advanced glycation end products (RAGE) is a crucial component of the inflammatory process. A receptor called RAGE binds to a variety of ligands, including AGEs (advanced glycation end products), which build up with ageing. The cycle of inflammation and cellular senescence is intensified when RAGE is activated, which causes the release of inflammatory cytokines (Zhang et al., 2021). This activation also contributes to arterial damage, endothelial dysfunction, and a heightened

vulnerability to age-related chronic illnesses, all of which hasten the ageing process. Developing therapeutic approaches to lessen chronic inflammation in ageing requires a deeper comprehension of the molecular mechanisms behind inflammaging, including the function of oxidative stress and RAGE signaling. These treatments may help older persons live longer and be healthier overall by delaying the onset of age-related disorders (Diniz et al., 2020).

In conclusion, inflammation is a complicated biological process that includes immune system dysregulation, oxidative damage, and cellular senescence. Together, these processes produce a chronic condition of low-grade inflammation that hastens ageing and plays a role in the emergence of age-related illnesses. Targeting the major inflammaging pathways, like oxidative stress and RAGE signaling, may open up new therapeutic options to counteract the negative consequences of chronic inflammation and encourage better ageing.

B. Poor Nutrition and Metabolic Syndrome

The metabolic syndrome (MetS) and inadequate nutrition are major contributors to the acceleration of biological ageing. Abdominal obesity, insulin resistance, hypertension, and dyslipidaemia are among the factors that define metabolic syndrome (MetS), which raises the risk of chronic illnesses like heart disease, type 2 diabetes, and stroke. Since it is now known that metabolic dysfunction has significant consequences on ageing at the cellular, molecular, and systemic levels, the connection between MetS and premature ageing has attracted more attention in recent studies.

Oxidative stress represents one of the main ways that MetS speeds up ageing. Reactive oxygen species (ROS), which harm biological components like lipids, proteins, and DNA, are more prevalent in people with MetS. Inflammatory pathways are triggered by this oxidative damage, which adds to the persistent low-grade inflammation that comes with ageing (Bonomini et al., 2021). Because it disrupts regular cellular processes and speeds up cellular senescence—a process in which cells cease to divide but continue to be metabolically active and emit pro-inflammatory chemicals—oxidative stress is especially harmful. As a result, organs and tissues lose their ability to function,

making people more vulnerable to age-related illnesses (Franceschi et al., 2019).

Telomeres, the protective caps at the ends of chromosomes that get shorter with each cell division, are also linked to MetS. It has been found to be negatively correlated with telomere length, a well-established indicator of cellular ageing. The study showed that individuals with MetS may have accelerated cellular ageing and a higher risk of developing age-related diseases because certain core components of the disease, such as insulin resistance and obesity, have been linked to accelerated telomere attrition (Diniz et al., 2020). Telomere shortening leads to a decreased ability for cell regeneration, which eventually affects tissue repair and accelerates ageing. The effects of poor nutrition, often observed in individuals with MetS, also play a significant role in aging. Diets high in processed foods, refined sugars, and unhealthy fats can exacerbate MetS by increasing insulin resistance and promoting inflammation. These dietary patterns are known to contribute to the increased production of ROS and the activation of inflammatory pathways, both of which are central to the aging process (Sillanpää & Ravi, 2025). In particular, high sugar intake has been shown to promote the formation of advanced glycation end products (AGEs), which bind to receptors like RAGE (receptor for advanced glycation end products), leading to the activation of inflammatory pathways and the acceleration of aging (Zhang et al., 2021).

Moreover, epigenetic changes, which can change gene expression without altering the underlying DNA sequence, are another way that MetS affects ageing. It has been discovered that MetS is linked to epigenetic modifications such DNA methylation and histone modification, which cause abnormal gene regulation and could accelerate ageing (Bonomini et al., 2021). These alterations in gene expression have the potential to accelerate ageing by affecting important pathways related to inflammation, stress responses, and cellular metabolism.

In conclusion, through a number of interrelated processes, metabolic syndrome and inadequate nutrition both considerably accelerate biological ageing. MetS exacerbates age-related cellular and systemic deterioration through a combination of inflammatory pathways, telomere shortening, oxidative stress, and epigenetic changes. It is possible

to lessen the symptoms of MetS and encourage better ageing by addressing the risk factors linked to the disease, such as eating a balanced, nutrient-rich diet, exercising frequently, and managing stress (Franceschi et al., 2019). It could be possible to lessen the burden of chronic diseases and enhance ageing populations' quality of life by addressing these root causes.

C. Environmental Toxins (e.g. pollution, heavy metals)

Because of their detrimental effects on cellular structures and functions, environmental toxins—such as air pollution, heavy metals, and industrial chemicals—are becoming more widely acknowledged as important contributors to premature ageing. These contaminants increase the generation of reactive oxygen species (ROS), which causes oxidative stress that harms proteins, lipids, and DNA, resulting in tissue malfunction and cellular senescence (Gonzalez et al., 2021). The induction of telomere shortening and DNA damage, two characteristics of cellular ageing, is one important process. For example, research has shown that newborns with shorter telomeres are exposed to air pollution during pregnancy, indicating that environmental insults might start ageing processes before birth (Breton et al., 2022). Additionally, long-term exposure causes "inflammaging," or persistent low-grade inflammation, which is defined by the release of pro-inflammatory cytokines that hasten tissue deterioration and encourage age-related illnesses (Fulop et al., 2019). There is molecular evidence of environmental influences on biological ageing according to recent occupational studies that have connected substances like benzene and trichloroethylene exposure to epigenetic ageing profiles (Zhou et al., 2023). In order to slow the process of environmentally induced ageing and improve long-term health outcomes, it is imperative to reduce exposure to environmental toxins and boost endogenous antioxidant systems by dietary, lifestyle, and policy interventions.

D. Lack of Sleep and Chronic Stress

Chronic stress and sleep deprivation are closely related biological variables that significantly contribute to the acceleration of ageing. Sleep is a basic restorative process that allows the body to go through important repair mechanisms, such as

immune response, hormone control, and cellular regeneration. The body produces more growth hormone during deep sleep, which promotes muscular growth and tissue repair. The glymphatic system also removes waste from the brain during deep sleep. These restorative mechanisms are hampered by insufficient sleep, which most adults require between 7 and 9 hours per night. This results in a buildup of cellular damage and elevated oxidative stress (Prather et al., 2015).

The synthesis of Melatonin, a hormone that is crucial for controlling sleep-wake cycles and a potent antioxidant that guards against inflammation and DNA damage, is also impacted by poor sleep quality. Reduced melatonin levels brought on by sleep deprivation make people more susceptible to internal and external oxidative stress, which can lead to early ageing symptoms including fine lines, dull skin, and decreased skin suppleness. Contrarily, long-term stress triggers the hypothalamic-pituitary-adrenal (HPA) axis, which leads to the continuous synthesis of cortisol. Small amounts of cortisol are necessary, but long-term increases disrupt wound healing, immunological function, and the production of inflammatory cytokines, which are chemicals that lead to systemic inflammation, a recognized sign of ageing (Campisi et al., 2019). Additionally, cortisol encourages the skin's collagen and elastin to break down, which results in the development of wrinkles, drooping, and fine lines. Chronic stress raises the likelihood of cognitive decline and neurodegenerative disorders like Alzheimer's by affecting the hippocampus, a region of the brain crucial for memory and learning. Chronic stress and sleep deprivation combine to produce a detrimental biological feedback loop in which stress impairs sleep, and inadequate sleep heightens vulnerability to stress. In addition to hastening the obvious symptoms of ageing, this cycle increases the risk of age-related illnesses like depression, obesity, type 2 diabetes, and cardiovascular disease. Adopting stress-reduction

strategies like mindfulness, consistent exercise, good sleep hygiene, and relaxation techniques is crucial for delaying the ageing process and enhancing general health and lifespan because of the significant biological repercussions.

E. Lifestyle Factors: Smoking, Alcohol, Sedentary Living

Some of the main causes of rapid ageing include lifestyle choices like smoking, binge drinking, and leading a sedentary lifestyle. These actions interfere with a number of biological functions, including as inflammation, oxidative stress, and cellular regeneration, all of which contribute to the internal and external acceleration of ageing. For example, smoking is a significant risk factor for premature skin ageing. More than 7,000 harmful compounds are introduced into the body by it, many of which function as free radicals. These free radicals harm proteins, lipids, and DNA, among other biological constituents. The degradation of collagen and elastin, which are crucial for preserving the elasticity, strength, and look of skin, is one of the most obvious consequences of smoking on skin health. Smokers are therefore more likely to develop drooping skin, early wrinkles, and a lifeless complexion (Cosgrove et al., 2018). In addition to harming skin health, smoking speeds up ageing by raising the risk of cancer, respiratory issues, and cardiovascular disorders. Additionally, it plays a major role in the onset of emphysema, chronic obstructive pulmonary disease (COPD), and other age-related conditions (Kallergi et al., 2021).

Additionally, excessive alcohol use hastens biological ageing in a number of ways. Long-term alcohol consumption damages the liver, making it less able to eliminate toxic compounds and maintain the proper balance of nutrients in the body. Malnutrition, liver damage, and an increased susceptibility to infections can result from alcohol's detrimental effects on the liver, which is essential for preserving good metabolic function. Alcohol also contributes to oxidative stress by increasing the generation of reactive oxygen species (ROS), which are extremely harmful to cells. By destroying cellular structures, compromising DNA repair systems, and decreasing the body's capacity to

regenerate tissues, this oxidative stress quickens the ageing process.

Furthermore, alcohol dehydrates the skin, making wrinkles and dullness more noticeable. Interference with growth hormone production is another noteworthy effect of long-term alcohol consumption. A decrease in growth hormone synthesis leads to slower healing processes and less supple skin, which exacerbates apparent signs of ageing. Growth hormone is necessary for tissue repair and regeneration (Huang et al., 2018). Alcohol can also interfere with sleep cycles and keep the body from getting the restorative sleep it needs. Lack of restorative sleep speeds up the ageing process since deep sleep is necessary for cellular repair and renewal. (Prather et al., 2019).

Another important contributing factor to early ageing is a sedentary lifestyle. Obesity, type 2 diabetes, and cardiovascular disease are among the age-related illnesses that are linked to physical inactivity. Frequent exercise lowers the risk of chronic disease, improves circulation, maintains cardiovascular health, and controls blood sugar levels. On the other hand, sedentary behavior—such as spending a lot of time sitting still without moving—has been connected to a higher risk of fat storage, insulin resistance, and systemic inflammation, all of which hasten the ageing process. Additionally, exercise increases flexibility, bone density, and muscle tone—all of which naturally deteriorate with age, particularly in people who lead sedentary lifestyles.

Telomeres, the protective caps at the end of chromosomes, have been found to shorten as a result of a sedentary lifestyle (Ludlow et al., 2019). Additionally, muscle atrophy, bad posture, and reduced mobility brought on by sedentary behaviour can hinder the body's ability to heal from injuries and lower one's quality of life as they age. Furthermore, sedentary behavior is linked to cognitive decline in addition to physical deterioration. Regular exercise has been related to better cognitive function, while inactivity is linked to a higher risk of cognitive diseases, such as Alzheimer's disease and other types of dementia, according to studies. Exercise helps the brain by increasing blood flow, neurogenesis (the development of new neurons), and the production of neurotrophic substances that are vital for preserving cognitive function (Mendonça et al., 2018).

When combined, these lifestyle choices like smoking, binge drinking, and being sedentary, it creates an environment in the body that speeds up the ageing process. All of these actions increase oxidative stress, impair the body's capacity for self-healing, and fuel inflammation, all of which over time can harm organs and tissues. On the other hand, the biological ageing process can be considerably slowed by adopting healthy lifestyle choices including stopping smoking, drinking less alcohol, and engaging in regular physical activity. One of the best strategies to fight ageing on both a cellular and systemic level is regular exercise. Along with strengthening the immune system, improving cognitive function, and preserving a young appearance, it also benefits cardiovascular health. The effects of these lifestyle factors can also be lessened and good ageing can be promoted by controlling stress, eating a balanced diet high in antioxidants, and getting enough sleep.

IV. Promoting Healthy Aging: Science-Backed Strategies

A. Diet and Nutrition

It is becoming more widely acknowledged that encouraging healthy ageing involves a variety of strategies, with nutrition and food being essential to preserving longevity and good health. Due to their potential to increase lifespan and improve general health, two techniques that have drawn a lot of interest are calorie restriction (CR) and intermittent fasting (IF). Research has demonstrated that calorie restriction can increase resistance to diseases like cancer, heart disease, and neurological disorders, decrease oxidative stress, and modify metabolic processes in a variety of organisms (Fontana et al., 2018).

It has been demonstrated that intermittent fasting, which alternates between eating and fasting intervals, can replicate the benefits of calorie restriction by enhancing insulin sensitivity, lowering inflammation, and encouraging cellular repair mechanisms (Patterson & Stockwell, 2018). Evidence suggests that both CR and IF may postpone or prevent the onset of neurodegenerative disorders like Alzheimer's, and they have also been connected to enhanced brain function and neuroprotection (Mandel et al., 2019).

Consuming a diet high in antioxidants is essential for preventing the effects of ageing, together with calorie restriction and intermittent fasting. Vitamins C and E, flavonoids, and polyphenols are examples of antioxidants that aid in the neutralization of free radicals that lead to oxidative stress, which is a major factor in ageing and the emergence of age-related illnesses like cancer and cardiovascular disease (Sies, 2018). To lessen the harm brought on by oxidative stress and encourage good ageing, a diet rich in fruits, vegetables, and whole grains all of which are naturally high in antioxidants is highly advised (Borek., 2019).

Moreover, chronic low-grade inflammation can be considerably decreased by anti-inflammatory diets that prioritize the consumption of lean proteins, foods high in fibre, and healthy fats like those in nuts, olive oil, and fatty fish. Numerous age-related illnesses, such as diabetes, cardiovascular disease, and arthritis, are strongly associated with this inflammation (Calder, 2020). Because of its anti-inflammatory qualities, the Mediterranean diet has been repeatedly linked to longer lifespans and a lower incidence of cognitive decline (Sánchez-Villegas et al., 2022). When combined, these dietary techniques promote healthy ageing by lowering inflammation, oxidative stress, and enhancing metabolic function in general.

B. Physical Activity

With strong evidence demonstrating its ability to lower the risk of age-related disorders, improve physical function, and boost mental well-being, physical activity is essential for encouraging good ageing. Frequent aerobic, strength, and flexibility training offers a holistic strategy for preserving and enhancing physical well-being as people age. Because they improve heart and lung function, circulation, and stamina, aerobic exercises like walking, jogging, cycling, and swimming are especially beneficial for cardiovascular health. These workouts are also linked to a decreased risk of chronic diseases such cardiovascular disease, type 2 diabetes, and

hypertension (Ross et al., 2019). According to research, aerobic exercise lowers inflammation and increases insulin sensitivity, two important aspects of preventing chronic diseases that frequently afflict older persons (Tarnopolsky, 2019). Additionally, it has been demonstrated that aerobic exercise improves cognitive function and lowers the risk of neurodegenerative disorders like Alzheimer's, therefore promoting brain health (Lautenschlager et al., 2019).

Maintaining bone density and muscular mass as we age requires strength training, which consists of resistance exercises that focus on the primary muscle groups. Frailty, a higher risk of falls, and less mobility can result from sarcopenia, a condition in which muscle mass tends to diminish with age. By enhancing muscle strength, joint stability, and balance, regular strength training has been demonstrated to lessen these consequences (Schoenfeld et al., 2019). Furthermore, resistance training improves bone health by increasing bone mineral density and stimulating bone remodeling, which lowers the risk of osteoporosis and fractures (Vainionpää et al., 2020). Strength training's significance is further demonstrated by its capability to increase functional capacity, which enables older persons to carry out everyday tasks more easily and independently (Khan et al., 2019). Strength training also improves glucose metabolism and reduces fat mass, two metabolic health benefits that are important for controlling the risks of diabetes and obesity in older adults.

Stretching exercises, yoga, Pilates, and other forms of flexibility training are equally important for ageing well. Stiffness, bad posture, and a higher risk of musculoskeletal injuries result from people's joints and muscles losing range of motion as they age. By enhancing posture, muscle elasticity, and joint mobility, flexibility exercises help reverse these age-related alterations (Hartig & Hollmann, 2020). Furthermore, flexibility training is especially helpful in lowering chronic pain, which frequently affects older persons and includes lower back discomfort and arthritis (Bohannon et al., 2020). The importance of integrating a variety of physical activities into daily routines showed that a mix of aerobic and flexibility exercises significantly improved physical functioning, balance, and quality of life in older persons (Cugusi et al., 2021).

In addition to the obvious advantages of better physical function, exercise is essential for preserving telomere length, a critical indicator of cellular ageing. Age and the start of age-related disorders are linked to the progressive shortening of telomeres, the protective caps at the ends of chromosomes that get shorter as cells cycle. According to recent studies, regular exercise, especially aerobic exercise, can help maintain telomere length, which may postpone cellular ageing (Eisenberg et al., 2020). Higher levels of physical activity were associated with longer telomeres, even in older persons (Zoric et al., 2020). This suggests that exercise can help slow down the molecular processes that lead to ageing.

Additionally, strength training has also been associated with longer telomeres, with some studies suggesting that it may have a protective effect on telomere attrition by reducing oxidative stress and inflammation (Coppetti et al., 2021). These findings further underscore the importance of engaging in regular exercise not only to maintain physical health but also to preserve the cellular integrity that underpins longevity.

Together, the findings unequivocally demonstrate that regular physical exercise, including aerobic, strength, and flexibility training, is one of the greatest strategies to promote good ageing. Enhancing cardiovascular function, preserving flexibility, safeguarding bone and muscle health, and even influencing biological processes like telomere maintenance are just a few of the many benefits of exercise that increase longevity and quality of life. For older adults to maintain their physical and mental health as they age, a comprehensive fitness program that incorporates these many forms of exercise is essential.

C. Sleep and Stress Management

The process of encouraging good ageing is an integrative one that prioritizes mental health in addition to physical health. Effective stress management and deep, restorative sleep are two essential components of this holistic approach. Sleep becomes more and more crucial for preserving our physical and mental well-being as we become older. The body goes through restorative processes that help with immunological function, muscle regeneration, tissue repair, and hormone regulation during deep

sleep, also known as slow-wave sleep. Growth hormone levels rise during deep sleep, promoting metabolic health and cellular repair (Walker, 2022). Additionally, cognitive functions that are critical to general wellbeing, such as memory consolidation and emotional control, are significantly influenced by this restorative period.

Conversely, long-term sleep deprivation speeds up the ageing process and makes people more susceptible to age-related illnesses such as diabetes, cardiovascular disease, and neurological disorders (Almeida et al., 2022). Additionally, recent studies have linked inadequate sleep to the shortening of telomeres, a biological indicator of ageing, which could hasten the ageing of tissues and cells (Li et al., 2023). Establishing healthy sleep habits and treating sleep disorders like insomnia or sleep apnoea are crucial stages in supporting healthy ageing because older persons are more prone to suffer fragmented and lighter sleep.

Another essential component of healthy ageing is effective stress management. Both physical and mental health are significantly impacted by chronic stress, which is defined by an extended activation of the body's stress response system. While the stress-induced production of the hormone cortisol is necessary for immediate reactions to danger, chronically high levels of this hormone can be detrimental. Numerous aging-related problems, such as increased belly fat, compromised immunological function, bone density loss, and the emergence of metabolic diseases, are associated with chronic cortisol elevation (Tomfohr et al., 2022). Long-term stress can also worsen mental health conditions such as anxiety, depression, and cognitive decline, which further impairs older persons' quality of life (Epel et al., 2022). The detrimental impacts of ongoing stress highlight how crucial it is to integrate stress-reduction strategies into everyday activities in order to preserve both mental and physical well-being as we age.

Two of the best techniques for reducing stress and fostering emotional health are mindfulness and meditation. By encouraging a balanced reaction to stress, mindfulness—which is concentrating on the here and now without passing judgment—has been demonstrated to lower cortisol levels and enhance emotional control (Goyal et al., 2022). Further highlighting the significance of mindfulness in fostering good ageing revealed that mindfulness-based

therapies dramatically reduced stress and enhanced sleep quality among older adults (Lau et al., 2022). The ability of meditation, especially mindfulness-based stress reduction (MBSR), to control stress, boost cognitive function, and improve general well-being in older populations has drawn a lot of interest (Crescentini et al., 2022). According to research, MBSR can improve physical health indicators like blood pressure and immunological function while also lowering anxiety, depression, and perceived stress (Lutz et al., 2022). Additionally, research has demonstrated that consistent meditation can result in favorable alterations in the structure and function of the brain, especially in areas linked to memory, emotional control, and cognitive flexibility (Wright et al., 2023). These results highlight the benefits of mindfulness and meditation as strategies for encouraging healthy ageing because they not only lower stress levels but also support neuroplasticity and cognitive resilience, both of which are necessary for preserving mental clarity as people age.

The combination of restorative sleep and effective stress management through practices like mindfulness and meditation provides a comprehensive approach to aging well. Both sleep and stress are intimately connected to each other; poor sleep can exacerbate stress, while chronic stress can disrupt sleep patterns. By promoting high-quality sleep and reducing stress through mindfulness and meditation, older adults can significantly improve their physical health, cognitive function, and emotional well-being. These strategies are essential not just for enhancing longevity but for ensuring a high quality of life as individuals age

D. Hormonal and Supplement Interventions

The use of hormone and supplement therapies has become more prevalent in the promotion of good ageing, and they may be essential in slowing down the ageing process and improving general health in older persons. These treatments seek to reverse the aging-related natural decline in a number of biological processes, such as oxidative stress, hormone imbalances, and cellular energy depletion. Due to their potential therapeutic effects, dehydroepiandrosterone (DHEA), melatonin, and NAD⁺ (nicotinamide adenine dinucleotide) precursors are among the most talked-about hormones and supplements for good ageing.

The adrenal glands create the steroid hormone DHEA, and beyond the age of 30, levels usually start to drop. Since DHEA is a precursor to both estrogen and testosterone, two hormones that are vital for many body processes, it is frequently promoted as an anti-aging substance. DHEA supplementation may help improve mood, cognitive function, bone density, and muscle strength—all of which tend to deteriorate with age, according to research (Henderson et al., 2020). DHEA supplementation enhanced physical function and lean body mass in older persons, according to a randomized controlled experiment by (Villareal et al., 2021), which may help prevent sarcopenia and frailty. Though some research backs up DHEA's advantages, others warn against using it because of its negative consequences, such as hormone imbalances and an elevated risk of developing various types of cancer (Matsumoto et al., 2018). Consequently, even while DHEA supplementation has potential, its use needs to be closely watched.

The pineal gland produces the hormone melatonin, which is known to control sleep-wake cycles. The body produces less melatonin as we age, which cause can sleep difficulties that are prevalent in older persons. Numerous health issues, including as immune system weakness, cognitive decline, and an increased susceptibility to chronic diseases, have been linked to circadian rhythm disruption (Hardeland et al., 2022). It has been demonstrated that melatonin supplements enhance circadian rhythm regulation, lower the prevalence of insomnia, and increase the quality of sleep (Zhao et al., 2021). According to more recent research, melatonin may also possess antioxidant qualities that could aid in lowering oxidative stress, a major contributor to ageing.

Because of their roles in DNA repair and cellular energy production, NAD⁺ precursors, such as nicotinamide riboside (NR) and nicotinamide mononucleotide (NMN), are attracting a lot of attention in the field of ageing research. NAD⁺ is a coenzyme that is essential for energy metabolism, regulating gene expression, and repairing damaged DNA, among other vital cellular functions. As people age, their NAD⁺ levels decrease, which is believed to be a contributing factor to a number of age-related illnesses, including cardiovascular disease, dementia, and metabolic dysfunction (Baur & Sinclair., 2019).

It has been demonstrated that supplementing with NAD⁺ precursors such as NR and NMN can increase mitochondrial function, boost cellular repair processes, and restore NAD⁺ levels in older people (Yoshino et al., 2021). While a human clinical trial indicated that NR supplementation could improve muscle strength and endurance in older persons, Zhang et al. (2022) showed that NMN supplementation improved muscle function and insulin sensitivity in elderly mice (Dellinger et al., 2021). Long-term research is still required to completely comprehend the safety and effectiveness of NAD⁺ precursors in humans, despite their promising nature.

Alongside these well-known treatments, fresh studies are still being conducted to investigate hormonal approaches to ageing and novel supplements. For instance, the potential of senolytics compounds that target and eradicate senescent cells—to slow down age-related deterioration has drawn interest. Senescent cells are cells that have ceased proliferating but do not die. As people age, senescent cells proliferate and release inflammatory chemicals that exacerbate chronic illnesses and ageing.

It has shown that removing senescent cells from animal models can increase lifespan, enhance physical function, and lessen the severity of age-related illnesses (Zhu et al., 2020). Curcumin, the primary ingredient in turmeric, is another new supplement that has showed promise in lowering inflammation, which is a major cause of ageing (Manach et al., 2022). Furthermore, substances like fisetin and resveratrol are being researched for their ability to prolong life and improve autophagy, which is the process by which cells eliminate damaged components (Liu et al., 2022).

Notwithstanding the intriguing possibilities of these interventions, it is crucial to acknowledge that a large portion of the data pertaining to hormonal and supplement therapy is still in its infancy and that a large number of research have been carried out on animals rather than people. Therefore, more thorough clinical research is required to ascertain the long-term advantages and disadvantages of these treatments. Personalised methods to supplements and hormone therapy will be essential in the future of healthy ageing techniques because individual

responses to these interventions can differ depending on lifestyle, genetics, and other variables.

E. Advancements in Anti-Aging Science

The topic of promoting healthy ageing is one that is developing quickly, with notable advancements being made in the application of cutting-edge technologies as well as the creation of novel therapies. Senolytics, gene therapy, and personalized medicine are some of the most exciting fields of study in anti-aging science. These fields have the potential to completely change the way we think about ageing and age-related illnesses. These developments open up new possibilities for improving ageing quality of life as well as life extension.

A class of drugs known as senolytics, which target and destroy senescent cells, has drawn a lot of interest as a possible means of delaying the ageing process. Damaged or malfunctioning cells that are unable to proliferate but still secrete pro-inflammatory chemicals are known as senescent cells. These cells are linked to age-related illnesses such as osteoarthritis, cardiovascular disease, and cognitive decline as well as chronic inflammation. Senescent cell accumulation rises with age, aggravating various disorders and hastening the ageing process. Senolytics works by specifically identifying and killing these cells, which may lessen inflammation and enhance tissue function. According to recent research, senolytic drugs like quercetin and dasatinib improve physical function, decrease frailty, and lengthen lifespan in animal models (Zhu et al., 2020).

Senolytics have been demonstrated in human trials to increase mobility and lessen the severity of age-related conditions such as osteoarthritis (Justice et al., 2020). The goal of ongoing research is to optimize these treatments in order to guarantee their efficacy and safety for general usage. Senolytic therapies have the potential to revolutionize the way we treat aging-related illnesses and even slow down the ageing process itself, making them an important part of anti-aging tactics.

Gene therapy has become another innovative strategy to fight ageing in tandem with senolytics. In order to treat or prevent disease, gene therapy entails inserting, changing, or removing genes from a person's cells. Age-related disorders are largely caused by the buildup of DNA damage and the deterioration of specific

genes that control inflammation, metabolism, and cellular repair. The goals of gene therapy are to rejuvenate ageing tissues, replace or repair these damaged genes, and restore cellular function. To stop cellular ageing and increase lifespan, for example, gene treatments that target telomerase, an enzyme that can lengthen telomeres (the protective caps at the ends of chromosomes) are being investigated (Blasco, 2022).

Tissue ageing is exacerbated by telomeres, which naturally shorten with age and cause cellular senescence or apoptosis. Gene therapy has the ability to prolong healthy lifespan and postpone the onset of age-related illnesses by preserving telomere length. Additionally, the area has been transformed by gene editing methods like CRISPR-Cas9, which enable researchers to precisely alter the genome to fix mutations that cause ageing and age-related illnesses. CRISPR has shown promise for potential human applications by successfully reversing age-related illnesses in animal models, including neurodegenerative disorders and degenerative eye diseases (Yu et al., 2022).

Personalized medicine, which adjusts medical treatments based on a person's genetic composition, lifestyle, and environmental circumstances, is another fascinating advancement in the anti-aging space. The premise that not everyone ages in the same way and that therapies should be tailored to meet individual needs is the foundation of personalized medicine in ageing. Precision medicine, which employs genetic data to forecast a person's risk for age-related illnesses and identify the best treatments, has been made possible by developments in genomics and biotechnology. For example, genomic testing can detect hereditary susceptibilities to diseases such as diabetes, heart disease, and Alzheimer's, allowing for early interventions and better preventative measures.

Longevity clinics are specialized medical facilities that specialize in employing personalized medicine to postpone ageing and advance long-term health. To assist people, maximize their health and prolong their lives, these clinics combine genetic testing, biomarkers, modern diagnostics, and tailored lifestyle advice (Klapper et al., 2022). Additionally, several longevity clinics include individualized treatments such nutritional interventions, hormone replacement therapy, and stem cell therapies.

The field of lifespan is being further advanced by the incorporation of machine learning and artificial intelligence (AI) into personalized medicine. AI is capable of analyzing enormous volumes of data, such as environmental, clinical, and genomic data, to find trends that can be used to forecast ageing paths and guide treatment strategies. This makes it possible to control aging-related health in a more accurate and customized manner. By examining genetic markers, lifestyle factors, and biomarkers, for instance, AI systems can assist in anticipating the beginning of chronic diseases, enabling early interventions and preventive measures. Furthermore, new treatments that target ageing at the molecular level are being developed more quickly thanks to AI-driven drug discovery, which could eventually result in the development of medications that can halt or reverse ageing processes.

These developments in personalized medicine, gene therapy, and senolytics have the potential to improve health span, or the percentage of life spent in excellent health, in addition to lengthening lifespan. It is crucial to remember that even if preclinical and early human trials are yielding encouraging results, long-term data and safety assessments are still required before these treatments may be widely used. As these technologies become more widely available, ethical issues such as access to these cutting-edge treatments and their possible effects on society must also be taken into account.

In conclusion, developments in anti-ageing science, especially in the areas of gene therapy, senolytics, and personalized medicine, are fast developing and have the potential to completely change the way we think about ageing and age-related illnesses. Even though these treatments are still in their infancy, they offer promising new ways to improve health outcomes and slow down the biological ageing processes, which will ultimately increase life expectancy and quality.

Conclusion:

The quest for healthy ageing becomes both a medical and a cultural necessity as we enter a new era marked by quickly developing medical knowledge and a greater comprehension of human biology. People and healthcare systems can change the perception of ageing from one of unavoidable decline to one of proactive lifespan by adopting a holistic strategy that

blends therapeutic and technical advancements with preventive lifestyle measures. Ensuring that these developments benefit a variety of communities will need ongoing interdisciplinary study, moral application, and fair access. By doing this, we can set the stage for a period when ageing is reinterpreted as a chance to flourish throughout life rather than just as the passing of time.

REFERENCES

- Zhan, Y., et al. (2018). Telomere length shortening and Alzheimer's disease—a large population-based study. *Journal of Alzheimer's Disease*, 62(4), 1495–1503.
- Blasco, M. A. (2022). Telomere length and telomerase in aging and disease. *F1000Research*, 11, 312.
- Justice, J. N., et al. (2020). Senolytics in human health: The next frontier in aging research. *The Journal of Clinical Investigation*, 130(6), 2563–2573.
- Klapper, W., et al. (2022). Longevity clinics: Personalized medicine approaches to slow aging and promote healthspan. *Aging Cell*, 21(1), e13450.
- Yu, J., et al. (2022). Gene editing approaches for aging and age-related diseases. *Nature Aging*, 2(5), 377–391.
- Zhu, Y., et al. (2020). Senolytics improve physical function and reduce frailty in elderly individuals. *Nature Medicine*, 26(2), 150–158.
- Baur, J. A., & Sinclair, D. A. (2019). NAD⁺ in aging, metabolism, and neurodegeneration. *Science*, 364(6436), 602–608.
- Dellinger, R. W., et al. (2021). Nicotinamide riboside supplementation improves muscle strength and endurance in older adults. *The Journal of Clinical Investigation*, 131(4), e141527.
- Hardeland, R., et al. (2022). Melatonin as a natural regulator of sleep-wake cycles in aging. *Ageing Research*, 76, 101572.
- Henderson, V. W., et al. (2020). Dehydroepiandrosterone (DHEA) supplementation in aging: Review of current evidence. *Journal of Clinical Endocrinology & Metabolism*, 105(6), 1912–1925.
- Liu, Y., et al. (2022). Resveratrol and fisetin as autophagy enhancers for longevity. *Frontiers in Aging*, 13, 647536.

- Matsumoto, A. M., et al. (2018). DHEA supplementation: A review of the benefits and risks. *Journal of Clinical Endocrinology & Metabolism*, 103(5), 2014-2023.
- Pandi-Perumal, S. R., et al. (2021). Melatonin and neurodegenerative diseases: Therapeutic potential. *Frontiers in Aging Neuroscience*, 13, 679924.
- Villareal, D. T., et al. (2021). Effects of dehydroepiandrosterone (DHEA) supplementation on physical function in older adults. *The Journal of Clinical Endocrinology & Metabolism*, 106(5), 1457-1467.
- Yoshino, J., et al. (2021). Nicotinamide mononucleotide (NMN) supplementation improves muscle strength and insulin sensitivity in older adults. *Science Translational Medicine*, 13(592), eabc4086.
- Zhang, H., et al. (2022). Nicotinamide mononucleotide supplementation reverses age-related muscle dysfunction. *Cell Metabolism*, 34(3), 439-449.
- Zhu, Y., et al. (2020). The emerging role of senolytics in aging and age-related diseases. *Aging Cell*, 19(4), e13112.
- Almeida, D. M., McGonagle, K. A., & Stawski, R. S. (2022). Sleep quality and telomere length in older adults: The role of chronic stress and inflammation. *Journal of Sleep Research*, 31(3), e13461.
- Crescentini, C., Capurso, V., & Fabbro, F. (2022). The effects of mindfulness and meditation on aging: Neurobiological mechanisms and potential benefits. *Psychology and Aging*, 37(4), 651-661.
- Epel, E. S., McEwen, B. S., & Ickovics, J. R. (2022). Stress and aging: The role of cortisol in telomere shortening. *Current Opinion in Psychology*, 49, 52-58.
- Goyal, M., Singh, S., & Sibinga, E. M. (2022). Mindfulness-based interventions for reducing stress in older adults: A meta-analysis. *The Journal of Alternative and Complementary Medicine*, 28(7), 579-588.
- Li, J., Zhao, S., & Yu, S. (2023). Short sleep duration and telomere shortening: Evidence from longitudinal studies. *Frontiers in Aging Neuroscience*, 15, 798401.
- Lau, Y. S., Poon, S. M., & Ng, H. W. (2022). The effects of mindfulness on sleep quality in older adults: A meta-analysis. *Journal of Behavioral Medicine*, 45(3), 213-227.
- Lutz, A., Slagter, H. A., & Dunne, J. D. (2022). Meditation and its impact on cognitive function in older adults. *NeuroImage*, 255, 119202.
- Tomfohr, L. M., Pungowiyi, A., & Mills, P. J. (2022). Cortisol reactivity and stress-induced inflammation: Implications for aging and immune function. *International Journal of Behavioral Medicine*, 29(6), 673-680.
- Walker, M. (2022). *Why we sleep: The new science of sleep and dreams*. Scribner.
- Wright, M. J., Thomas, A., & Cohen, M. S. (2023). Brain structure and function in mindfulness meditators: A research of neuroimaging. *NeuroImage*, 265, 119725.
- Bohannon, R. W., Crouch, R., & Pearce, P. (2020). Stretching exercise and pain in older adults. *Journal of Geriatric Physical Therapy*, 43(2), 111-118.
- Coppetti, T., Oliveira, D., & Da Silva, F. (2021). Strength training and telomere length in older adults: A randomized controlled trial. *Journal of Aging and Physical Activity*, 29(2), 129-136.
- Cugusi, L., Orlandini, A., & Manca, R. (2021). Effect of combined aerobic and flexibility training on physical function and quality of life in older adults. *European Journal of Physiotherapy*, 23(4), 156-162.
- Eisenberg, D. T. A., Smith, S. P., & Bergman, K. (2020). Physical activity, telomere length, and aging. *Frontiers in Aging*, 12, 45-58.
- Hartig, D. E., & Hollmann, W. (2020). Effects of flexibility training on aging adults: A review of the literature. *Sports Medicine*, 50(1), 47-58.
- Khan, S. M., & Keating, B. (2019). Resistance training in older adults: A review of the evidence. *American Journal of Lifestyle Medicine*, 13(5), 466-474.
- Lautenschlager, N. T., Cox, K., & Egan, S. (2019). Exercise and cognitive function in older adults: A randomized controlled trial. *Journal of Aging and Physical Activity*, 27(4), 451-459.

- Ross, R., Chaput, J., & Janssen, I. (2019). The importance of physical activity in aging adults. *American Journal of Public Health*, 109(4), 610-615.
- Schoenfeld, B. J., Ogborn, D., & Krieger, J. (2019). Effects of resistance training on muscle hypertrophy and strength in older adults. *Sports Medicine*, 49(10), 1575-1585.
- Tarnopolsky, M. (2019). The effects of exercise on aging and age-related diseases.
- Vainionpää, A., Lark, S., & Vuori, I. (2020). Resistance training for improving bone health in older adults: *Osteoporosis International*, 31(6), 1083-1090.
- Zoric, I., Golić, N., & Petrović, M. (2020). Physical activity, aging, and telomeres: A review of the evidence. *Gerontology*, 66(4), 426-435.
- Borek, C. (2004). Antioxidants and the aging process. *The Journal of the American College of Nutrition*, 23(6), 601S-609S.
- Calder, P. C. (2008). Polyunsaturated fatty acids, inflammation, and immunity. *Lipids*, 43(7), 611-621.
- Fontana, L., Partridge, L., & Longo, V. D. (2010). Extending healthy life span—from yeast to humans. *Science*, 328(5976), 321-326.
- Longo, V. D., & Mattson, M. P. (2014). Fasting: Molecular mechanisms and clinical applications.
- Mandel, S. A., Reznichenko, L., & Bar-Am, O. (2019). Intermittent fasting as a strategy for delay in aging and age-related diseases. *Frontiers in Aging Neuroscience*, 11, 180.
- Patterson, R. E., & Stockwell, M. S. (2018).
- Sánchez-Villegas, A., Galbán, C., & Rodríguez-Bernal, C. L. (2015). Mediterranean diet and the risk of Alzheimer's disease. *European Journal of Clinical Nutrition*, 69(5), 567-573.
- Kallergi, S. M., et al. (2021). Smoking and aging: An overview of the biological mechanisms behind premature ageing, 67, 101293.
- Huang, Y., Zhang, X., Li, Y., & Li, L. (2018). The effects of alcohol consumption on skin health: A review. *Journal of Dermatological Science*, 91(3), 227-235.
- Ludlow, A. T., et al. (2019). The effects of physical activity on telomere length and aging: A review of recent studies. *Journal of Aging Research*, 2019, 1012419.
- Mendonça, M. D., et al. (2018). The effects of physical activity on cognitive aging and neurodegenerative diseases: A review. *Frontiers in Aging Neuroscience*, 10, 1-13.
- Prather, A. A., Puterman, E., Lin, J., O'Donovan, A., Krauss, J., Tomiyama, A. J., ... & Epel, E. S. (2015). Shorter sleep duration is associated with reduced leptin, increased ghrelin, and higher body mass index. *PLoS One*, 10(3), e0119838.
- Campisi, J., Kapahi, P., Lithgow, G. J., Melov, S., Newman, J. C., & Verdin, E. (2019). From discoveries in ageing research to therapeutics for healthy ageing. *Nature*, 571(7764), 183-192.
- Khodasevich, D., et al. (2025). Exposome-wide association study of environmental chemical exposures and epigenetic aging in the national health and nutrition examination survey. *Aging-US*.
- Liu, Y., et al. (2018). Prenatal exposure to air pollution and telomere length in newborns. *JAMA Pediatrics*, 172(11), 1053-1059.
- Gao, Y., et al. (2019). Heavy metal exposure and oxidative stress: Implications for human health. *Environmental Toxicology and Pharmacology*, 68, 1-8.
- Bonomini, F., Rodella, L. F., & Rezzani, R. (2021). Metabolic syndrome, aging, and involvement of oxidative stress. *Aging and Disease*, 12(1), 99-113.
- Franceschi, C., et al. (2019). Inflammaging: A New Immune-Age Syndrome. *Frontiers in Immunology*, 10, 1-11.
- Diniz, B. S., et al. (2020). Inflammaging and its role in the development of age-related diseases. *Current Opinion in Clinical Nutrition & Metabolic Care*, 23(1), 17-24.
- Sillanpää, E., & Ravi, S. (2025). Unhealthy diet linked to faster biological aging in young adults. *Neuroscience News*.
- Zhang, Z., et al. (2021). Role of RAGE in inflammaging and the progression of age-related diseases. *Gerontology*, 67(3), 244-252.

- Franceschi, C., et al. (2019). "Inflammaging: A New Immune-Age Syndrome." *Frontiers in Immunology*, 10, 1-11.
- Diniz, B. S., et al. (2020). "Inflammaging and its Role in the Development of Age-Related Diseases." *Current Opinion in Clinical Nutrition & Metabolic Care*, 23(1), 17-24.
- Zhang, Z., et al. (2021). "Role of RAGE in Inflammaging and the Progression of Age-Related Diseases." *Gerontology*, 67(3), 244-252. <https://doi.org/10.1159/000512115>
- Zhang, Y., Xu, S., Zhang, M., & Wu, T. (2020). DNA methylation and histone modifications in aging and age-related diseases. *Frontiers in Genetics*, 11, 578.
- Li, X., Wang, H., Long, J., & Zhao, M. (2021). Histone modifications and their role in aging and age-related diseases. *Ageing Research*, 68, 101326.
- Wang, L., Wang, W., Xu, Y., & Xu, Y. (2022). Epigenetic regulation of aging and age-related diseases. *Frontiers in Cell and Developmental Biology*, 10, 673.
- Esteller, M., et al. (2012). Methylation patterns of the DNA in newborns and centenarians. *Proceedings of the National Academy of Sciences*, 109(8), 2844-2849.
- Allis, C. D., & Reinberg, D. (2016). *Same but Different*. The New Yorker.
- Melmed, S., Kleinberg, D. L., & Ho, K. K. Y. (2020). Growth hormone and aging.
- Travison, T. G., et al. (2021). Harmonized reference ranges for circulating testosterone levels in men of four cohort studies in the United States and Europe.
- Zhao, J., Li, Y., Li, H., & Liu, S. (2022). Estrogen deficiency and its effects on metabolism and bone health in women: An update.