

Modulating The Epigenetic Clock, Senolytic Therapies for Human Longevity: Age Tissue Regeneration, Synergistic Effect of Nad⁺ Precursors and Telomerase, Human Age Enhancement

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Abstract:

The human aging process can be characterized by progressive cellular degeneration, mitochondria malfunctioning, inflammatory responses, epigenetics modifications, and loss of tissue regenerative ability. The recent progress made in the field of longevity has revealed several promising treatment opportunities for prolonging a healthy lifespan in humans through epigenetics regulation, senolytics application, NAD⁺ precursors' intake, telomerase activation, and regenerative treatments. This review considers evidence from human studies about the impact of DNA methylation, cell senescence elimination, mitochondria recovery, enhanced immunity, tissue renewal, and cognitive reserve increase in human aging biology. According to findings based on human research, interventions involving senolytic compounds, Nicotinamide Riboside (NR), Nicotinamide Mononucleotide (NMN), and telomerase-linked regenerative treatment have the ability to contribute to improved metabolism, vascular functions, immunological resilience, and cognitive efficiency while reducing inflammatory processes and decreasing the number of senescent cells in a human body. In addition, comprehensive longevity approaches consisting of the mentioned interventions seem to possess combined benefits in terms of human longevity improvement. However, there are certain drawbacks that must be addressed when applying these interventions into clinical practice; namely, small sample sizes used in studies, lack of long-term safety testing, ethical issues, and inadequate biomarkers. Future directions in the research are discussed.

Keywords: Epigenetic Clock Modulation, Senolytic Therapies, Human Longevity, NAD⁺ Precursors, Telomerase Activation, Tissue Regeneration, Mitochondrial Rejuvenation, Healthy Aging

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1. INTRODUCTION

Human aging is an ongoing and complicated biological process that results in the deterioration of physiological, cellular, and molecular functioning. With the advent of modern biomedical

science, aging has been proven to be more than a chronological process since it is associated with epigenetics modifications, mitochondria malfunctioning, shortening of telomeres, cellular senescence, stem cells depletion, and inflammatory response¹. All these interrelated mechanisms play a major role in the pathogenesis of age-associated ailments such as cardiovascular diseases, neurodegeneration, metabolic syndrome, immunosenescence, and tissues deterioration. Therefore, researchers' attention has now moved from focusing on extending people's life expectancy to improving their healthspan, which means the ability to preserve physiological functioning and cognition as they grow old. Recent progress in longevity science has resulted in finding new approaches for fighting the effects of aging in people. Some of the possible treatments include epigenetic clock intervention, senolytics, NAD⁺ precursor administration, telomerase stimulation, and regenerative medicine interventions.

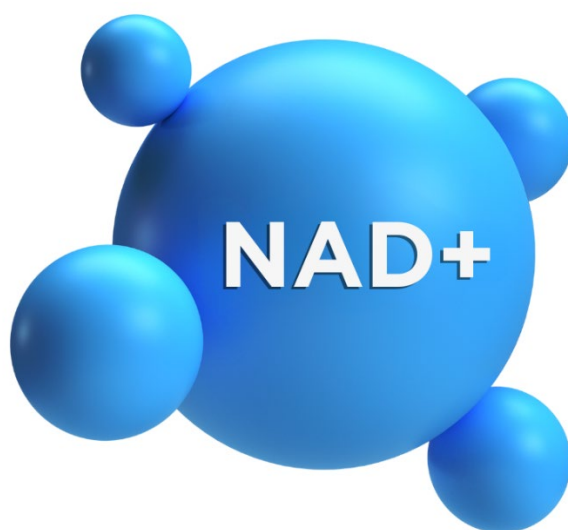


Figure 1: Nad⁺²

Among these innovative anti-aging treatments, epigenetic reprogramming and senolytics stand out owing to their capacity to address basic signs of aging at the molecular and cellular levels. While human-based research indicates the partial reversal of age-related markers via the adjustment of DNA methylation, senescent cells may be selectively eliminated to alleviate chronic inflammation and increase regenerative efficiency. Moreover, the administration of NAD⁺ precursors seems effective in improving mitochondrial metabolism and immune function as well as cognitive functions. In turn, telomerase activation and regenerative medicine may contribute to increased tissue repair capacity. The combined application of such treatments may become a part of a synergetic approach to achieving greater life expectancy in humans. Nevertheless, a number of concerns associated with safety issues, ethical aspects, and treatment effectiveness limit the implementation of the innovative anti-aging therapies³.

1.1 Background Information and Context

The rise of the global aging population has led to major health, social, and economic problems owing to the high prevalence of age-associated chronic diseases. The conventional approach to medical treatment is based on treating diseases after clinical manifestation, but the modern

approach to longevity involves preventive and regenerative methods that seek to slow down biological aging⁴. The progress made in molecular biology, genomics, epigenetics, and regenerative medicine has enhanced scientific knowledge about aging, thus allowing for the creation of therapeutic methods to combat cellular senescence, mitochondrial damage, telomere shortening, and epigenetic changes. Clinical studies involving humans have shown that treatments like senolytics, NAD⁺ precursors, telomerase activation, and lifestyle changes might affect aging biomarkers and regeneration.

1.2 Objectives of the Review

The main objectives of this review are:

- To examine the role of epigenetic clock modulation in assessing and potentially reversing biological aging in humans.
- To evaluate the therapeutic effectiveness of senolytic therapies in reducing cellular senescence, chronic inflammation, and age-related tissue dysfunction.
- To analyze the impact of NAD⁺ precursor supplementation and telomerase activation on mitochondrial rejuvenation, tissue regeneration, and human longevity enhancement.
- To investigate the synergistic effects of integrated anti-aging interventions on immune function, cognitive performance, metabolic health, and regenerative capacity.
- To critically assess the clinical limitations, ethical concerns, safety challenges, and future prospects of human longevity and regenerative medicine therapies.

1.3 Importance of the Topic

The investigation into human longevity and biological age control has received growing significance owing to aging being the main risk factor responsible for the onset of multiple chronic disorders and disabilities. The development of efficacious anti-aging treatments could lead to lower economic burdens associated with treatment, increased quality of life, and extended longevity in elderly individuals⁵. Treatments aimed at epigenetic control, senescence prevention, mitochondrial function maintenance, and tissue rejuvenation could drastically change the field of preventive medicine as they target the underlying biological mechanisms of aging and not specific illnesses individually. Hence, learning about the benefits, risks, and ethical aspects of these novel approaches to longevity should be considered imperative.

2. EPIGENETIC MODULATION, SENOLYTIC THERAPIES, AND NAD⁺ MEDIATED MITOCHONDRIAL REJUVENATION IN HUMAN LONGEVITY RESEARCH

Studies performed on humans have shown that manipulation of the epigenetic clock, senolytics, and NAD⁺ precursors can aid in the process of slowing down biological aging. These strategies are effective in lowering inflammation, improving the functions of the mitochondria and immune system, promoting tissue regeneration, as well as enhancing metabolism and cognition⁶. Nevertheless, various problems related to their utilization in clinical practice persist, including issues with clinical trials, safety, and lack of validation over time.

2.1 Epigenetic Clock Modulation and Biological Aging

Summary of Key Research Studies

Studies exploring the mechanisms involved in modulating the epigenetic clock have provided important insights into human biological aging. Both Horvath's DNA methylation clock and GrimAge biomarkers have been extensively used in human clinical studies to calculate biological age and predict mortality risks, disease progression, and physical degeneration. In a human clinical trial carried out by Fahy et al., partial reversal of biological age was observed with the help of a combination of growth hormone, metformin, and dehydroepiandrosterone (DHEA) therapy⁷. The authors noted an improvement in thymic regeneration and a decrease in epigenetic age markers in the subjects during a one-year experimental phase. Several other human clinical studies, which examined the role of diet, exercise, sleep optimization, and stress management, have also found that DNA methylation age acceleration decreases in middle-aged individuals.

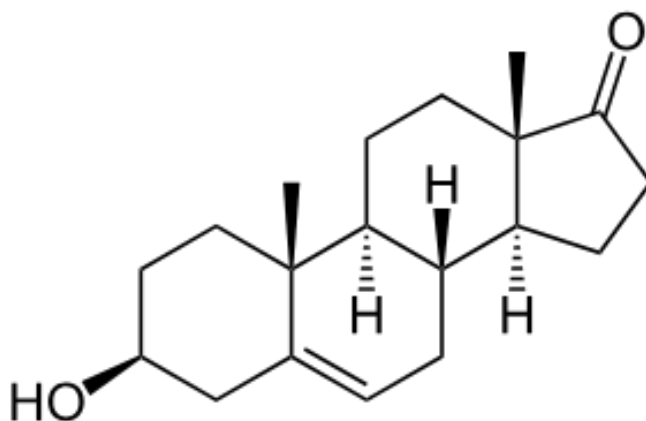


Figure 2: Dehydroepiandrosterone (DHEA)⁸

Methodologies and Findings

DNA methylation profiling, blood biomarkers profiling, transcriptomics, longitudinal cohort studies, and machine learning approaches are frequently used for studying the epigenetics of human aging. Methylation profiles of blood samples are utilized to assess the rate of biological aging. The results obtained in this context point out that changes in lifestyle and the use of certain drugs have a positive effect on biological aging markers, immune response, metabolism, and tissue regeneration. Moreover, human studies also demonstrate the potential application of epigenetic biomarkers as predictors of diseases associated with aging.

Critical Evaluation: Strengths and Weaknesses

Strengths

- Offers extremely sensitive biomarkers for evaluating biological aging.
- Aids in early detection of the risks and deterioration associated with diseases.
- Blood-based non-invasive methods enhance practical application.
- Helps in tailoring longevity strategies.

Weaknesses

- Large differences have been observed in epigenetic clocks.
- Lack of long-term validation in humans is evident.
- Datasets that are specific to certain populations make them less universal.
- The reversal mechanisms for biological age are not known yet.

2.2 Senolytic Therapies and Cellular *Senescence*

Summary of Key Research Studies

The process of human aging has been linked to the buildup of senescent cells contributing to chronic inflammation and dysfunctional tissues via the Senescence Associated Secretory Phenotype (SASP). In pilot clinical studies of humans, there has been evidence that senolytics, such as Dasatinib and Quercetin, are beneficial for patients suffering from idiopathic pulmonary fibrosis and diabetic kidney disease⁹. Moreover, human clinical studies utilizing Fisetin also show promise of anti-inflammatory properties and senolytic benefits, which can be advantageous for frailty-related results and metabolism in older adults. Such observations point towards the positive effect on tissue homeostasis and regeneration capacity through senescent cells' selective elimination.

Methodologies and Findings

Most human senolytic experiments employ techniques such as biomarker testing, inflammatory cytokines, histology, imaging techniques, and mobility testing to determine the effects of treatment. Scientists analyze the effects on inflammation markers, immunologic functions, and physical capabilities after senolytic treatment. Studies have shown that senolytic treatment reduces systemic inflammation, improves tissue repair, increases physical ability, and regulates metabolism¹⁰.

Critical Evaluation: Strengths and Weaknesses

Strengths

- The therapy focuses on a crucial process involved in the aging process.
- Sheds light on possible medicinal application for various age-related disorders.
- It can help eliminate chronic inflammation and senescence-related dysfunction.
- Helps improve efficiency of regeneration and immunity.

Weaknesses

- Human trials have not been conducted to a large scale and for long durations.
- The risk of unintended cell toxicity is also an issue.
- The appropriate dosages have not yet been established.
- The physiological impacts over time also warrant further study.

2.3 NAD⁺ Precursors and Mitochondrial Rejuvenation

Summary of Key Research Studies

Nicotinamide adenine dinucleotide (NAD⁺) has a significant function in mitochondrial energy production, DNA repair processes, and cell signaling cascades. NAD⁺ depletion occurs with aging in humans, resulting in mitochondrial dysfunctions and cellular vulnerabilities. Clinical trials on human beings for NR and NMN showed that NAD⁺ levels were elevated along with increased insulin sensitivity and decreased markers of inflammation¹¹. Research conducted on old age patients also revealed increased muscle strength, endothelial function of blood vessels, metabolic flexibility, and brain functions after taking NAD⁺ precursors.

Methodologies and Findings

Human research involving NAD⁺ usually involves measurement of NAD⁺ levels in the bloodstream, assessing mitochondrial functions, analyzing metabolism, measuring vascular functions, examining markers of inflammation, and testing cognitive functions. It has been observed that when NAD⁺ is replenished, it triggers the activation of certain sirtuins including SIRT1 and SIRT3 involved in mitochondrial health, decreasing oxidative stress, and DNA repair¹².

Critical Evaluation: Strengths and Weaknesses

Strengths

- Contributes to mitochondrial renewal and energy metabolism.
- Associated with positive impacts on heart and metabolic conditions.
- Aids cell regeneration and stress tolerance processes.
- May have a synergistic effect with senolytics and regeneration therapies.

Weaknesses

- Small samples are typically used in clinical trials.
- The safety and efficacy of treatment have not been well documented for long-term treatment.
- Variances in dosage and duration of treatment are common across studies.
- Multicenter clinical trials involving humans have been limited.

3. INTEGRATED LONGEVITY STRATEGIES, IMMUNE REJUVENATION, NEUROPROTECTION, AND ETHICAL CHALLENGES IN HUMAN ANTI-AGING THERAPIES

Integrative longevity treatments involving epigenetic manipulation, senotherapeutics, NAD⁺ boosters, and regenerative medicine might be more effective at extending health span, enhancing immunity, accelerating tissue repair, and optimizing cognitive abilities compared to any single therapy¹³. According to scientific research in humans, these interventions have the potential to lower inflammation, provide neuroprotection, and postpone age-related illnesses; yet, major

ethical issues relating to accessibility, safety, health disparities, and society-wide implications exist.

3.1 Integrated Longevity Interventions

According to recent studies on humans, the combination of longevity therapies such as epigenetic clock adjustment, senolytic drugs, NAD⁺ precursors administration, telomerase activation, and regenerative medicine can have a greater effect on anti-aging than the use of single therapy methods¹⁴. Ageing is a complicated physiological process consisting of different factors such as cellular senescence, mitochondria impairment, chronic inflammation, DNA damage, and depletion of stem cells. For this reason, the combined approach becomes more efficient in increasing healthspan and reducing age-related disorders. The results of human clinical studies reveal that lifestyle modification and medication taken together can be more effective in metabolism, immune response, and tissue renewal than each of the two separately¹⁵.

3.2 Inflammation and Immune Rejuvenation

Inflammatory responses of a mild degree on an ongoing basis, termed as "inflammaging," are implicated in the development of aging and its related diseases such as cardiovascular diseases, diabetes, arthritis, and neurodegenerative diseases¹⁶. Studies carried out on humans have indicated that an increase in senescent cell burden is responsible for contributing to the process of cytokine production and dysfunction of the immune system. Therapies involving senolytics and NAD⁺ boosting approaches have proven capable of lowering levels of inflammatory markers, restoring immune surveillance functions, and enhancing cellular repair. It has also been noted that these therapies improve vaccination response and infection resistance in elderly individuals¹⁷.

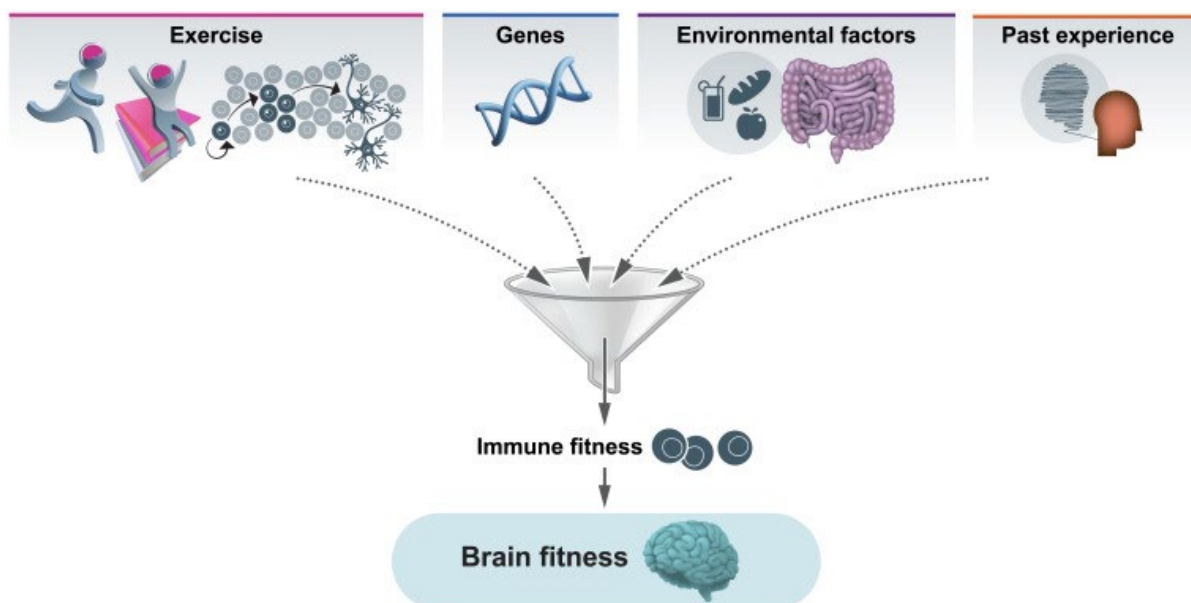


Figure 3: Immune Rejuvenation¹⁸

3.3 Cognitive Aging and Neuroprotection

Cognitive deterioration with age is linked to the dysfunction of mitochondria, oxidative stress, persistent neuro-inflammation, and cell degeneration¹⁹. It has been observed from studies on humans that an increase in NAD⁺ levels along with decreased cell senescence can benefit the survival of neurons, synapses, mitochondria function, and enhance cognitive capacity. Studies conducted with the use of precursors of NAD⁺ have suggested improvements in memory, attention, and metabolism of the brain in aging individuals. Senolytic therapy may be useful in reducing neuro-inflammation and cell accumulation within the nervous system²⁰.

3.4 Ethical and Social Considerations

The fast-paced developments in the field of longevity and anti-aging treatments have raised several ethical, societal, and economical questions that require proper consideration²¹. Access to the best medical treatment available can lead to greater health disparities among people from various socio-economic backgrounds. The other challenge that arises from increased longevity is that of the population growth rate as well as the impact on the labor market, retirement, and healthcare resource allocation systems. Moreover, there are ethical issues regarding genetic modifications, safety concerns, and unequal distribution of the life-extending technology²².

4. FUTURE PERSPECTIVES AND EMERGING CLINICAL APPLICATIONS

The future of human longevity research is geared towards developing translational anti-aging interventions that can be applied in clinical settings and have the potential to enhance the health span and regenerative capabilities of an individual²³. Precision medicine, artificial intelligence, genetic modification, and regenerative biology represent areas where innovations can aid in the development of longevity solutions for people²⁴. Current human studies are looking into the application of multiple strategies to combat the symptoms of aging, including epigenetic programming, senotherapeutics, NAD⁺ restoration, stem cell therapy, and telomerase stimulation²⁵.

Another area of investigation worth pursuing is partial cellular reprogramming, which will help to rejuvenate the genes responsible for youth without losing cell identity²⁶. There is evidence from early human studies that epigenetic manipulation can be used to counteract tissue dysfunction related to aging while reducing oncogenic risks. Another possibility lies in the development of biomarker-based monitoring systems and wearable devices that track biological aging, metabolic robustness, and therapeutic response in aging individuals²⁷.

Regenerative medicine is also expected to take center stage in the future treatments for aging-related disorders²⁸. Trials on humans using mesenchymal stem cells, tissue engineering, and organ regeneration approaches have shown promising results for musculoskeletal, cardiovascular, neurodegenerative diseases, as well as immune system restoration²⁹. In addition, there is scope for personalized nutrigenomics and targeted microbiome treatments in the fight against aging³⁰.

Table 1: Summary of Literature Review on Epigenetic Modulation, Senolytic Therapies, and Human Longevity Research³¹

Author & Year	Study Focus	Methodology/Approach	Key Findings
Suda et al. (2024)³²	Cellular senescence and senolytic therapies in age-related endocrine dysfunction	Review-based analysis of senescence mechanisms, endocrine aging, and senolytic interventions	Senescent cells contributed to hormonal imbalance and endocrine degeneration, while senolytic therapies showed potential in reducing inflammation and improving endocrine function and tissue homeostasis.
Tang et al. (2024)³³	Cellular senescence in craniofacial tissue regeneration	Review of biomarkers, inducers, and regenerative intervention strategies related to senescence	Senescent cells impaired tissue regeneration through inflammation and extracellular matrix degradation, whereas senolytic and regenerative therapies improved tissue repair and cellular recovery.
Tauser et al. (2025)³⁴	Epigenomics and personalized skin rejuvenation strategies	State-of-the-art review of genomic and epigenomic technologies in skin aging	Epigenetic modifications significantly influenced skin aging and regenerative decline, while personalized anti-aging approaches improved skin regeneration and tissue repair outcomes.
Wang et al. (2022)³⁵	Epigenetic regulation of aging and aging-related diseases	Review of DNA methylation, histone modification, chromatin remodeling, and non-coding RNA mechanisms	Epigenetic alterations contributed to senescence, mitochondrial dysfunction, inflammation, and genomic instability, while epigenetic modulation strategies showed therapeutic and regenerative potential.
Wang et al. (2026)³⁶	Aging-related genomic, immune, and metabolic alterations in cancer development	Analysis of genomic, immune, and metabolic network changes associated with aging	Aging-related molecular alterations promoted immune dysregulation, metabolic imbalance, and cancer susceptibility, highlighting the importance of personalized therapeutic interventions and

			cancer management strategies.
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However, there are still a number of issues that need to be resolved such as safety assessment in the long term, ethical control, access to therapy, and standardization of biological aging. It is necessary for future research to focus on conducting multicenter clinical trials involving humans, international collaboration, and the creation of unified standards for regulating new approaches. Overall, the combination of regenerative medicine and molecular anti-aging strategies may contribute to creating new approaches to preventive medicine.

5. DISCUSSION

Human-oriented studies on aging demonstrate that epigenetic modification, senolytics, administration of NAD⁺, and regenerative medicine can be effective methods for delaying the aging process in humans due to the ability to tackle important aging mechanisms like inflammation, mitochondria malfunction, and senescence³⁷. While promising for the development of innovative medical approaches, such methods have limitations that make necessary additional long-term human studies and strict regulation from an ethical point of view.

5.1 Interpretation and Analysis of Findings

Human-based longevity studies reveal that certain interventions, which include epigenetic clocks' manipulation, senolytics, NAD⁺ precursor replenishment, telomere lengthening, and regeneration medicine, hold substantial promise for achieving delay in biological aging and extending healthspan. Results from human clinical trials suggest that these anti-aging strategies can effectively impact certain hallmarks of aging, such as cellular senescence, mitochondria dysfunction, inflammation, and epigenetics modification. In addition, epigenetic markers, including the Horvath clock and GrimAge, have enabled us to gain better insight into biological age estimation, whereas senolytics have been proven effective for senescent cell removal and reduction of inflammation³⁸. Likewise, NAD⁺ precursor supplementation has achieved positive outcomes with respect to mitochondria functioning, immunity, vasculature, and cognitive capacity, making integrative therapy promising.

5.2 Implications and Significance

These results have tremendous implications when it comes to today's preventive medicine and health care. In view of the rising number of elderly people around the world, age-related diseases constitute significant burdens on our health care facilities and finances. Anti-aging treatments could be useful in lowering the incidence of chronic ailments, improving the quality of life, functional abilities, healthy longevity in elderly individuals³⁹. Moreover, the breakthroughs in regenerative medicine, personalized medicine, biomarker tests and artificial intelligence may play a role in developing individualized longevity interventions based on personal biology. Such breakthroughs can revolutionize the field of health care, moving away from traditional disease-oriented treatment to preventive and regenerative medicine approaches.

5.3 Research Gaps and Future Directions

While showing positive results, there still exist significant limitations of current research in the field of human longevity. Firstly, most experiments on humans use small samples and short treatment time periods. Secondly, the possible dangers of senolytic treatment, activation of telomerase, and epigenetics reprogramming need further exploration⁴⁰. Moreover, the lack of unified biomarkers for aging and clinical outcomes creates difficulties for comparison between the studies. In order to increase the clinical significance of future research, scientists should conduct large-scale multicenter clinical trials in humans and focus on the safety of new treatments and standardization of biomarkers and endpoints.

6. CONCLUSION

The current study reveals that the use of epigenetic clock regulation, senolytic treatments, administration of NAD⁺ precursors, telomere lengthening, and regenerative treatments shows substantial promise in terms of preventing aging and increasing human lifespan. Based on the results of human studies, the above anti-aging treatments may have beneficial effects on mitochondrial activity, immune system resilience, tissue regeneration, metabolic homeostasis, and cognition through acting upon such hallmarks of aging as cell senescence, persistent inflammation, and epigenetic changes. As per the conclusions of the current paper, comprehensive anti-aging interventions may produce synergetic treatment benefits for healthy human aging and minimizing the impact of age-associated conditions. Nevertheless, some of the challenges include small sample size in clinical trials, insufficient safety evaluation of these interventions, ethical issues, and unavailability of validated biomarkers. For this reason, further human investigations into aging should be targeted at conducting extensive multicenter clinical trials, personalized longevity medicine, and developing safe and ethical regenerative treatments for humans.

REFERENCES

1. Alam, S., & Aijaz, M. (2025). Age-related declines in stem cell function: Molecular insights and future therapies. *Deneyssel ve Klinik Tip Dergisi*, 42(2), 170-198.
2. Alpay, F. (2025). Boosting NAD⁺ for Anti-Aging: Mechanisms, Interventions, and Opportunities.
3. Alqahtani, S., Alqahtani, T., Venkatesan, K., Sivadasan, D., Ahmed, R., Sirag, N., ... & Paulsamy, P. (2025). SASP modulation for cellular rejuvenation and tissue homeostasis: therapeutic strategies and molecular insights. *Cells*, 14(8), 608.
4. An, Y., Wang, Q., Gao, K., Zhang, C., Ouyang, Y., Li, R., ... & Wu, G. (2025). Epigenetic regulation of aging and its rejuvenation. *MedComm*, 6(9), e70369.
5. Burdusel, D., Doeppner, T. R., Surugiu, R., Hermann, D. M., Olaru, D. G., & Popa-Wagner, A. (2024). The intersection of epigenetics and senolytics in mechanisms of aging and therapeutic approaches. *Biomolecules*, 15(1), 18.
6. Chen, R., & Skutella, T. (2022). Synergistic anti-ageing through senescent cells specific reprogramming. *Cells*, 11(5), 830.
7. Cohen, E., Grobman, R., Papadopoulos, E., Rodriguez, V., & Smith, L. " Exploring the Horizon of Longevity: The Pivotal Role of Sirtuins in Aging and Metabolic Regulation.

8. Delrue, C., Speeckaert, R., & Speeckaert, M. M. (2025). Rewinding the Clock: Emerging Pharmacological Strategies for Human Anti-Aging Therapy. *International Journal of Molecular Sciences*, 26(19), 9372.
9. Diwate, S. K., Killedar, S. G., Sawant, D., Kumbhar, R., Hiremath, V., Koulge, V., ... & Patil, A. R. Targeting Aging Mechanisms: Pharmacokinetic And Admet Challenges In Senescent Physiology.
10. Dragoumani, K., Kletsas, D., Chrousos, G. P., Vlachakis, D., & Balatsos, N. A. (2025). Molecular and Environmental Modulators of Aging: Interplay Between Inflammation, Epigenetics, and RNA Stability. *Genes*, 16(7), 796.
11. Feng, T., Xie, F., Lee, L. M., Lin, Z., Tu, Y., Lyu, Y., ... & Kang, W. (2025). Cellular senescence in cancer: from mechanism paradoxes to precision therapeutics. *Molecular cancer*, 24(1), 213.
12. Jiang, Z., Luo, L., Qin, Y., Huang, Y., & Yan, S. (2025). Nicotinamide Adenine Dinucleotide and Aging. In *Biology of Nicotinamide Coenzymes: From Basic Science to Clinical Applications* (pp. 449-488). Singapore: Springer Nature Singapore.
13. Khalil, R., Diab-Assaf, M., & Lemaitre, J. M. (2023). Emerging therapeutic approaches to target the dark side of senescent cells: new hopes to treat aging as a disease and to delay age-related pathologies. *Cells*, 12(6), 915.
14. Khanal, P., Chand, J., Patil, V. S., Singh, L., & Bhattacharya, K. (2026). Translational Geroscience Strategies for Delaying Multimorbidity. *ACS Pharmacology & Translational Science*, 9(4), 839-858.
15. Kim, C. K., Sachdev, P. S., & Braidy, N. (2022). Recent neurotherapeutic strategies to promote healthy brain aging: are we there yet?. *Aging and Disease*, 13(1), 175.
16. Kroemer, G., Maier, A. B., Cuervo, A. M., Gladyshev, V. N., Ferrucci, L., Gorbunova, V., ... & López-Otín, C. (2025). From geroscience to precision geromedicine: Understanding and managing aging. *Cell*, 188(8), 2043-2062.
17. Li, Y., Wu, H., Zhang, Z., Wang, M., Zhao, Y., & Sun, H. (2026). Natural Small Molecules Targeting Oxidative Stress and Redox Homeostasis in Aging: Mechanisms and Therapeutic Potential. *Antioxidants*, 15(5), 621.
18. Liu, Y., Fang, M., Tu, X., Mo, X., Zhang, L., Yang, B., ... & Fan, S. (2024). Dietary polyphenols as anti-aging agents: targeting the hallmarks of aging. *Nutrients*, 16(19), 3305.
19. Mhamdi, S., Chamari, K., BaHammam, A., Alkeridy, W., Aldeeri, A., & Saad, H. B. (2026). Aging reimaged: Bridging clinical modulation and scientific breakthroughs. *Biology of Sport*, 43(1), 617-630.
20. Moskalev, A., Guvatova, Z., Lopes, I. D. A., Beckett, C. W., Kennedy, B. K., De Magalhaes, J. P., & Makarov, A. A. (2022). Targeting aging mechanisms: pharmacological perspectives. *Trends in Endocrinology & Metabolism*, 33(4), 266-280.
21. Nair, P. G., Sheela, U. B., Vijayan, V. V., Howlett, S. E., Cullis, P., & Gujar, S. (2026). Targeting Age-Associated Immune Senescence via Nanoparticle-Based Metabolic Reprogramming. *ACS nano*.

22. Nicoletti, G. R. P., Mangano, K., Nicoletti, F., & Cavalli, E. (2025). From Elixirs to Geroscience: A Historical and Molecular Perspective on Anti-Aging Medicine. *Molecules*, 30(24), 4728.
23. Nunkoo, V. S., Cristian, A., Jurcau, A., Diaconu, R. G., & Jurcau, M. C. (2024). The quest for eternal youth: hallmarks of aging and rejuvenating therapeutic strategies. *Biomedicines*, 12(11), 2540.
24. Oxford, H. (2024). Molecules With Pre-Clinical Evidence of Targeting Aging in Multi-Species Models for Consideration in Companion Animal Medicine. *Journal of the American Holistic Veterinary Medical Association*, 75, 11-26.
25. Panchal, N. B. (2024). Bridging Biochemistry and Aging: A Journey Towards Prolonged Health span. *Biosciences Biotechnology Research Asia*, 21(1), 295-316.
26. Panchin, A. Y., Ogmen, A., Blagodatski, A. S., Egorova, A., Batin, M., & Glinin, T. (2024). Targeting multiple hallmarks of mammalian aging with combinations of interventions. *Aging (Albany NY)*, 16(16), 12073.
27. Pang, Y., Zhang, H., Li, H., Wang, X., Wei, P., Yi, L., & Lin, S. (2025). Epigenetic insights into aging: emerging roles of natural products in therapeutic interventions. *Phytotherapy Research*, 39(7), 3300-3322.
28. Peng, Y., Li, R., Li, H., Zhou, J., Liu, X., Valente, G., ... & Gu, L. (2026). Emerging Therapeutic Strategies in Anti-Aging Medicine: A Comprehensive Review. *Medicine Bulletin*.
29. Praveena, M. M. (2025). The Science of Aging: Therapeutic Approaches to Extend Lifespan and Healthspan. *SBV Journal of Basic, Clinical and Applied Health Science*, 8(1), 13-17.
30. Proshkina, E., Shaposhnikov, M., & Moskalev, A. (2020). Genome-protecting compounds as potential geroprotectors. *International journal of molecular sciences*, 21(12), 4484.
31. Sharma, A., Chabloz, S., Lapidès, R. A., Roider, E., & Ewald, C. Y. (2023). Potential synergistic supplementation of NAD⁺ promoting compounds as a strategy for increasing healthspan. *Nutrients*, 15(2), 445.
32. Suda, M., Paul, K. H., Tripathi, U., Minamino, T., Tchkonina, T., & Kirkland, J. L. (2024). Targeting cell senescence and senolytics: novel interventions for age-related endocrine dysfunction. *Endocrine reviews*, 45(5), 655-675.
33. Tang, W., Huo, F., Long, J., Zhang, S., & Tian, W. (2024). Cellular senescence in craniofacial tissue regeneration: Inducers, biomarkers, and interventions. *Tissue Engineering Part B: Reviews*, 30(1), 128-141.
34. Tauser, R. G., Vasincu, I. M., Iacob, A. T., Apotrosoaei, M., Profire, B. Ş., Lupascu, F. G., ... & Profire, L. (2025). A State-of-the-Art Overview on (Epi) Genomics and Personalized Skin Rejuvenating Strategies. *Pharmaceutics*, 17(12), 1585.
35. Wang, K., Liu, H., Hu, Q., Wang, L., Liu, J., Zheng, Z., ... & Liu, G. H. (2022). Epigenetic regulation of aging: implications for interventions of aging and diseases. *Signal transduction and targeted therapy*, 7(1), 374.

36. Wang, Q., Sun, X., Han, X., Zhang, X., Wang, W., Wang, H., ... & Gu, L. (2026). Aging-Derived Alterations in Genomic, Immune, and Metabolic Networks: Implications for Cancer Development and Therapy. *MedComm–Oncology*, 5(1), e70054.
37. Yu, H., Feng, T., Zhang, C., Jiao, Z., Fan, W., Jiang, R., ... & Li, F. (2025). Epigenetic pharmacology in aging: from mechanisms to therapies for age-related disorders. *Frontiers in Pharmacology*, 16, 1699296.
38. Zhang, Z., Liu, P., Song, Y., Ma, L., Xu, Y., Lei, J., ... & Yang, C. (2025). Addressing osteoblast senescence: Molecular pathways and the frontier of anti-ageing treatments. *Clinical and Translational Medicine*, 15(7), e70417.
39. Zheng, L., He, S., Wang, H., Li, J., Liu, Y., & Liu, S. (2024). Targeting cellular senescence in aging and age-related diseases: challenges, considerations, and the emerging role of senolytic and senomorphic therapies. *Aging and disease*, 15(6), 2554.
40. Zhou, F. Q. (2021). NAD⁺, senolytics, or pyruvate for healthy aging?. *Nutrition and metabolic insights*, 14, 11786388211053407.