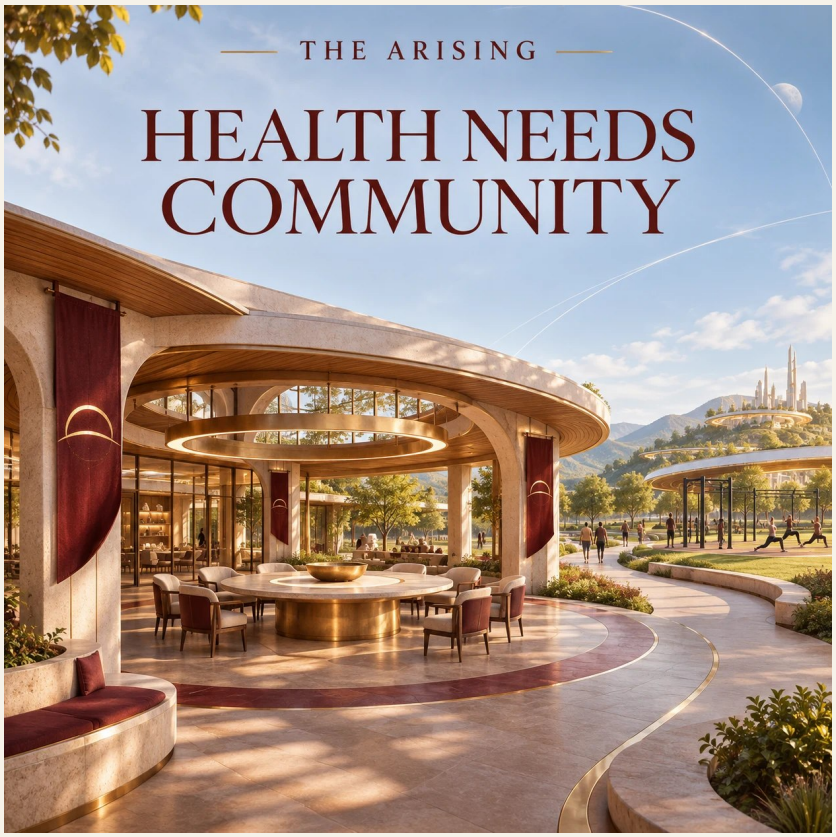
Longevity in daily life

Six connected readings on the care, habits and discoveries that help us participate in life.



John Griffin, MD | Arising Health

November 2, 2026 · Version 1.0

1. What happens after the appointment?

2. What if a workout also changes the skin?

3. Build strength for the life you want to keep.

4. A way of eating you can build a life around.

5. Sleep deserves care. Every claimed benefit deserves a test.

6. The future of repair is becoming specific.

COMMUNITY & BRAIN HEALTH

What happens after the appointment?



The appointment ends. The rest of the week begins.

That is where a great deal of longevity care has to work: meals, movement, people, and the routines we can actually sustain.

The 2025 US POINTER trial offers a useful clue. It randomized 2,111 adults aged 60-79 at increased risk of cognitive decline to two lifestyle programs. Both encouraged exercise, healthy eating, cognitive activity, social engagement, and cardiovascular monitoring.

The more structured program produced a small additional improvement in cognitive test performance over two years.

It did not establish dementia prevention, and it cannot tell us which ingredient made the difference. Community alone was not the treatment being tested.

But it gives us a serious design question: what would healthcare look like if support between visits received the same attention as the visit itself?

A place to move. Help making food changes practical. People who expect to see you again.

At Arising Health, that is a future worth building.

What makes a health routine easier to keep in your own community?

A CLOSER READING

What happens after the appointment?

The study compared two active approaches. The self-guided group also received a lifestyle intervention, so this was not a comparison of comprehensive care with no care. The structured program differed in intensity, organization and accountability. Reading its result as proof for any one activity would miss what the investigators actually tested.

The annual between-group difference in the global cognitive composite was 0.029 standard deviations (95% confidence interval 0.008 to 0.050). Both groups improved on testing. Statistical evidence for a difference does not by itself establish how much a person would notice in daily life. The researchers identify function, durability and longer follow-up as important remaining questions.

For a community clinic, the implication is an invitation to test delivery. Can people attend? Are activities affordable and accessible? Does the program help them return after an illness, a demanding workweek or a difficult month? A beautifully designed room cannot answer those questions. Attendance, experience and meaningful outcomes can.

This article proposes a way to think about care design. The trial did not evaluate a commercial longevity clinic, establish that social connection alone caused its result, or prove that any particular clinic model extends life. The useful connection is the shared problem of turning advice into sustained participation.

Source and review scope

Primary PubMed abstract reviewed. Full-text retrieval was unavailable through the connector; detailed intervention, harms and funding disclosures were not independently audited. Outcome and uncertainty are retained. This is a 2025 study revisited in November 2026.

Primary study: PubMed 40720610 (2025)

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.

SKIN HEALTH & EXERCISE

What if a workout also changes the skin?



What if a workout also changes the skin?

A small 2023 study asked a surprisingly direct question. Researchers assigned 61 sedentary, middle-aged Japanese women to aerobic or resistance training for 16 weeks; 56 completed the study.

Both groups improved measured skin elasticity and aspects of upper-dermal structure. Resistance training also showed an increase in dermal thickness.

Interesting. Early, too.

There was no non-exercising comparison group. The study was short, involved one narrow population, and included researchers affiliated with a cosmetics company. It does not establish visible age reversal or a replacement for dermatologic care.

What makes it worth following is the connection: skin biology may respond to changes that begin elsewhere in the body.

That is a richer research question than whether one more product belongs on the shelf.

The Arising follows these connections carefully; what changed, how it was measured, and what still needs to be tested.

Skin is living tissue. There is much more to learn about how we care for it.

A CLOSER READING

What if a workout also changes the skin?

The investigators did more than measure the skin. They also exposed cultured human dermal fibroblasts to participants' plasma collected before and after training and examined expression of genes related to the extracellular matrix. Those experiments offered possible biological explanations, but they did not directly establish the entire causal pathway in people.

The absence of a non-exercising group matters. Comparing two exercise programs can identify differences between them, yet changes that appear in both groups may have other explanations. The intervention also involved supervised training, which may not resemble the way every person exercises outside a study.

Dermal thickness and elasticity are measurements. They are not interchangeable with fewer wrinkles, improved skin disease, slower whole-body aging or longer life. Even the paper's use of the word "rejuvenates" in its title should be read against the outcomes and design.

The useful next step is replication: larger and more diverse groups, a suitable comparison condition, longer observation and outcomes that matter to people. The connection to strength and movement is biologically interesting. Its clinical significance remains an open question. This is a look back at a 2023 experiment, not a new 2026 breakthrough.

Source and review scope

Primary abstract and PMC main text reviewed across three returned segments. Some authors are affiliated with POLA Chemical Industries. Mechanistic cell experiments are distinguished from human clinical outcomes. No independent replication was established in this bounded review.

Primary study: PubMed 37353523 (2023)

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.

STRENGTH & INDEPENDENCE

Build strength for the life you want to keep.



Carry the suitcase. Take the stairs. Get back on the trail.

Strength gives ordinary life more possibilities.

In the Danish LISA trial, 451 adults around retirement age were assigned to a year of heavy resistance training, moderate training, or a control group.

At the four-year assessment, the heavy-training group had maintained its baseline isometric leg strength. The other groups had declined.

There is an important qualification: this was a secondary strength measure. The trial's primary measure, leg-extensor power, declined across groups without a significant difference between them. The 2024 follow-up involved relatively healthy, well-functioning adults.

So this is a specific result, not a promise that one year of lifting protects every aspect of function indefinitely.

Still, it is a compelling reason to take the capacity to get stronger seriously throughout later life.

A good longevity program should help people build toward the things they want to keep doing, with training matched to their abilities and circumstances.

What do you want your strength to let you say yes to ten years from now?

A CLOSER READING

Build strength for the life you want to keep.

A total of 369 participants attended the four-year assessment. The original heavy-training program was supervised and included an initial period of familiarization. This was structured training, not an instruction for every reader to begin lifting heavy loads without preparation.

The distinction between strength and power is central. Isometric strength measures force in a fixed position; power concerns how quickly work can be performed. Maintaining one does not prove maintenance of the other. The study also did not establish prevention of falls, disability or death.

The follow-up asks an unusually useful question: can benefits remain detectable years after a defined training program ends? The answer for this particular strength measure was encouraging. It is not a reason to stop training after a year, and the design does not guarantee an identical effect in people with frailty or significant illness.

A practical care model begins with a person's goals and present capacity, then builds a program and measures progress. A staircase, a garden or a trip can give meaning to the work. Those everyday examples explain why strength matters; they were not endpoints measured in this report.

Source and review scope

Primary PubMed abstract and complete returned PMC body reviewed. The positive isometric-strength result is secondary; the primary power result was not significantly different between groups. Source is a 2024 follow-up of an earlier randomized trial.

Primary study: PubMed 38911477 (2024)

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

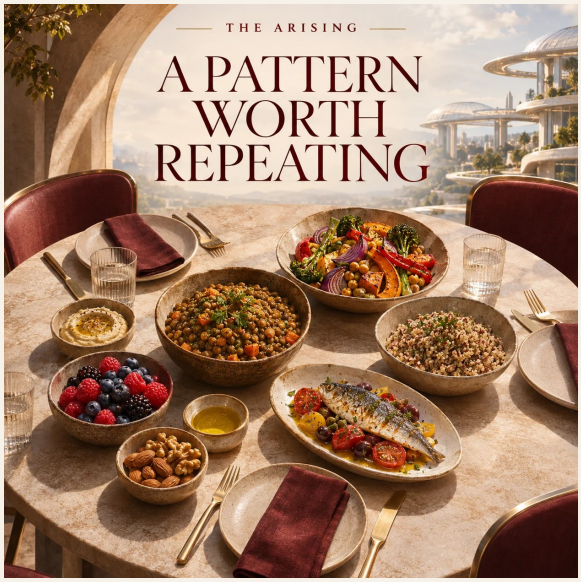
Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.

NUTRITION & HEALTHY AGING

A way of eating you can build a life around.



A way of eating has to survive an ordinary Tuesday.

Work runs late. Someone needs a ride. Dinner still has to happen.

That is why the pattern matters.

A 2025 Nature Medicine study followed 105,015 people for up to 30 years. Greater adherence to several healthy dietary patterns was associated with healthier aging; defined to include reaching 70 free of major chronic disease while maintaining cognitive, physical, and mental health.

The patterns shared familiar ground: fruits, vegetables, whole grains, nuts, legumes, and unsaturated fats.

This was observational research, largely in health professionals. It cannot prove that a diet caused the outcome, and self-reported information and other lifestyle differences complicate the picture.

My practical question is how to make a nourishing pattern possible: the food someone enjoys, can afford, knows how to prepare, and can return to.

Those details deserve a place in the design of longevity care.

For you, what makes eating well easier to repeat?

A CLOSER READING

A way of eating you can build a life around.

The researchers used repeated dietary questionnaires from the Nurses' Health Study and Health Professionals Follow-Up Study. They examined eight patterns rather than treating one branded diet as the only candidate. Of the full sample, 9,771 people met the study's composite definition of healthy aging.

People with the healthiest dietary scores also differed in other ways, including socioeconomic circumstances and physical activity. Statistical adjustment helps, but it cannot remove every unmeasured difference or fully exclude reverse causation. The participants were mostly health professionals of European ancestry, limiting how confidently the exact estimates transfer to other populations.

Healthy aging here was a research definition. A person who lives well with a treated chronic condition may not meet it, and that does not make their life a failed outcome. It is useful to study disease burden and function together while remembering that no composite score captures all of a person's experience.

Our care-design inference is to make implementation visible. Food access, cooking skills, schedules, preferences and relationships shape what a plan asks of someone. Those suggestions are not findings from a randomized clinic program in this paper. They are questions worth testing when bringing long-term dietary evidence into everyday care.

Source and review scope

Primary abstract plus retrieved PMC results, methods and limitations reviewed (body segments 0-36,000 characters; remainder not reviewed). Observational design, self-report, residual confounding and limited population diversity retained.

Primary study: PubMed 40128348 (2025)

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.

RECOVERY & SLEEP

Sleep deserves care. Every claimed benefit deserves a test.



An extra hour of sleep can matter without fixing every metabolic problem.

A 2026 randomized trial tested sleep extension in 29 people with overweight or obesity, insulin resistance, and habitual short sleep.

Over roughly six weeks, the sleep-extension group slept about an hour longer per night and improved measures of sleep health.

The researchers did not detect a benefit in insulin sensitivity or glucose control compared with the usual-sleep group.

That result belongs in the conversation.

It helps us ask better questions: which outcome, in which people, over what period? A small, short trial cannot settle every possible benefit of better sleep. It can keep us from promising a metabolic transformation it did not demonstrate.

For a clinic built around recovery, the opportunity is to take both experience and measurement seriously.

How are people sleeping? What is getting in the way? What actually changes when we help?

Better care can begin with a more accurate promise.

A CLOSER READING

Sleep deserves care. Every claimed benefit deserves a test.

The trial was led by researchers including investigators at Washington University in St. Louis. It used a glucose-clamp method with tracer infusions to examine insulin sensitivity in several tissues. That is a more specific metabolic test than simply asking participants whether they felt better.

Sleep duration increased by about 1.1 hours per night in the extended-sleep group and did not increase in the habitual-sleep group. Day-to-day variability and subjective sleep-health measures improved more with the intervention. The measured metabolic outcomes did not differ between groups.

This is a small trial: 14 participants in the extended-sleep group and 15 in the habitual-sleep group. Six weeks is also a limited window. The result does not establish that sleep has no metabolic role, nor does it settle what might happen after a longer intervention or in a different population.

In recovery-focused care, outcomes should be named before claims are made. Sleep duration, regularity, perceived sleep health, fatigue and glucose control are different questions. Here, the study supports an improvement in sleep health while leaving the hoped-for metabolic gain unshown. The May 2026 journal issue follows online publication in January 2026.

Source and review scope

Primary PubMed abstract and publisher abstract verified. Full-text connector retrieval failed; complete harms and disclosure review unavailable. No claim of absence of all sleep benefits. DOI 10.2337/dc25-2083.

Primary study: PubMed 41564347 (2026)

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.

REGENERATIVE MEDICINE & SKIN

The future of repair is becoming specific.



A patient's own cells. A working copy of a gene. A sheet of tissue made to cover a chronic wound.

This is one concrete form regenerative medicine has taken.

In the 2025 VIITAL trial, gene-modified skin-cell sheets were studied in 11 people with recessive dystrophic epidermolysis bullosa, a rare genetic condition that makes skin extremely fragile.

Researchers compared 43 treated wounds with 43 matched control wounds. At 24 weeks, 81% of treated wounds had at least 50% healing, versus 16% of control wounds. Pain also improved more with treatment.

This was a small, open-label, company-funded trial. The wound count must not be mistaken for 86 separate patients.

The therapy, prademagene zamikeracel (Zevaskyn), received FDA approval for wounds in this specific condition in April 2025. Its labeling includes serious potential risks and lifelong monitoring for malignancy.

It does not establish general age reversal or validate unrelated "regenerative" treatments.

The achievement is already worth our attention: a defined biological repair, tested against an outcome that matters to a person living with disease.

That is the kind of future The Arising wants to understand.

A CLOSER READING

The future of repair is becoming specific.

The treatment uses a patient's own cells, modified to contain functional copies of COL7A1, the gene for type VII collagen. The cellular sheets are surgically applied to wounds. This is a specialized therapy with a defined product, manufacturing process and indication.

The trial randomized matched wound pairs within individuals. That design helps compare treated and control wounds in the same person, but the wounds are not independent patients. The open-label design and eleven-person sample also matter, particularly when interpreting pain reports and the ability to detect uncommon harms.

No serious treatment-related adverse events were reported in the trial abstract. That limited observation must not be turned into a claim that the treatment is risk-free. FDA labeling warns about hypersensitivity, potential insertional oncogenesis and infectious-agent transmission, and calls for lifelong monitoring for malignancy.

For longevity research, the broader relevance is a standard of specificity. What tissue needs repair? What biological defect is addressed? What function improves? What risks accompany the intervention? A successful treatment for one rare disease cannot supply evidence for another product or for whole-body rejuvenation. It can show how ambitious biology becomes accountable clinical work.

Source and review scope

Primary Lancet abstract and current FDA product page/prescribing information reviewed. Full journal article not available in this review. Funding: Abeona Therapeutics. Wounds nested in 11 participants; 50% healing is not complete closure. Safety caveats retained.

Primary study: PubMed 40570869 (2025)

FDA product page and prescribing information

GO DEEPER WITH THE ARISING

This illustrated guide

Related living collection

Public Atlas

The Arising website

Educational writing, not individual medical advice. Conceptual artwork; not scientific data.