Why We Age — Genetics Are Not The Whole Story

Gregory Anne

This is the Rebellious Wellness Over 50 podcast for women over 50 who aren't done yet. You may have seen the worst of aging and are hoping there's a better way. There is and I'm going to show you how in interviews, book reviews, rants and stories. Each week I'm going to bring you the latest science based info on how to age better. I'm Gregory Anne Cox, and I believe it's time to bust the myth that aging equals decline in every area of life.

Gregory Anne

It pisses me off and it's B.S. Look, aging happens, but it doesn't have to ruin your life. You just need to get a little rebellious in your approach.

Gregory Anne

Welcome back, everybody, to another episode of the Rebellious Wellness Over 50 podcast, where I bring you guest experts, book reviews and sometimes a rant from me about what is right and what is wrong with the conventional wisdom when it comes to aging as a woman. Men can listen in, but really, this is a podcast designed for women. My guest today, I'm super, super, super excited to have because genetics is such a hot topic these days, at least in our country.

Gregory Anne

She's from Australia, her name is Dr. Judy Ford. Welcome, Dr. Ford.

Dr. Judy Ford

Thank you very much.

Gregory Anne

I'm glad we connected on some podcasting site or something, because when I wrote my book, "Your Genes Do Not Determine the Size of Your Genes," it was really based on my interest in epigenetics, for women. Mostly a lot of women want to lose weight and they say, "oh, it's my genes." And when I read about epigenetics, I thought, well, it can't be all our genes and we're going to get to how much is genetic and how much not as we age, in a minute.

Gregory Anne

But I want to tell people a little bit, your whole entire career until recently was really studying genetics and becoming a geneticist.

Dr. Judy Ford

Yeah, well, yes. I think actually I started off thinking I was going to be a chemist when I originally went to university. Then I didn't like the chemistry department and had always been interested in genetics. And so quite soon I found myself specializing in genetics.

Gregory Anne

When you say you were always interested in genetics, what did that look like as a young person, you were interested in genetics or as you got into medicine?

Dr. Judy Ford

Actually, if I really tell the full story when I was very young and in those days we used to play what we call backyard cricket and we used to play it in the laneway behind our house. And all the children in the neighborhood would come in. And one day a little boy came who had Down's syndrome. I was very affected by this because he was a very nice person.

Dr. Judy Ford

You know, you could see he was very friendly, but he didn't have the skills to understand the game, what he should do. And now the children sort of found him to be a bit of a nuisance. Anyway, I went home that night and asked my mother what was wrong with that little boy, and she said, oh, it's something that quite often we used to call it mongolism. And then it's quite often something that happens to the last child in the family.

Dr. Judy Ford

And so they recognized even back then that this was something that, you know, a child is often born with this problem if the mother was older. And I think I made a decision then at the ripe old age of about six or seven, I was going to solve this problem. I think that was when my mind was set, but obviously it's a long, winding journey after that.

Gregory Anne

Oh, heavens.

Dr. Judy Ford

By the way, I didn't do anything. I've just got a science degree with PhD.

Gregory Anne

I think of them as intertwined. But thank you for the clarification. When I was about that age... Yeah, yeah, yeah. You work with doctors or professionals? When I was about that age, I wanted to be a doctor. I wanted to be a pediatrician.

Gregory Anne

And I, like so many kids, would fix my dollies and teddy bears. And then I had a brother and sister come along and I tried to mend them and doctor them and who knows, I'm glad somebody was around watching this. I don't know what kind of mayhem I could have gotten into because I used to create my own potions, too.

Gregory Anne

But as you said, it's a long, winding road. And by the time I got to high school, my chemistry teacher said, "you're not going to be any good at science. You should stick to language."
And I was crestfallen, but I thought, maybe she's right. And my mom worked and there wasn't a whole lot of support in the house, like my mom was torn between working and three kids. And so anyway, I moved on from being a doctor, but I figured that this career that I've chosen is about helping people in a different way. So, yeah, I was happy about

Dr. Judy Ford

Communicating the ideas.

Gregory Anne

Yeah, Yeah. And interviewing, bringing people like yourself, experts in the fields to my audience who also have lots of questions that we don't know who to go to, to get answers. So, you got into genetics and then what happened.

Dr. Judy Ford

Well, so when I started university, which was then I was very young when I started, at 16, and I did the science degree and I majored in genetics, which was possible to do. However, this was before human genetics had been invented as a topic. So I was studying the genetics of plants and animals to a lesser extent, with many what we call cytogenetics than many looking at chromosomes and looking at the behavior of chromosomes in cells and why chromosomes did all things.

Dr. Judy Ford

And in fact, my PhD was mainly electron microscopy. And I was looking at how these particular chromosomes moved on bindles, which is the fibers that pulled them apart, under the electron microscope. But, you know, I started off really more as a cell biologist. After my PhD, I did one-year post-doctoral work and initially one year's post-doctoral work and I was going to work in radiation genetics. But as happened the professor who was going to be my supervisor, he got required to be the vice chancellor or something had happened at the university and the vice chancellor left suddenly.

Dr. Judy Ford

And this professor was given this promotion. So, he wasn't there. So I couldn't do radiation genetics. I see all these little bits of luck have changed what I did.

Dr. Judy Ford

So, I spent the year working with developmental biologists and learning about more electron microscopy and learning about the behavior of cells and cell differentiation and how they grew to be an organism. So, I was really focused very much under the electron microscope for all this time. But after that, I got a position, which at this stage in human genetics was just coming on the landscape and prenatal diagnosis was just being invented. And so, I got a job and I only worked in that for just over a year, developing prenatal diagnostic techniques.

Dr. Judy Ford

So, learning how to grow the cells and learning how to analyze the chromosomes that you'd grown from the cells. So I did that for a year and then I got another job, I was sort of getting very popular at bhis stage because there were very few people who were doing genetics. And so there were people wanting to employ you. So I moved on to work in cancer genetics. And so I spent the next couple of years learning mostly about leukemias and chromosomal changes that occurred in the leukemias.

Dr. Judy Ford

So after that, because I knew about both prenatal diagnosis and those techniques then and also about the leukemias and cancers, I got sort of headhunted for a job in South Australia and I moved down there and I actually set up a genetics diagnostic laboratory. At first there was just me and my half time assistant working in the corner of a laboratory, and by the time I'd finished, a total of 20 years or more later, I had a big, big research laboratory that I developed and about 30 or 40 staff.

Dr. Judy Ford

So then after that, we did what research we could, so a very limited by the fact that I was running a diagnostic laboratory. And so, this diagnostic laboratory really had two angles. One was working in the obstetrics area. So, yes, doing prenatal diagnosis, but also studying sort of the underlying causes of infertility and miscarriage. And then, on the other hand, working very much on leukemias, the blood cancers, rather than solid cancers, which are much more difficult to look at in genetics. And then after that, there were political changes and the government changed and they decided to centralize all pathology services. So, we were either going to have to move to something quite different or give up or whatever.

Dr. Judy Ford

So, I then moved my laboratory to a private business and sort of set up a private lab, which I only managed to run for about five years. And then I got into trouble. And I got into trouble because I started speaking out, finding out funny results that showed that people who had been exposed to chemicals, particularly in the workplace, but sometimes where they lived, toxic chemicals, I was showing that they had broken chromosomes and they were very sick.

Dr. Judy Ford

And there were a lot of powerful vested interests who didn't want people doing that and getting that publicity. So, they targeted me and shut me down.

Dr. Judy Ford

Basically, there I lost everything. They lost everything. And so, this is in 2000. After that, I decided I would just start writing. So, I started writing books and speaking and also did a lot of expert witness work and legal work. And then after that, I was making quite enough money for somebody who'd lost everything. And so I got a job at a university, but in that job, I just taught students how to be better students, teaching them about presentation techniques and writing and things.

Dr. Judy Ford

And so I did that for about 14 years. And then I was offered an opportunity for a redundancy, which has been money in my pocket. So, I left and now I'm retired. And now I'm playing golf and writing books and speaking. And, yeah, I love it.

Gregory Anne

And you can pretty much say whatever you want now that you're not under somebody's

Dr. Judy Ford

Well yeah, nobody's interested in me now.

Gregory Anne

Oh, I don't know about that. I don't know about that. Even if you make an impact on a small corner of your world, you know, that's a big impact.

Dr. Judy Ford

Oh, yes, yes, yes, that's right. It is more difficult to get your message out I think, as an individual than working in a university and, you know, you've got PR people trying to pick up exactly this stuff, but it's enjoyable. I just like to be able to get my word out a little bit more strongly than I can.

Gregory Anne

Well, you keep doing podcasts and we'll promote you and we'll see how much we can help you along with that, because I do we you and I are kindred in that idea that, I have shined a light on big food and big pharma and those are buzzwords in America. What does that mean? Just to say that prescription pad medicine is rampant in our country. I don't know about yours. And it's almost a cradle to grave system. Right, that gets you on

Gregory Anne

The baby gets formula, the baby gets shots, then they get something else and whatever the meds are.

Gregory Anne

I'm not saying that people don't benefit from medication, I'm not. I'm simply saying that I do some, of course, and cancers and things like that. We need the support of Western medicine. But I feel like it's, we get lulled into this complacency, especially at this age. We expect, we are told, the cultural language is all about how we are going to decline. And I know that you are now focused on helping people with lifestyle choices and how to age well and better.

Gregory Anne

Right. And I'm sure that you're not I always say we never get sick from a lack of prescription medication. We just don't, right.? We get sick for other reasons. We may lack a good lifestyle. We may lack a good mindset. Yeah, hardly ever a lack of medication, but anyway.

Dr. Judy Ford

Yeah, yeah.

Gregory Anne

We can talk more about that. As long as we're talking about genes and aging. My go to data, I read it everywhere that I look up, says that genes are 20 to 30 percent responsible for how we age, what we get, or how we look is that you concur twenty to thirty?

Dr. Judy Ford

Possibly, possibly. I think it's hard to know exactly the percentage.
There are obviously some genes that that are very powerful, you know, and that people die very early, very, very, very young. Some of them, some of the really huge genes that have a huge effect.

Dr. Judy Ford

And then I think that there are a lot of smaller genes that, if you like, smaller but less powerful genes and you need probably more of them to have an effect. So that you can have one and it won't have much effect. But if you have A plus B plus C plus D plus E, and then you may be very unlucky. There's no doubt that there are certain genes that are found to be more prevalent in centenarians, for instance, you know, so people who really live a very long time are more likely to have some particular genes and they definitely won't have than others.

Dr. Judy Ford

But apart from that, I think it's hard to pinpoint that percentage. Let's say there may be something like two percent of really important genes that will either define you in one direction or another. So, for instance, when I was quite early in the stage of running the genetics department, I did some collaborative work with a man in in Canberra. And this was on a gene called the Glutathione Transference Gene. And that's a gene that is a major detoxifier.

Gregory Anne

Right.

Dr. Judy Ford

So that's one of our genes we need to look after as we are, and support as we get older.

Dr. Judy Ford

But he said, I'm not allowed to publish this. But he said if you have a certain variation. So, this gene, we know that they will over one hundred variations in this gene. If you have certain variation in this gene, you can smoke all you like, and you'll never get lung cancer.

Gregory Anne

Gosh. Well, that has to be true because we know some people, we may not know them firsthand, I don't have any uncles that are that, but I know of people who smoked or drank heavily or and lived into the 90s.

Dr. Judy Ford

Jeanne Calment. However, you say her name, I have no idea, who has lived the longest yet, she smoked until she was over 100. I mean, she was only smoking a couple a day in the last year. And she also exercised. She was also riding a bike.

Gregory Anne

That's interesting

Dr. Judy Ford

She lived on the third floor and walked up the stairs. You know, so there are, sort of balance that this lifestyle balancing. But there's also a straight genetic effect that she presumably had this really good detoxifying enzyme then that didn't let this go on to the wrong place.

Dr. Judy Ford

Sometimes it's a real combination, but there are some genes that, you know, you just can't do anything about it, doesn't matter what you do, that they go to work in a certain way.

Gregory Anne

Yeah.

Gregory Anne

So, you said we have to take care of our glutathione. Yeah. How do we do that, how do we take care of that?

Dr. Judy Ford

Well, these days you take care of it by making sure that you have enough of the trace elements it needs to get to work.

Dr. Judy Ford

Now, trace elements are just that. They are trace elements that you mustn't have too much of them either. But it particularly needs quite a lot of sulfur and it needs quite a lot of selenium.

Gregory Anne

Now I'm thinking selenium from foods that have vitamin E. And would Sulpher come from? I think of not.

Dr. Judy Ford

Well, sulphur, yes, so far, let's talk about suflphur. But we do get a fair amount of sulphur from just eating protein. And if you're a person who eats a lot of garlic and onion, you know, that sort of food, you get a lot of sulphur. Quite a lot of people can't eat those foods.

Dr. Judy Ford

And I actually take sulfur in in the form of MSM.

Dr. Judy Ford

Now MSM stands for something which I can never quite remember. What is that? I think it's very good. I think it's a very good supplement. I think you feel better when you take it, but you don't need it a lot. And of course, you know the sulfur baths. So, you can't have sulfur baths in very many countries. But in New Zealand, you can, you can easily go and have a sulphur bath.

Gregory Anne

Oh who knew?

Dr. Judy Ford

You know, in the Bible we'd be hear all these stories of people who obviously had very bad arthritis going into the sulphur bath and being cured.

Dr. Judy Ford

And it's true that if you bathe in a sulfur bath or a few days, not just briefly, not, you know, every day, every day for now, say that for about five days you will actually get quite a lot of resolution of arthritis. And so it's probably easier to take sulfur. Glucosamine and chondroitin, they are probably primarily given as the source of sulfur, even though they are components of cartilage. And so that's probably why that is given.

Dr. Judy Ford

But it is probably the sulfur in them that is important. They are very large molecules that people don't absorb them as well. So, it's better to actually just have sulfur.

Gregory Anne

There we go. But you didn't plug any brand, so we're OK.

Dr. Judy Ford

No, no, didn't like any brands. But selenium is incredibly important. But both this enzyme and also there are a number of selino proteins that are also sort of healing, damaging, correcting type of proteins, again, you know, selenium is trace element. So you shouldn't have too much. But if you have, say, three Brazil nuts a day, you'll be getting plenty.

Gregory Anne

Oh, OK. Well, that sounds yummy and not the roasted salted ones. People don't go for the cans of roasted salted nuts. Have the raw nuts. Yes.

Dr. Judy Ford

And well, if I have, if I get unlucky enough to have a source of organic walnut, then I have those, but they are a bit hard to buy at the moment because, you know, well the international trade has been so disrupted by Covid that a lot of supplies aren't coming in as regularly as they did. Yes. Anyway.

Gregory Anne

OK, now do you find that there are things supplements, there are supplements that are sold, as you know, they're going to lengthen my telomeres. They're going to NAD, nicotimamide

Dr. Judy Ford

Yeah, yeah, yeah.

Gregory Anne

So talk about those promising or at least the marketing makes them sound promising, those things that are supposed to help with our long term memory.

Dr. Judy Ford

Let me go to the NAD first, I don't know much about NAD. It's a critical energy source in yourself. I'm not sure that taking NAD would help you. I think that if you're optimizing your physiology by basically having the nutrients you need, that that that should take care of itself.

Dr. Judy Ford

But we do know that the mitochondria, which are the little organelles that provide energy in the cells, that is decreased with age. So, the function is decreased in age and the function starts decreasing, you know, as early as age 30. And because the energy in a cycle is occurs within mitochondria, that's probably why they're promoting this. But the reason that the mitochondria are decreasing in function is because of changes that are occurring in membranes. And these changes that are occurring in membranes are a critical part of the aging process.

Dr. Judy Ford

And they are related to telemeters. I think that you probably don't benefit. Well, you might benefit from taking NAD. I don't know, I've never taken it, but I think that the evidence shows that the best way to increase your mitochondrial function is by exercise.

Gregory Anne

Oh, interesting. Yeah, so you expend some energy and get more energy.

Dr. Judy Ford

Yes, it's quite interesting. Quite a long time ago now, they were the electron micrographs showing that if you did a lot of exercise, that the mitochondria actually increased in size in your muscle cells anyway. I don't know how selective those studies were, how generalizable are. But it all comes back to your telomeres.

Dr. Judy Ford

And this is my whole book. Well, the whole first half my book, "Why We Age", is focused on explaining this telomeres and what happens.

Gregory Anne

Oh, good. I'm waiting for my copy to come. I haven't got it yet, but I'm excited.
I don't know telomeres were going to star in the first part of the book.

Dr. Judy Ford

Right now. And I know so telomeres are terribly important. That is the end of your chromosomes and basically every time, apart from a few cells. So, there are a few cells in your body that can increase their telomeres naturally throughout life. And and one of these cells are your B-lymphocytes. And that's why you can still get a reasonable response to immune things like, you know, having an inoculation. You can expect to get a reasonable response for some time because your cells can still keep dividing throughout life.

Dr. Judy Ford

But the rest of cells have got a predetermined lifespan and the lifespan of your cells is determined by the length of the telomeres, which are at the ends of the chromosomes, and each time a cell divides, a bit of the telomere is chopped off. So overall, the average size of your telomeres decreases as you age and so, in general, you'd expect an eighty year-old to have telomeres which were very much shorter than the 30 year old. However, there are things in life that that influence the length of your telomeres.

Dr. Judy Ford

And so some illnesses in childhood. And I can't quite remember which ones they are at the top of my head. They decreased telomeres prematurely.

Dr. Judy Ford

And there are some genes that seem to decrease telomere prematurely. The only thing that is known to increase telomeres is having an older father. That's a bit late to choose that sort of thing. But it had at the time of conception, older fathers produced sperm that have slightly longer telomeres.

Gregory Anne

That's so interesting.

Dr. Judy Ford

So they decrease every time the cells divide. So the thing we have to try and do is to reduce any excess of cell division.

Dr. Judy Ford

So that means, for instance, Not Getting Sun Burned. You are going to be renewing your skin cells all the time but if you get sunburned, you burn several layers at once and force the cell through to turn over, divide much faster.

Dr. Judy Ford

And so this goes for everything. And it's most important to try and stay well and not sort of break your legs or break down or, you know, do any of those things that are going to put pressure on particular organs and make those cells divide faster.

Gregory Anne

I see.

Dr. Judy Ford

Certainly there's, you know, evidence that childhood illnesses reduced lifespan a lot and they reduce telomere length. So, they've been, you know, early is quite, quite thorough studies showing that children who have had a lot of childhood illnesses, have got much shorter telomeres when they're 15 then than children who are healthier.

Dr. Judy Ford

And the other thing that we know prolongs life and also suppresses cell division is calorie restriction when we're young. I don't know whether the calorie restriction when we're older does anything much and there's not there's not a lot of evidence. But certainly when we're young, then calorie restriction, and these massive studies were done in animals. But it's obviously true in humans as well. And so when we see these people who have come through years of depression or, you know, serious wars and things that occurred years before or still, of course, in some countries, then we can expect those people to live longer.

Dr. Judy Ford

And so, I think what we're seeing at the moment is a lot of older people, but they're all had serious calorie restriction when they were young. People like me who didn't.

Dr. Judy Ford

I really can't expect to live as long as my elders, who didn't eat as much as me. Feeding ourselves up when we were young, we were reducing our lifespan.

Gregory Anne

That's so interesting. So, two things. I'll start with intermittent fasting and calorie restriction. Another huge, I'm not going to call it a fad.

Gregory Anne

I've read a lot of stuff that says maybe it is helpful for people with diabetes, inflammation to bring it down, but that is a calorie restriction that they're hoping will increase their longevity. But I think what you're saying is if we did it younger, yes, but we don't know yet whether it will now if we do it at 60.

Dr. Judy Ford

Precisely. Yes.

Dr. Judy Ford

Yes, that's right. And in animal studies, I think they've found that it didn't work, though, in animals. It didn't prolong life if you did this later. However, it can have some, not directly, but it can have some beneficial effects on health. And so, because it has that, then it might prolong life because they're won't be so many other diseases and things.

Dr. Judy Ford

So. Exactly. I don't personally, deliberately calorie restrict. However, I find that the more I write, the more I talk, about later in life, the later years I've been eating, I probably do eat reasonably calorie dense food rather than, I don't eat, I hardly eat any carbohydrates. I don't eat any potatoes and I don't eat, I only eat a little bit of bread and you know, I have nuts rather than cereal. And so, and I find I prefer this and and I'm feeling healthier and I have lost weight. But I know some people who, and I do think it's good to probably eat your meal earlier and have a bit more space before you eat the next morning.

Gregory Anne

Yes,

Dr. Judy Ford

But I know some people who religiously stick to that and say that they feel a lot better. But I think there may be individual differences in how you respond to these things, might depend on other things that have happened to you as well in your life.

Gregory Anne

All right. So the genetic composition of us individually may determine whether we do well or not well, on a restricted.

Dr. Judy Ford

I think. I think so. Yeah. Yeah.

Dr. Judy Ford

And, you know, I, for instance, had to have my gallbladder out after I had my first child. And now this I think has made, not having a gall bladder, I think does influence your life in many ways. So there's a whole lot of things like that that affect people that, you know, so it's very hard to work out all the individual differences.

Gregory Anne

Speaking of individual differences, would you say--I'm not going to hold you here, not put you on the spot--do you think that the future of medicine is in genetics in terms of devising medicines for people with a specific disease? I'm not talking about anti-aging.

Gregory Anne

I'm just saying, like, I know the cancer treatments are now some cancer treatments. They use a genetic profile of the person and they get the chemo or whatever.

Gregory Anne

Do you think that that will be become more common rather than just for cancers, that it might be also for diabetics and it might be for other things?

Dr. Judy Ford

Now, I don’t think it's likely. I think it may depend on how much it costs and

Gregory Anne

that's what I was thinking

Dr. Judy Ford

And how more efficient it can be, you know, I mean, there's. It's obviously a great difference between producing a very large batch of pills and producing individual medicines, and so at the moment those types of specific things are very expensive. And as we know, this tends to rule the world. So, I don't know to what extent that rule will rule out individual, but maybe we could be batched in some way. So, I mean, the simplest way of matching is this blood group.

Gregory Anne

I was wondering. Yeah.

Dr. Judy Ford

And so if we, you know, if it was found that blood groups influence some sorts of medications, for instance, you know, it would be helpful because there are obviously huge differences.

Dr. Judy Ford

And I know you referred to that video I made, I sort of mentioned the fast and slow acetylation, for instance.

Dr. Judy Ford

That makes a huge difference as to how you metabolize any sort of not just drugs, not just to the pharmaceutical products, but also foods and other things. So, where there's something like that, that is a gene that is huge, where most of you are either fast or slow and you can divide up the world like you can with blood groups. I mean, unless there's a refinement, of course, in all of these things sort of subgroups, but maybe in the bigger group, we might have some specificity.

Dr. Judy Ford

But I just can't imagine that we're going to be able to afford, it depends.

Gregory Anne

Things move so quickly. Think about when they first sequenced the first genome, how long and expensive it was. And then.

Dr. Judy Ford

Exactly, exactly

Gregory Anne

I guess we just don't know.

Dr. Judy Ford

So, yes, that's right. And certainly I think I think from ??? We'll probably see this going down to more individual levels, but for everyday things perhaps not.

Gregory Anne

Yeah, I have one last question. I want to be respectful of your time and our listeners, but there are a lot of companies here that are offering genetic testing to determine what foods you should eat.

Dr. Judy Ford
Yeah, yeah.

Gregory Anne

What do you think about that? Do we got some credibility in those ideas or?

Dr. Judy Ford

Honestly, I don't really feel that I have studied it enough.

Gregory Anne

OK, that's fair. A valid view.

Dr. Judy Ford

But I think that is probably, I mean. Maybe if you're looking for one specific gene, there would be some specific genes about metabolizing substance A or B that you could look for and you could say no, you shouldn't have X or you shouldn't have Y, but they're the sorts of things that you can sort of figure out anyway without genetic testing.

Gregory Anne

Hmm

Dr. Judy Ford

But I think when you getting down to a sort of detailed level, I think it's fairly unlikely but I don't know. I don't know.

Gregory Anne

I'm just.

Dr. Judy Ford

I'd be interested to see more of the results, actually. And I should read about it. I should read the research and see. What it says, because I haven't really read it.

Gregory Anne

Well, when you get done reading it, you can do a YouTube video for us.

Dr. Judy Ford

All right,

Gregory Anne

So, tell people how they can find you and your book, please.

Dr. Judy Ford

OK, well, now how they can find me is probably go to my Web site, and I've already got a few names that you can get to. Another way, though, it's probably easiest just to put Dr. Judy dot com. Dr. Judy Ford is all one word, dot com, and then you'll find it and then it has links to everything.

Gregory Anne

OK, perfect. And your book is titled.

Dr. Judy Ford

My book is titled Why We Age. It's available in the hard copy, but of course that has to be posted. That's expensive. It's on Amazon and Google Books as a sort of Kindle downloadable book.

Dr. Judy Ford

And there are links to how you can get that off my website.

Gregory Anne

Perfect. I could just have another hour with you because there are so many questions I know myself and my listeners have, so we might have to have you back again.

Dr. Judy Ford

That will be lovely.

Gregory Anne

Yeah, to speak specifically about genetic testing for diseases and not diseases and things like that, but in the meantime, thank you so much for your time. This has been very, very great information and very enjoyable to speak with you.

Dr. Judy Ford

Thank you very much. And lovely. Lovely to actually put a face to your name. And have a chat.

Gregory Anne

Yes. Thank you so much. People, be well til next time. I will be back again next week with another great guest. Take care.

Gregory Anne

That's the end of another episode of the Rebellious Wellness Over 50 podcast. I hope you've enjoyed it. If there's anything that you heard or hear when you tune in that you think would benefit a friend, a sister, a mother, a even some guys send to my way, would you? And if you've not ever been to the website, Rebellious Wellness Over 50 dot com

head on over there, there are resources, things that I don't always get to on the podcast that might help you age better be well till next time and stay that way.