Your Path To Overcome Insulin Resistance Transcript

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Introduction and background

Welcome back for another amazing interview, this time with Dr. Cyrus Khambatta. How are you today? I'm doing well. I'm doing well. How are you, Laurie?

I'm good. And you are coming to share this. You're not only breadth and depth of knowledge around nutrition because you're a nutritional biochemist, but you also have a special story.

Can you tell us a little bit about the work that you do and then we'll jump right into our topic for sure? Yeah. So I created Mastering Diabetes and Mastering Weight Loss, which are basically two different companies that have a coaching program who's specifically designed to teach people how to transition to a plant based diet to, number one, reverse insulin resistance, which is the primary cause of high blood glucose.

And to do that across all forms of diabetes and then to use that as a tool to lower your blood glucose, lower your agency, lower your blood pressure, which we can talk a lot about today, lower your cholesterol and lose weight permanently.

So it's a really fun process. And we've been we've helped thousands of people transform their lifestyle from the inside out. And it just it never gets old.

Perfect. Yeah. No, that's it. They're so tightly wound and bound together. So, you know, for today's topic, we really wanted to hone in on kind of like the saturated fats.

I think there's a lot of confusion about saturated fats. There's blogs and people making wild assumptions about saturated fats that it's not harmful and oh my heavens.

Insulin resistance and saturated fat

But anyway, can we get down to understanding what saturated fat has to do with resistance? Because really insulin resistance has a big part to do with hypertension, which is what my workshop will be about.

But can we dove in deeper to this really difficult, sometimes confusing topic of saturated fats? Oh, yes, sometimes confusing, always confusing topic, etc..

Overly confusing doesn't have to be this confusing. So let's talk about insulin resistance first, because if we can kind of understand what that is, then we can back up and say, okay, well, how to separate for saturated fat, contribute.

So the simplest way to think about insulin resistance is, generally speaking, people think insulin resistance is only a condition which affects diabetes.

But it turns out that insulin resistance affects almost every chronic disease that you can possibly think of. And when you become more insulin resistant, it increases your risk for all forms of diabetes.

It increases your it causes your blood glucose to do very strange things. But in addition to that, it also increases your risk for many forms of heart disease, hypertension, high cholesterol, coronary artery disease, atherosclerosis, to name a few.

And then in addition to that, increases your risk for many forms of cancer. It can also increase your risk for fatty liver disease and chronic kidney disease and dementia and Alzheimer's disease and erectile dysfunction in men and retinopathy and peripheral neuropathy.

And the list goes on. So any chronic disease that you can think of, most chronic diseases have a connection to insulin resistance, and that's why it's so important.

Now, insulin resistance is, at its root, a condition that affects your liver and your muscle tissue. And there's a lot of confusion about what it really is.

But to sum it up very succinctly, insulin resistance is a condition that is primarily caused not by carbs or carbohydrate energy. That's what the bulk of the Internet thinks.

That's what most people want you to believe. That's what the ketogenic world says. That's what the carnivore world says. That was a low carbohydrate world in general says.

But they're analyzing the and their analysis of insulin resistance is fragmented and actually biologically incorrect. The thing that causes insulin resistance is actually saturated fat.

And I know that may sound very strange for me to say that, but the saturated fat is the number one most problematic component of the human diet, in my professional opinion, having read lots of stuff on the subject and it is that it is the easiest.

It is the component of the diet that causes insulin resistance most effectively. In other words, if you fed me a high saturated fat diet and you fed somebody else a high carbohydrate diet, even if it was from refined ingredients, the person eating the saturated fat diet in me in this example would develop blood glucose irregularity and insulin resistance faster and more predictably than the person that's eating refined carbohydrates.

They both will contribute to the development of the resistance, but saturated fat will do it more predictably and more reliably. So what ends up happening is that inside of your liver and inside of your muscle saturated fat from your diet gets inside of your mouth.

It travels down your Ophiuchus, it gets inside of your stomach. Inside of your stomach. It starts to get unfolded by an acid bath from the hydrochloric acid that's manufactured by your stomach.

Then it gets inside of your small intestine, inside of your small intestine. The triglyceride molecule, which is how it enters your body, is then ripped apart from the glycerol backbone.

You end up with glycerol on one side, and then with three fatty acids. And the fatty acids can either be saturated or unsaturated. All fatty acids are then absorbed through the walls of your small intestine.

They're put into Kylo micron particles, which are these little spaceships, and there's trillions of them that are in circulation. So you can think of them as just sort of as like temporary holding space for fatty acids when they get inside of your blood, those kind of microns are then shuttled all around your body to deliver fatty acids to tissues.

So this is where things get kind of interesting when you consume a diet that's high in saturated fat or high in fat in general. Within a couple of hours of eating a high fat meal, the kilo micron concentration inside of your blood goes up.

What that means is that the saturated fat and the unsaturated fat from your meal has transferred out of your digestive system and got inside of your blood and inside of your blood.

Yeah. They're using this kind of microparticles as a transport mechanism to get somewhere. Where do they go? Number one, your adipose tissue, a.k.a your fat tissue in your fat tissues all over the place.

It's in your neck, it's in your cheeks, it's in your armpits, it's in your breast tissue, it's in your abdomen, it's in your butt, it's in your calf muscle.

It's everywhere. Okay. So the saturated fat and unsaturated fat from the carbon microparticles delivered to your

adipose tissue. And then in addition to that, it also gets delivered to your muscle and to your liver.

Those are the three primary targets of the keto microparticles. So if you're eating a diet that's high in saturated fat, what is happening is that saturated fat enters your adipose tissue because that's the primary target.

And then there's a spillover and the spillover goes inside of your liver and it goes inside of your muscle. Now, as soon as your liver and muscle start to uptake saturated fat, they can do so in small quantities because that's how they're biologically designed.

But things get a little bit crazy when that concentration of saturated fat is high, because when that happens, the saturated fat gets inside of both your liver and muscle and your liver and muscle all of a sudden go into a mode where they're they're they're up taking more energy than they were designed to take up.

And as a result of that, they basically have to find a way to slow down the amount of energy that's coming inside of the cell. So the way that they do that is by basically saying, huh, if we want to block more fatty acids from coming into this cell, if we want to block more energy from coming to cell, what are we going to do?

And the answer is block insulin because insulin is the primary anabolic hormone inside your body. It's the other hormone that's responsible for more fuel uptake and growth than any other hormone about it.

So effectively what these tissues do is they they go into self-defense mode where they say, look, there's a lot of this saturated fat that's coming in and I don't want all of this.

I want just a small amount, but you're giving me too much. So if I just block the use of insulin or my response to insulin, then that means that I can partially block all of the saturated fat from coming in.

So that's what they do. So they play the insulin resistance game by initiating insulin resistance inside of themselves. And as a result of that, the inside receptor doesn't work as well.

And the ability for fat to get inside of these tissues goes down. So they're protecting themselves against a fatty acid, a continuing fatty acid increase.

So what that means is that the very next time you go and try and eat a banana or a bowl, black beans or quinoa or something that contains carbohydrate, well, guess what?

Insulin gets secreted by a pancreas goes knock, knock. Hey, I got some glucose in the blood. I want to take it up, and both of those tissues go, Sorry, I can't do this right now because I'm playing in some resistance.

I can't even pay attention to insulin because I got to take care of these fatty acids that first came in and deal with them. So you can really think of insulin resistance as basically being a traffic jam.

It's a metabolic traffic jam that starts with saturated fat and then results in high blood glucose because the saturated fat causes the insulin resistance game.

I hope that makes sense. No, it makes complete sense. So I think it's important to understand that people need to there's these differences between subcutaneous fat under the skin where we're supposed to store and then the visceral fat and ectopic fat.

Can we talk a little bit about why it's an issue that these muscles in the liver, in the visceral fat are growing because the subcutaneous fat in and of itself becomes into resistance, which causes inflammation and all.

They're skinny. Highlighted a little bit. For sure. For sure. Great question. So there's effectively like two primary depots, just like you're saying, there's what's called the subcutaneous depot of adipose tissue and then there's also the visceral depot.

Okay. So the subcutaneous that subcutaneous basically means under your skin. Okay? So under your skin means it's the layer, it's the type of fat that exists, you know, like in your forearms and in your biceps and underneath your shoulders and underneath like right underneath this the surface, and it's distributed all throughout.

Visceral vs subcutaneous fat

And then you have the visceral depot, and the visceral basically means it's protecting your viscera to your viscera effectively means your digestive organs in the center of your body right here in your abdomen.

Okay. It turns out that research has demonstrated that the visceral depot is much more problematic than the subcutaneous depot. Why? While I didn't invent the human body, but that's the truth.

So when you store significant amounts of fatty acids inside of your visceral depot, that increases your risk for many metabolic conditions, including type two diabetes and pre-diabetes, including many forms of cancer, including heart disease as well.

And we have to be very aware of the fact that you don't necessarily have any control over whether where where that fat gets stored. It's not like when I'm eating an avocado, I can basically be like, hey, avocado, I would like you to go into my left arm.

I don't want you to go inside of my, you know, close to my belly button because that's not where you're supposed to belong, right? I don't get to choose that.

It's determined by many different factors. You know, and it's determined by your sort of like primary individual biomechanics. But the fact of the matter is, when you become significantly insulin resistance, you are fueling both the visceral depot primarily, and then you're also fueling the subcutaneous depot.

And the combination of the two of those can become very problematic because your glucose to do weird things and it can also significantly increase your risk for many cardiovascular conditions as well. Right.

Because I mean, the resistance I mean, we're talking about endothelial function issues with within the arteries themselves, you get sympathetic nervous system activation, you get sodium retention fluid.

There's so many parts to the resistance in hypertension. And so then also you kind of get there's an obesity issue. So people talk about, you know, the apple shape.

You know, someone is storing more of their fat within their abdominal carrier at higher risk for heart attacks and strokes and high blood pressure versus somebody more like pear shaped because at the stores and we're in the subcutaneous fat, so.

Correct. Absolutely. So how do we approach this inside resistance, number one? And how does someone know they have enough resistance number two? Then what would be the appropriate way to approach reversing?

And so resistance. Great question. Great question. So I think actually, I don't think I answered a previous question that you had, which is, you know, what is the connection between, you know, insulin resistance and, you know, hypertension or what is the resistance, the connection between some resistance and cardiovascular disease?

So one thing that we want to go backwards here when we talk about saturated fat particularly, is we we establish that saturated fat can trigger the beginning of insulin resistance.

And as saturated fat continues to be present in your diet, it can fuel the insulin resistance fire. And that is, again, that's been backed by a wealth of scientific knowledge.

This is not just like Cyrus's opinion and it's not Laurie's opinion.

Cholesterol, plaque, and cardiovascular risk

This is this is this is fact at this point. And there's really no disputing it. Okay. But saturated fat is not only a trigger for insulin resistance, which can then become problematic for our blood vessels, but saturated fat is also the the single most powerful molecule for increasing your cholesterol level.

And that's really important to understand because most people think that the amount of cholesterol in your blood is just determined by the amount of cholesterol that you eat.

It's just simple. It's it's just a game of trading cholesterol. So if I eat a lot of cholesterol, then my blood cholesterol might go high. That that could be a true statement.

And then if I lower my cholesterol, then my blood cholesterol should also go down. That could be a true statement as well. But it's most things in biology don't just have one input in one output.

They usually have two, three, four or five, seven, ten, 15 inputs and a couple of outputs. Right. And so this is a perfect example of your blood cholesterol. Yes.

It's determined by a cholesterol level to a certain extent. It's also determined by how much cardiovascular exercise you get. It's also primarily determined by the number one risk factor, which is how much saturated fat you eat.

In other words, if you turned to me and said, Hey, Cyrus, I want to raise my cholesterol, what is the single most powerful thing that I can do to raise my cholesterol?

I would tell you, just go eat more saturated fat because that's the most powerful way to do it. And we know this because back in the 1960s there was a gentleman named Dr.

Haeg said, and he developed this thing called the ecstatic Vision. He did so many he did a very thorough analysis to try and determine what is the effect of cholesterol versus what are the effect of saturated fat.

And he developed literally a mathematical equation that said, for this much saturated fat, I know that your cholesterol will go up by this much and you can literally plot it.

And it and it tracks it. It predicts how high your cholesterol is likely to go based off of your saturated fat input with a very high degree of accuracy.

And since that time, many people have built upon that work and shown over and over again that, yes, saturated fat actually is very influential. Right.

So it's very important to understand that like saturated fat is implicated in insulin resistance, but it also increases your cholesterol level. And when you increase your cholesterol level, that can then significantly increase the risk for arterial plaque, which can then set the stage for atherosclerosis, the hardening of blood vessels.

And then just like you said at the beginning, the cycle goes on. All of this stuff is so interconnect coated that when you develop one thing, it's easy to develop another and another and another.

And before we get to my next set of questions that we had with the resistance, like eating and reversing, can we talk a little bit about because this is you know, we're talking about nonalcoholic fatty liver and that implement inflammation is occurring here.

So there is you know, people are saying, oh, well, when you eat fruit in the fruit toast, it's associated with fruit. They're like, well, that would cause that.

We know it won't. But can you explain why fruit is okay to eat, please? Yes. Yes is yes. Okay. Again, another another perfect example of like stuff that's really confusing.

That doesn't have to be it really doesn't have to be. Okay. So here's the way that I think about fruits and vegetables and legumes and whole grains and practically all whole foods that come either directly from the ground or from a tree or from a bush that require minimal processing or zero processing to eat.

Okay. Whole Foods contain nine classes of nutrients and all of these nine classes are very important for digestion, for your microbiome and for nutrient transport.

And those nine classes include, number one, carbohydrate ever, two fat, number three protein. Those are the three macronutrients carbohydrate fat protein.

In addition to that, there's also six classes of micronutrients that includes vitamins, minerals, fiber, water, antioxidants and phytochemicals.

Why whole plant foods help

Okay, so if I picked up a piece of broccoli or some chickpeas and I turned into a tiny little microscopic person, and I went straight inside of that and I was like, Huh, I wonder what's inside of this food?

Let's take a look. What I would find is that in every single whole food, regardless of whether it's a fruit, vegetable, legumes, whole grain, you name it, green mushroom, you would find every single one of those classes of micronutrients and macronutrients.

You would find carbohydrate and fat and protein, vitamins, minerals, fiber, water and toxins and other chemicals and every single one of them. Okay. And that's really important because when you're eating whole foods, the whole foods, when you're eating all of those classes of nutrients, what ends up happening is that they all have a very there's a there's a interconnected nutrient metabolism that happens inside of your small and large intestine that is very important, that enables all those nutrients to be digested, absorbed and transported properly.

Now, fiber in particular is one of my favorite nutrients of all time because 20 years ago, researchers used to think that fiber was just like, I don't know, just like inert.

It was this thing that was in food and it just kind of like, didn't get digested by you, and it just ended up in your poop. And that was the end of the story.

But we've come to learn so much more about fiber. There's many different types of fiber, everything, the whole food contains multiple different types of fibers and those fibers, even though you cannot digest them because you do not produce the enzyme called cellulose to break down the cellulose.

That's okay. You're not designed to make that cellulose. Guess who does? The 38 trillion bacteria inside of your large intestine, they make lots of cellulose and their job is to take the fiber that you cannot digest and break it up and cut it and cut it and cut it and cut it and cut it into individual units, which are glucose units.

Surprise, surprise, absorb those glucose units, use it to fuel their metabolism. You use it to replicate and then use it to colonize your gut even more so that your microbiome is even stronger over the course of time.

So the fiber is vitally important for nutrient transport, for digestion and for your microbiome health. Your microbiome is then the gateway for your immune system.

It produces short chain fatty acids which are necessary for all tissues, their signaling molecules which have very profound effects on all tissues, but also fiber, can slow down the rate of glucose absorption.

It slows down the rate of all nutrient absorption inside of your small intestine a little bit higher up in this compartment. So that's a very good thing because basically what that means to answer your question is why should I be eating these foods in the first place?

And my answer is because, number one, they contain all nine classes of nutrients. Number two, because they're high in fiber content and fiber is fantastic for you.

And number three, they're also very high in micronutrients. The vitamins, minerals, water, antioxidants and phytochemicals that tend to be very low from the animal based world.

So when you're eating these foods, what the research demonstrates is that these types of foods actually do a very good job of helping to reverse that insulin resistance phenotype that I talked about earlier.

And they're low in saturated fat. They're low in overall fat, which means that the saturated fat that's already accumulate outside of your liver and muscle, well, guess what?

That starts to get oxidized because there's now less coming into your mouth. And the saturated fat that raise your cholesterol, well, guess what? Your cholesterol levels are likely to go down because there's less saturated fat coming in your mouth.

So you can really think of eating a whole food plant based diet as as a way to get a to a to maximize your nutrient intake, to maximize your fiber intake and to minimize your saturated fat intake.

And when you do all three of those, you end up significantly improving the condition of your blood vessels and your liver and your and your muscle tissue simultaneously.

And all three of those are good because they end up reducing your chronic disease risk. Okay, sure. So what about oils and certain plant foods like coconut milks and stuff?

They have high such effects. Tell us, what should we be looking for and avoiding or doing about those things? Okay, cool. So what we have found through, you know, oil is another one of those contentious subjects.

Should you eat it? Should he not eat it? How about seed oils? How about coconut oil? Is this good? Is not good. What if it's virgin olive oil? Is it okay? Is it not okay?

Is it needed for heart health? There's a lot of very confusing messaging around oil. Admittedly, the oil research is kind of confusing to read. When you when you open the literature and you read, you know, randomized controlled trials, you find a lot of varying results, whether or not oil was actually beneficial for cardiovascular health and or lowered blood glucose.

And then, you know, when you dove deeper, sometimes there's positive benefits and sometimes there's negative benefits and you walk away from this thing, you're like, I don't know what to conclude.

This is very challenging, right? So one of the things that we have learned over the course of time through work with thousands of people is that oil is the number one, the number one component of the diet that increases blood glucose concentrations.

Oils and coconut fat

In other words, if you're if you're living with prediabetes or type two diabetes or even type one diabetes like myself, and you're trying to control your blood glucose because that's a sort of, you know, it's high and you're trying to bring your agency down into trying to reduce your blood glucose variability.

If you are eating oils in your diet and you are simultaneously also trying to eat the way that I'm describing, the way that Laurie's describing with fruits and vegetables and legumes and whole grains.

It's not going to work. It's very challenging to make that work. And what we instruct people to do is reduce their intake of oil and, if possible, eliminate their intake of oil.

And what we find is that people who have a preexisting chronic disease like prediabetes or type two diabetes or type one or people who are living with hypertension, high cholesterol, coronary artery disease or atherosclerosis, they end up seeing significant improvements in both their blood glucose as well as their cardiovascular disease profile in a very short period of time.

So it's our general recommendation to try and lower your total oil intake. And if you can eliminate it, then go ahead and eliminate it. Does that mean that you're missing some key nutrients?

Well, not that necessarily, because you can get again, you can get plenty of these key nutrients, plenty of these macronutrients and macronutrients directly from the food that you're eating without it pressing into an oil in the first place.

Okay. Now, coconut oil is my is the one oil that I think just gets like so heavily marketed with misleading science because they say, well, coconut oil is a short I'm sorry, is a medium chain triglyceride known as an entity.

And what that means is basically triglycerides are the glycerol backbone with three fatty acids attached to it. So three fatty acids try and then glycerol means glycerol.

Glycerol means glycerol right here. So three fatty acids attach to that. So under normal circumstances, if you were to go into a microscope and take a look at what is the triglyceride look like from a piece of red meat, what you're likely to find is that the glycerol backbone is the same, but the fatty acids are long.

They have like 16 to 18 to 20 carbons in each one of them. Okay, those are considered long chain fatty acids. But if you look at this, the coconut, the length of the of the fatty acids inside of coconut oil, what you'll find is that they're actually much shorter.

They're something like 12 or 14 or sometimes as low as 8 to 10. And that means that they're actually medium chain triglycerides. So the marketing around coconut oil is that we didn't change.

Triglycerides don't trigger insulin. Resistance of medium chain triglycerides are actually very powerful for you because they're fuel for your digestive system.

And the truth is that some of that is true, but some of most of it is exaggerated. The fact of the matter is, it's a fully, fully saturated fat, 100% saturated fat.

And so when you're eating 100% saturated fat, just like I talked about earlier, it's the most potent trigger for Indian resistance. It's also the most potent trigger for high cholesterol, regardless of whether it's a medium chain or a long chain.

So don't believe the hype, in my professional opinion. If you want to use coconut oil, use it all day long. Just don't eat it. Put it on your skin, put it in your hair, put it on your nails.

Do whatever you want with it. Just don't put it in your mouth. So what about like the whole coconut? Okay, the whole coconut, yes. So the whole coconut is a totally different ballgame.

If you want to eat the whole coconut, by all means, do it. Now, there's when you open a coconut, you can either get the sometimes you get like a baby coconut that has like a sort of fleshy like a what's the word I'm looking for?

It's almost like a creamy flesh that you can scoop out with a spoon that's a young coconut. And when you do that, that flesh is actually primarily carbohydrate content with a small fat content.

Now, if you open a coconut that's been alive for a long period of time and is aged, you'll get the thick white coconut meat, which you try and scoop with a spoon and you can't because it's really hard.

That is primarily fat with a very small carbohydrate content. Okay, so my recommendation is go for the young

coconuts, not the old coconuts, but if you're going to eat the old coconut meat, that's okay, fine.

Just have a little bit, but try and limit your intake of it because again, it's primarily saturated. Perfect. And so basically when it comes to the insulin resistance picture, it's primarily eating whole to plant based.

This is already low saturated fat, more likely to lose weight and things are going to shift. And you said very quickly, can you give a timeline? Because I think people ask a lot of questions regarding timelines also around how quickly can they get.

Well, yeah, for sure. So the beauty is that reverse engineer, the human body is a phenomenal machine for a thousand reasons. But the human body can withstand an incredible amount of abuse for a very long period of time before it shows any symptoms.

So you could be eating. You could be smoking lots of cigarets before you even show the beginnings of lung cancer. You'd be drinking a lot of alcohol before you show even the beginnings of liver damage.

You could be eating a lot of saturated fat before you see even the beginnings of a high cholesterol value or insulin resistance. And there's so many redundant mechanisms inside of all tissues that try and, you know, improve your health and try and prevent these insults from causing disease down the road.

Right.

How quickly results can improve

But let's say that you you know, you've been eating low carbohydrate diet for a long period of time or you've been eating standard American diet, not exercising, maybe drink a lot of alcohol.

And before you know it, you're like, great. Now I got this thing called hypertension and I got to take some hypertensive medication. Or maybe my cholesterol got high.

What am I supposed to do right? Or maybe I got diagnosed with type two diabetes in my A-1. C is now 7.4. What am I supposed to do? Okay, if you start eating the way we suggest what you are likely to find is that within the first month of eating this way, you will see a significant improvement in your blood glucose values.

You will likely see a significant reduction in your blood pressure and could also see a significant reduction in your cholesterol values. Okay. Now, when I say significant, it's different for each one of these biomarkers.

What we have seen historically is that your blood glucose in the first month, I kid you not can drop by a minimum of call it 25 to 30 points at a very smallest.

And we see drops as high as 100 to 120 points, fasting blood glucose, first thing in the morning. It's it's unbelievable. Right. So we're talking 30 days to a significantly reduced lower blood glucose.

That's a good thing when it comes to hypertension. We've seen, again, some of the research that was conducted back in the 1950s with Dr. Walter Canter demonstrated that within only a month that he saw a reduction in blood pressure of about 50 points in their systolic and about 50 to 40 points in their diastolic right in the first month, which is a big deal.

Right. And then also cholesterol values. You've got to measure your cholesterol level once every three months. But if you happen to check it 30 days after you start, you could see a reduction in total LDL of something like 15 to 30 points.

It's very doable. But you tell me, Dr. Marbas, is that what you've also seen in your practice thoughts? So I'm going to tell you some recent things. I had a patient to whose blood sugars were literally what they were in the CGM hitting for hundreds within six weeks.

Her fasting blood sugars are less than 120 speaking crazy, right? With no medications and cholesterol dropping, I seen total cholesterol drop 120 points in 30 days.

I have seen I'm just throwing out the cases. I had patient stop 60 units of insulin in 72 hours. I've seen patients reverse diabetes. They've had for 20 years like blood pressures.

People were on four medications. I well, one in particular, Janet Rua, who I've interviewed on this fight and my thought I guess drop she three blood pressure medication she had for over 20 years within 30 days.

So I mean it's just mind blowing what these plans can do for you. So, yes, 100%. It's a it's an amazing thing. So it sure is. I love it. I love it. Yeah. Well, thank you, Cyrus, for so much.

And you guys definitely see all the links below for Cyrus's amazing programs and you will now be led down a wrong that this is the way to go. Totally amazing amazing resource.

So thank you so much for being on the summit, Cyrus. Thank you. Dr. Marbas, as always, pleasure talking with you. And I appreciate you inviting me to be here.

Absolutely.