Caspar (00:00:00):

We are built to heal ourselves, and stem cells, often operating behind the scenes, hold a wealth of untapped potential for our well-being. Our guest today is a pioneer in unlocking that mystery. With an impressive background as a stem cell scientist, author of five books, and founder and CEO of the first stem cell supplement, he brings over 30 years of expertise to the table. This is the Story of STEMREGEN with Christian Drapeau. Did I say that last name right? Christian, is it you?

Christian Drapeau (00:00:28):

Did you you did Drapeau <laugh>.

Caspar (00:00:30):

I, I didn't wanna go too French with it. It was like a, a middle of you know, I'm, I'm American, but I I have a European side to me too. So, Christian, thank you so much for coming on.

Christian Drapeau (00:00:40):

My pleasure.

Caspar (00:00:41):

Now, the thing about stem cells that, that I first think of is that there is a lot of mystery behind it. Mm-Hmm. <Affirmative>. It was at, at a time, many years ago, kind of seen as this, this will, you know, change everything. We will be able to grow limbs and just regenerate. And that was, you know, over a decade ago where you had this promise Mm-Hmm. <Affirmative>. And there were regulations and a lot of, a lot of different, I think, misconceptions about what stem cells are, aren't, and what they can do. Can you maybe start there by clarifying what exactly are stem cells and why are they so necessary for health?

Christian Drapeau (00:01:19):

Okay. We'll probably need the, the hour to, to go through all of that in layers. 'cause There are a lot of layers. So I hopefully we can cover a lot of this during our, our, our talk, but, yeah. But where I would like to end with this whole presentation of stem cells is people realizing that while stem cells appear and have been talked about so much as being a treatment, technological development, cutting edge research, like something very sophisticated medically, in reality, it would be like if today we discovered suddenly the immune system that we did not know about it, and suddenly everything would appear so novel, so sophisticated and stem cells are like that. They are something, they have always been there. You are alive today because you release stem cells every day. They are your innate repair system, maintenance system. They play a, a daily crucial role in your survival.

Christian Drapeau (00:02:16):

And we're just now lifting the cover on it. So it appears as something super novel and somewhere I would like that dust to settle so that we can see through all of this and realize it's just, it's just a normal part of my physiology. So what they are, to directly answer your question, it's called it the mother cell. Like in 1905, there was a Dr Alexander Maximow Russian scientist. After a lineage of those scientists who observe various types of lymphocytes, they observed that when you look at all the lymphocytes in the blood, you can see that they seem to all emerge from one original lymphocyte. So after all that, that work, Alexander Maximow look at all of this and basically said it looks like there is one mother cell that gives rise not only to all blood cells, but all cells of the body.

Christian Drapeau (00:03:06):

We are in 1905. At the time the idea is too, is just too new. It's just, it's too provocative. So it's forgotten. And it came back in the fifties after an accident and a nuclear facility in, in in the Czech Republic with Czech Czechoslovakia at the time. And and people were eradiated. And we knew from Hiroshima that if we don't give them stem cell injection, sorry, blood transfusion, they can no longer make blood. So we will have to give them blood like every two, three months. And after one blood transfusion, they're fine. They're making their own blood. So it brought back this whole idea, well, it looks like there is a mother cell that once injected. So I'm giving you something that sort of, the history about it came. And as we looked at all of this, we discover in the early 2000 that that's stem cell known now for five decades to be the precursors to blood cells.

Christian Drapeau (00:03:58):

Well, guess what it's doing? Like what Alexander Maximow expressed a century ago, they are the mother cell of the body. So a stem cell is a cell that resides in your bone marrow that is going to be released from the bone marrow going to every single organs and tissues of the body migrate in there and form what is called the tissue specific stem cells, the stem cell layer of that tissue that is essential to repair and maintain that tissue. And whenever there's a damage that goes beyond the repair capacity of, of that stem cell layer, stem cells from the bone marrow are released to come and assist in that process of tissue repair. That's really what stem cells are and what they do in the body.

Caspar (00:04:40):

Yeah. And it's, it's a very important function, but it's also many different ways we can go about looking and achieving optimal stem cell health and getting more stem cells into the body, which is what you've been doing for a long time, figuring that out. Most people understand stem cells is, I believe, a, a two road street. There is one that comes from outside the body, let's say embryo or, or you know, fetus or something, which has been outlawed in some ways in the United States and always really Mm-Hmm. And then there's the one where you go into the bone marrow where you would Mm-Hmm. Go in through a large needle, pull out those stem cells Mm-Hmm. And then re-inject them. Painful. Painful, yes. Painful. But there are other avenues as well. Can you talk about how you created STEMREGEN as a third avenue to this, where most people see this as a two-way street?

Christian Drapeau (00:05:33):

Yeah. So, and I want to comment on what you just said. What you just expressed there is what everybody knows about. You go somewhere that takes stem cells from a source, which could be external to you or from you. We tweak them in the lab, oftentimes don't do anything to them, and we reinject them to you. So we increase the number of stem cells in circulation through an injection, not knowing that you release them every day and you can release them from the bone marrow. And that's the approach that I have studied, just to put that in the context of what people normally hear about stem cells. So for me, it, so it started in 1995. So I was working with blue-green algae from Klamath Lake, AFA and I was hired to study the mechanism of action of how this plant, this, this microology was working in the body because DSHEA had just been passed the dietary supplement Health and Education Act and companies had to have science to back up any of the claims that they would make in a product.

Christian Drapeau (00:06:31):

So I did the work. We very quickly identified the anti-inflammatory properties and mechanism of action of AFA, its effect on the immune system and its effect on concentration, mood, elevation, to the point of being at times antidepressant. So we documented it very quickly. But as I'm doing all this work, I come across people who reversed multiple sclerosis, liver failure, kidney failure, diabetes, heart disease, Parkinson's, Alzheimer's, Emphysema. So, so the question from a scientific point of view is what is this microology doing to help someone's liver, someone else's heart, someone else's lung, pancreas, brain,

spinal cord, skin joints what is the common denominator? A plant does not do a thousand things. So what is the common denominator that would lead to all these kinds of benefits? And for about five years, we had, we did a number of, of, of studies one of them, for example, at at a hospital linked with Harvard.

Christian Drapeau (00:07:28):

We got great data, but you take a little bit of distance. And while the data is, the data is great, it does not explain what we're seeing really. So it was a mystery for a while until early 2001, I came across a, a paper. The title was Turning Blood into Brain. It was to my knowledge. So my background is, is brain research neurophysiology. We were told the brain does not regenerate. This is dogma. And here's a paper that describes stem cells only known to be precursors to blood cells, leaving the bone marrow going to the brain and becoming a brain cell. I mean, breaking two dogmas of, of medical science. I thought it was very interesting. So I went to the local library to see what else I could find. And I found one study documenting that stem cells could go to the heart and become heart cells.

Christian Drapeau (00:08:15):

And another, another one talking showing that stem cells could go to the liver and becoming liver cells. So my thought we're in 2001, if stem cells can become heart, liver, and brain, why not pancreas, skin, lung and the rest? Makes no sense that there's a, a process for stem cells to become brain, heart, and liver and not the rest. So it was just a matter of time. Scientists will document the, these other tissues. So let's assume that they can become everything. How do you want stem cells to become everything in the body? And it's not their function. You don't, you your, your eyes, your retina now, responds to light. It's not random. It's for the very purpose of you perceiving light. So if stem cells becoming a brain cell, it has to be its function. So they have to be the repair system of the body.

Christian Drapeau (00:08:58):

So we published an article in a journal medical hypothesis. We suggested that stem cells were the repair system of the body. And what if in the back of my mind, what if that microalgae worked as a stem cell mobilizer, putting stem cells in the blood circulation, they will go into pancreas to the diabetic, the, the, the lung of the emphysema, the heart of the heart patient, the brain of the Parkinson's patient. And we should see a broad variety of benefits. So we acquired the equipment to count stem cells. We started to count stem cells. And we discovered that plant was indeed a stem cell mobilizer. Something that nobody had looked at before because it was not a thing. So I stopped everything and ev in my life basically took the direction of stem cell research. So that's how we discovered plants that could act as stem cell mobilizers.

Caspar (00:09:45):

So, so tell us a little bit more about, you've discovered this, you're utilizing plants now to activate or at least release these stem cells within the human body. What was the, the process like of selecting the specific ingredients 'cause I looked at them, there's some Berry Sea Buckthorn and other ingredients in there. They're very interesting. And of course, there's so many plants out there. So what was it that led you to this combination?

Christian Drapeau (00:10:10):

Okay, yeah. I, I'm sure it looks for somebody not knowing the story, looking at the list. And they just look at like an eclectic so list of, of various ingredients. And every single one of them has a very, very specific history. So we discovered that AFA, this blue-green algae triggers the release of stem cells. It done then becomes obvious to me. So we had to spend about five years to complete a determination of mechanism of action, active compound, proof of concept, filing the patents, you know, all of that work. Once all of this was done, what was always in the back of my mind was if we, we evolved in symbosis with the

environment, the moment we discover one plant having an effect on stem cells, there could, it's, it's impossible that there's only one plant in nature that has this, this effect.

Christian Drapeau (00:10:56):

Just like you discover that, I don't know, carrots have betacarotene. Well, soon you discover that it's not the only thing that has, that has carotene in them. You discovered that echinacea has an effect on the immune system. Guess what? It's not the only plant. So same thing with stem cells. So how do you find them? So I dove into scientific literature and I started to look at what else has been historically associated with many kinds of health benefits. But we don't have a clear mechanism of action. And it's pretty much all those plants, oftentimes referred to as adaptogens. And we talk about these plants as being, having an effect on the immune system. But if you look at the immune system, the immune system only kills bacteria virus. I mean, it does not repair. So to, to suddenly make this huge jump that by stimulating the immune system, you get all these benefits touching various aspects of human health.

Christian Drapeau (00:11:47):

We just have to look at it and just think, okay, scientists were creative. But it's an expression of not knowing. You need to fill that void with some form of explanation. In reality, there was no real explanation as to what was the mechanism of action. So we simply hypothesized, what if these plants simply released stem cells? So we looked at goji berry, medicinal mushroom seaweeds, and a lot of those known plants. And what we discovered very interestingly is that most of those don't release stem cells. They make stem cells migrate into tissues. And at first, when we saw that we were puzzled because we had studied so far release, we thought, okay, the machine is, is wrong, so we need to clean the machine. Then later on, the antibody is wrong. So we throw the antibodies away, we buy another batch. Oh, the regents must be contaminated, we throw.

Christian Drapeau (00:12:33):

And after doing all of these cycles, a few months later, we realize it looks like it's a real response. So if I summarize that in a few words, these polysaccharide increase the density of the receptor at the surface of stem cells that stem cells utilize to detect tissues that are in need of repair. So that means these stem cells now being more responsive as they leave the blood to go into those tissues, well, they disappear from the bloodstream. So we measured that huge drop in the number of stem cells in circulation. And so we identified those. And then after that, I went into remote areas of the world. So you talk about Sea Buckthorn Berry, I was in China. I had a chance to speak with a number of biochemists in different settings. So like, it was not one meeting. It's important to, for you to understand the impact that it had on me.

Christian Drapeau (00:13:22):

So I mean, three different biochemists working with traditional Chinese medicine plants. And I asked them, you're lost on an island and you can bring only one plant of the entire Chinese pharmacopia. What do you bring with you? I was expecting something sophisticated, exotic, I don't know, astragalus, things that have had lot of documentation. And all three told me Sea Buckthorn Berry. I I was very surprised. I, I knew the berry, but I mean, honestly, I didn't think, I didn't think anything big of it. So I dove into scientific literature. And what I discovered is that it was used for a long time in traditional Chinese medicine, Tibetan medicine, Mongolian medicine for problems of the lung, of the heart, the cardiovascular system, the pancreas, the liver for helping accelerate repair from burn or bone fractures. Look at the spread of benefits. That's telling me it's likely to have an effect on stem cells.

Christian Drapeau (00:14:16):

So then we, I dove in the literature to see what were the active compounds normally associated with the benefits of, of something like Sea Buckthorn Berry, and they're all the polyphenols. So we made an next track, concentrating the polyphenols. We tested it in the lab, and then we saw a re a significant release in the number of stem cells. Another super interesting one is Aloe Macroclada. So my wife is an actress. So there was this event in in la where I was there. And oftentimes this is not my crowd, you know, so I'm sort of in a corner. And at that meeting, there was a pharmacist who had traveled the world looking for plants for Alzheimer's and Parkinson's. So we started to talk, and I asked her, have you come across a plant where the healers? And so she traveled into like Madagascar, Papua New Guinea, South America, the Congos, things like this.

Christian Drapeau (00:15:06):

And have you come across a plant where the healers are telling you, use that plant. It's good for everything. So she tells me nothing is good for everything. So I explained to her what I'm looking for. I'm looking for a plant that does one thing, stem cell release. It's only one thing, but it will be experienced by people as many benefits. And she said, well, interesting, because yes, on trip to Madagascar, on the way to the airport, her translator and guide stopped at a market, scoop a full bag of these black beads and said, study that. But you tell a scientist study that, what do you do? You study it for what? So, so it was in her freezer for five years. So she sent me those beads, we tested them, and we saw the strongest response that we had seen so far.

Christian Drapeau (00:15:50):

And it's it's a product in Madagascar and only there, it's used only there. It's called Vahona. And of 65 species of Aloe that the avid Madagascar, they develop Vahona out of one species called Aloe Macroclada. And it's used for changing your hair color to bring it back to its natural hair color. Something that I discovered or realize is a hallmark or a characteristics of almost all the plants that are releasing stem cells. They've been documented in their history to do that. And then back pain, liver problem, digestive problem, and to help older men going back to the field and being able to work in the field in their eighties, in their nineties. So it seems to fill the profile of a stem cell mobilizer. So we tested it and we saw the strongest response that we've had so far. So all the plant in the formula, we have discovered them one at a time and in the lab as having an effect on stem cells. When, once, when I discovered that some plants trigger migration, then I started to combine them together because it's good to release stem cells, but they only do something if they can migrate in tissues. So by combining both, then we started to see a stronger experience by people consuming the product. So that's what STEMREGEN is. The the five top plants that we have documented act as stem cell mobilizers, releaser, putting more stem cells in circulation, and the two top ingredients triggering their migration into the tissues.

Caspar (00:17:21):

For someone wondering what the difference would be in effectiveness, how would you say STEMREGEN would compare to a stem cell therapy where you're actually extracting out of the bone marrow?

Christian Drapeau (00:17:33):

Okay, I cannot legally compare STEMREGEN to a medical treatment. So let me not answer the question directly as you asked it, but let me kind of give you information around, around the topic. You get a stem cell injection, it will be normally about a hundred million stem cells. You get about roughly 15% survival. So about 15 million of these stem cells in your body are there to be effective. And they do their job, they do it very well. So stem cell injections are effective. But you will see that a typical stem cell injection, unless you do a lot of other things to support stem cell function in the body, and many clinics do that you will see probably 30% of the people saying it was great, 30% saying it was okay. And 30% tell you I

wasted my money. We are not, we have not yet resolved the whole physiology of how we can support the role of stem cells in the body.

Christian Drapeau (00:18:28):

Now you take two capsules of STEMREGEN, you will release on average about 10 million of your own stem cells. So you take, you do this, let's say two, three times a day. You have released 20 to 30 million stem cells on that day. You do this every day for a month. You have released between 300 million in, and a billion of your own stem cells. And you can do this for long periods of time. A stem cell injection is a one-time event. So to really compare both, we're doing a study right now on congestive heart failure. It's done in Madrid and Miami. So we take patients, individuals that have been at least for two years with stable chronic congestive heart failure. They've had all the treatments that normally you provide to people with congestive heart failure. And they are at a place where they have an ejection fraction, which is the amount of blood ejection by the heart of less than 45%, which is one way of diagnosing congestive heart failure.

Christian Drapeau (00:19:23):

So the typical experience of that person, you take a walk for two, three blocks, one block, oftentimes you need to stop, sit down, catch your breath, and and we put them on STEMREGEN two capsules, three times a day, or we put them on, we provide a stem cell injection or third group. We do both. And so far in the study at this point, it's an ongoing study, but we've had 10 patients going through these phases. And we get within six months of taking STEMREGEN with this blend of plants. We get all 10 patients having normal heart function after six months. With stem cell injection, we get about the similar outcome a little bit better. And if we take the combination of both, we get about twice the benefits. So what is slowly emerging from this is that if you can afford a stem cell injection, make sure you support your own stem cell release after the stem cell injection. This is how you get the best benefit if you cannot afford stem cell injection releasing, just supporting the natural ability of the body to support the release of its own stem cell. So basically, we're tapping into the body's innate ability to repair that is enough to help parts of your bodies to repair and have a significant impact on your, on your physiology or quality of life.

Caspar (00:20:41):

Yeah. What, what you're talking about is something I think you're starting to see across kind of the wellness, and definitely in the medical, medical spectrum, it's this ability to provide the body with numerous different sources of something that's very beneficial. Mm-Hmm. <Affirmative> in the case that I see a lot of here at our center and other centers around the world, utilizing something, let's say like NAD. NAD in intravenous format will give you that boost. You could also do different types of format precursors or supplements. And what we've been able to see is the more areas you could get NAD into the body, the better off are the results. If you do intravenous and let's say a nasal or a patch or something, you're going to get better results than just one of them alone.

Caspar (00:21:22):

But I wanna go back to something you harped on a little bit before is this idea that when you did some stem cell therapy, when I've seen people in the, I, I've kind of, you know, spoken to people who've done this, even Dave Asprey is one of the people that did so much stem cell therapy and absolutely a proponent of it. But there are those 30 or so percent that say it did nothing. I spent a lot of money, it didn't Mm-Hmm. <Affirmative> it did nothing. And then there are people out there that saying, well, stem cells by themselves sometimes do not know where to go. Sometimes they, they just enter the system. And without some triggering or some other cells, of course, telling them where to go, they may not go to the place they have to go. Mm-Hmm. <affirmative>. And one of those things are things like platelets. And I've heard that, you know, first give a platelet therapy, PRP or something, then provide the stem cells. You may get

more. What are your thoughts on that? Because it, it is, again, some confusion. Are stem cells the one going to the area or other Mm-Hmm. <Affirmative>, other cells in the body kind of Mm-Hmm. <Affirmative> being the signal saying, come here, we need repair. What, what are your thoughts on that?

Christian Drapeau (00:22:31):

Okay. There, there's a lot of layers here in that question. Let me start by the later part of your question. When you use platelet, that is something that a lot of people are unaware of, even people who do platelet rich fraction or platelet rich plasma, is that when you do this, you obviously concentrate the platelets. But in that fraction, there is a type of stem cells that have received various names in the past, let's say 20 years of 15 years of research. They have been called blastomere like stem cells, blastomere's the embryo. They have been called adult multi potent adult stem cells by other groups. They have been called very small embryonic like stem cells by other groups. Right now, this name VSELs, VSEL, yeah. Is the one that stick, that has stuck the most in the literature. Yes.

Christian Drapeau (00:23:16):

And in the general population, general public and practice, medical practice. So these cells are about the size of a platelet. So you find them in the platelet-rich plasma. So when you do a platelet rich plasma, you do a stem cell injection. This is stem cell therapy. These cells contribute to other stem cells can be found in a quiescent state and an activated state. And there are ways that you can activate them. For example, the blue-green algae that we started with at the, the beginning of our talk. We, we were doing this work at the time when these cells started to be documented. So we also looked at these cells in the blood circulation, and we continue to look at these and we put more in the blood circulation and we activate something like 30 to 40% of them. So, so, so when you do PRP or P or PRF, you do use those type, you use stem cells.

Christian Drapeau (00:24:10):

It, it is a kind of stem cell treatment. Now, going back to the first part of your question, and it is something that if you go to, let's say, more sophisticated stem cell clinics, they have started to do a lot of things to bring more people having a positive experience with the treatment. It's to realize that once you've put stem cells in the blood circulation, you, you, there's a lot more that you can do to help those stem cells do their job of repair. When you say sometimes they don't know where to go, they, they always know where to go. So it's, it's, it would be like saying an immune cell doesn't know where the infection is. The immune cells always will always be attracted to the infection. But what is the ability of that stem cells to reach that specific area?

Christian Drapeau (00:24:54):

And when it reaches that specific area, how untouched is that immune cells to be able to fully do its job? So it's, so it's the same concept with stem cells. So you put a stem cells in the circulation, it will be attracted to the places that need repair. If it was not, you would not be alive today. So they're attracted to where there's an injury. But if you get systemic inflammation in your body, which is a background of noise, the system, the inflammation that you have systemically in your bloodstream is the same signal that the tissue that is in need of repair is releasing. It's been screaming for repair for so long that now that signal has seeped everywhere in your body. So now the stem cells, so the best way to summarize it is to say your signal to noise ratio is too low.

Christian Drapeau (00:25:42):

The stem cells hears too, too much noise. Sometimes I make this analogy, it's a silly analogy, but I think it gets the message across for stem cells to find where the, the injury is. It's like me taking an apple pie straight out of the oven. I'm in a hotel and I put it somewhere and I tell you, go find this. How do you find

it? You walk everywhere and you follow the apple smell. Now do the same thing while I put a thousand crushed apple on the ground. Now it's much more difficult to find where the apple pie is. It's the same kind of thing. So if you reduce systemic inflammation, you will never reduce it enough to silence the area that has the, the, the, the, the injury. But you are going to reduce enough of the background noise. So now you've increased your signal to noise ratio.

Christian Drapeau (00:26:27):

Now stem cells can see where to go. So that is the first thing, reduce systemic inflammation. But there's another thing that I'm talking. There's many things you can do here. Sure. But I'm, I'm, I'm, I'm focusing on the main ones. The other one is microcirculation. A stem cell can be up to 20 micron. Your capillary is 12 micron. The stem cell can only migrate in a tissue when it reaches that part of your capillary called the postcapillary venule. That's the area that has the machinery to allow stem cells and immune cells to migrate out of your plumbing to go into the tissue. So it needs to reach that area. So in order to reach that area, the stem cell must have a very flexible membrane. Omega threes, fish oil, all of these, algae oil to be able to squeeze itself into the capillary. But to do that and flow properly, you need to have good blood fluidity. So you take nattokinase to digest fibrin to get good blood fluidity. Now, these mi these mi these these capillaries must be able to distend themselves to allow that passage. So nitric oxide to dilate the mi micro vasculature. And in order to really go slick into that capillary, that capillary must have a healthy glycocalyx covering the endothelial layer. So thecon and different glucose amino G glucose amino glycans, GG,

Caspar (00:27:52):

Big words. Yes. There you go

Christian Drapeau (00:27:53):

GAG. These are ingredients that will allow to rebuild this glycocalyx. So all of this will basically help stem cells in their ability to reach the tissue that is calling for repair. And, and other things that you can do, you know, aside from all of this, sure. But these are the two, to me, these are the two main ones. And for example, when a stem cell lens in a tissue, resveratrol will support proliferation of stem cells in their differentiation, one stem cell will multiply and become more than 5,000 tissue cells. It is probably something that is absolutely not talked about, but it is probably one of the greatest metabolic demand of the body. This, this, this amplification of stem cells into your tissues. In the process of repair that stem cell that has a few mitochondria will become 5,000 cells. All of them having a few mitochondria. It is an explosion of mitochondrial requirements if you want. So you talked about NAD before, that's where you need to have a lot of your NAD in that process. So resveratrol, boosting NAD, reducing systemic inflammation, boosting microcirculation, all of these are essential to really get the maximum out of a stem cell treatment.

Caspar (00:29:10):

No, I'm glad you bring it up 'cause a lot of people just think it's a one-to-one, it's a therapy and a result when there are synergies to be had and actions to be taken to make the most out of it and make it an effective type of therapeutic option. And I'm glad you brought up the VSELs, you know, in that area, because there are people like Dr. Harry Adelson that I saw in the biohacking conference talking about it kind of, you know, saying this is the next step of stem cells being used more effectively and efficiently. Would it not be more effective then to put someone on a STEMREGEN supplement protocol and then provide a VSEL therapy after some time of releasing some of these to kind of really boost it? Because the same thing could be said about PRP or even plasma cell therapy and all these other things that you may take something like papaya seed extract to boost your platelet count and then do a systemic push of, of platelet rich plasma.

Christian Drapeau (00:30:08):

Correct. So what I'm telling to you, what I'm going to say here is, is observations that were reported to me, we are doing some work right now to document it. So what I'm telling you right now is either hypotheses or coming from a few observations. So I just want this to be clear. Sure. But yes, if you release more VSELs and you activate them, you should see it in the blood. So I was at a conference last weekend, the American Academy of Stem Cell Practitioners, and and there was a fellow there who was using STEMREGEN. And what he was doing is putting his people, his patients on about a week of STEMREGEN. And on the morning of doing the blood draw, would have them take six capsules. And he said, every time he says, I see it, the, the, the, the, the, the, the column of this rich plasma, a rich platelet fraction of rich platelet plasma is about twice as big as what I normally do.

Christian Drapeau (00:31:02):

So he says, now it's my protocol. I do this with all my patients. We will need to document it, publish it. But here's an observation that has been reported. One thing that we have seen so much, and I'm going back a year, in the early days when we were looking at this at AFA, the bluegreen knowledge in its effect on the bone marrow and stem cell release, we first did that on our, on ourselves. So we take the product, take a blood sample before and after. So all of us in the lab, we spent maybe two years of doing all this work on ourselves, the dose, the mechanism of action, all of that. Once all of this is done, now we're ready to do a, a more complete study that we can publish. So now we put the message out and we we bring in participants to the study.

Christian Drapeau (00:31:43):

We do the study. And when I analyze the data I'm, I'm very surprised to see that my average is about half of what we have seen on ourselves for about two years. I'm trying to understand why. And at one point in the data, I separate the patients, the participants that I know have been consuming this blue-green algae before, and those that have not consumed it before. And I saw exactly what we had seen in the past. So the people consuming blue-green algae before had a stronger response than the new people. But I think it did not last very long. So two, three years later, we have almost identical response. So it brings to me, it brought to me the idea, which I never had a chance to test, that as you release stem cells, they go into a tissue that is in need of repair.

Christian Drapeau (00:32:27):

But if they keep going in the blood and they go through the bone marrow before they reach a tissue, the bone marrow is calling back for these stem cells. That's the nature of the bone marrow. So if they don't get to a tissue, they can be brought back to the bone marrow before they reach a tissue. So as you release stem cells every day, you slowly increase that pool of stem cells ready to be rereleased. And that is why we see more released in people who have taken it for a while. You kind of rebuild that population in the bone marrow. So we have a study right now where we're putting patient through about 10 days of taking STEMREGEN, and we do a bone marrow aspirate before and after to basically document the stem cell population that we have in the bone marrow. But based on these observations based on experience by people like this doctor that I talked about before, what a lot of practitioners are doing right now is that they will start to to to, to provide STEMREGEN, let's say seven to 10 days before on the day of the blood draw to do more, or on the day of the injection, if it's other types of stem cells, then you, you continue with STEMREGEN to just tap in the body's and innate ability to repair in this process of repair that has been initiated by the stem cell treatment.

Christian Drapeau (00:33:40):

So at this point, this is just dietary supplement assistance to a treatment, but almost anybody who tries it sees the benefit.

Caspar (00:33:48):

Yeah. And you could absolutely say that as a wellness longevity product, this is, you know, an amazing one, but also to the medical side, to the complex chronic diseases out there where this approach of self-healing is one that most the conventional medicine just doesn't apply anymore. Mm-Hmm. <affirmative>, it's utilizing an outside drug to try and manipulate the body and basically manage a disease and bring down and subside symptoms. But that, that is, I believe the future of medicine has to move into, again, breaking into our innate capabilities to self-heal and truly curing diseases. Now, of course, we're not gonna make any claims on preventing or curing diseases to a supplement here, but anecdotally from practitioners utilizing STEMREGEN, have you seen that there are certain conditions that do respond better to this? Are there like neurological versus infectious, or is it sort of just improvement overall that you've seen on an even basis?

Christian Drapeau (00:34:48):

So keep in mind, I've, I've been doing this now for more than 20 years, since the first time that, that we identified the first stem cell enhancer. We have the first product was in the marketplace. We sold for probably about $400 million of that product. I got lots of stories. So over the years, if I look back I have, I obviously identified the, the kind of conditions that seem to respond well. And they are not the one that I would've picked upfront at the beginning because they are oftentimes conditioned, strangely and we, we will come back to that right after as to why, but conditions that if medicine cannot do anything for this, how would I think that, you know, releasing your own stem cells will suddenly have an effect. But over the years we've seen this condition, and it's on the basis of these observation that we are doing

Christian Drapeau (00:35:36):

now, this study on congestive heart failure, we have just started a study on Parkinson. We have start, we are starting a study on colitis. We did a study that we had to stop it. We, we we're going to restart a study on diabetes. We we have, we are planning to have a study on spinal cord lesion. And this will be done in concert or in parallel with animal trials where we can document the mechanism of action. We've already done one of those on muscle injury, and it is very, very clear. The repair of the muscle after muscle damage is done by the stem cells released from the bone marrow, they go to the muscle and they repair the muscle. So these are the studies that we're doing right now that reflect what we have seen over the years. But but where I want to go with this to, to just make sort of a more general understanding of stem cells in the body, is that while stem cells repair and they were studied for their ability to repair since the early days of stem cell research, studies have shown that they, they have a more, to me, more profound and more important role.

Christian Drapeau (00:36:40):

You talked about prevention. So it has a more, they have a more profound role because let me give you an example. Scientists do a study by injecting fluorescent stem cells, because you can follow these fluorescent stem cells. They have green fluorescent protein, and when that stem cell gets into the heart or into a muscle or the liver, whatever the tissue, and then they start to become liver cells, and then they multiply into a population of liver cells. This is a population of cells that are now green, because they all have that green fluorescent protein. So you just use a simple fluorescent light, and you can, under a microscope, none of you in a microscope, you can, through the skin of the animal, you can see the area where the repair has been taking place based on stem cells. So we've done some of these studies.

Christian Drapeau (00:37:23):

So scientists will do that. They do a muscle injury, and you see the repair of the muscle. But if you are done at the end of that study with, let's say a few mice that you did not need to sacrifice in this study, and there are pets in your lab, and six months later you decide, oh, let's go and look at these mice. What you

see is that the area of the injury is predominantly green, but you see green everywhere in the body, meaning stem cells have gone everywhere else, and they have gone at different rate or different quant quantitative importance. You'll have much more in your liver than you will have in your heart, for example, because all the tissues have a different turnover rate. So now scientists seeing this kind of observation through many studies, the question is about do we see this in humans?

Christian Drapeau (00:38:09):

And they're one set of circumstance when you test that in human, it's a woman with leukemia that got a chemotherapy treatment followed by bone marrow transplant from a male compatible donor. So now all the stem cells have the Y chromosome. So let's go back now in tissue biopsies that have been taken after, at, at autopsy, when one of these women died a year, 5, 10, 15 years after the bone marrow transplant. And now you look at various tissues over the years, and now the, the, the picture is emerging very clearly. Every single organ in tissue of the body, it's constantly in the process of turnover. If you're 50 year olds, 50 years old, you don't have a 50-year-old liver. You don't have a 50-year-old pancreas or heart or brain. You have a 3-year-old liver. You have a 6-year-old pancreas. You, you have a renewal of your skin every month half of a new heart every 25 years.

Christian Drapeau (00:39:03):

You're constantly in turnover. Turnover means you lose cells every day and you need to replace them. Otherwise, it's decay. It's not turnover. So you need a balance. Your rate of repair must be the same as your rate of, of degeneration or losing cells. If you don't, then you start to slowly engage in the process of degeneration. So that means your ability to keep your health is driven by how many stem cells you have in your bloodstream to repair. Your born with red marrow, that slowly converts into yellow marrow, and that conversion happens fairly early in our lives. By age 30, we've lost 90% of our red marrow, which corresponds to a 90% decline in the number of stem cells in circulation. And that's why we all discover in our thirties, we're no longer Superman or Wonder Woman. We all discover this in our thirties somewhere.

Christian Drapeau (00:39:55):

That's because we, there's a point, we cross that threshold where there's not enough stem cells to, to maintain this, this sort of ongoing cellular loss. But if there's an injury now you realize you don't have enough to repair, like when you were 10 or 15 years old. So, but the thing to understand here is that if you don't have enough stem cells to offset cellular loss, that means from that day on, you are slowly accumulating a deficit that will culminate in 5, 10, 15, 20 years down the road with a so-called age-related disease. So that understanding of disease formation based on stem stem cells, I published this in 2013, and I said in that article, if that is true, there's one way to test for it. Let's go and count the number of stem cells in the bloodstream of people who have developed any kind of those age related disease.

Christian Drapeau (00:40:47):

And let's count the number of stem cells in their blood. It should be lower than people who have maintained their health for longer. So now there's about 50 of those studies out there. So you take people with atherosclerosis, heart disease, emphysema, diabetes, kidney failure, liver failure, erectile dysfunctio,n lupus, arthritis, Parkinson's, Alzheimer's, the list keeps growing. COPD, all these patients have on average 50% or less of the number of stem cells that you find in a healthy person of the same age. So, so basically the conclusion of all that work is very simple. It means your stem cells are your repair and renewal or maintenance system. It declines over time at past age 30, 40. It becomes the, the, the, the core of your aging. You don't have enough stem cells to maintain your body. So anything you can do to support stem cell function, I won't say will prevent disease, I'm going to say, will help you to maintain the help that you have today and keep it for the decades to come.

Caspar (00:41:53):

Christian, is there data out there that is showing, have you seen anything that is showing that we are losing the active amount of stem cells in our blood and accelerating rate in the modern day? It's, it's sort of, I'm, I'm kind of pulling into this idea of, you look back and there are those kind of data points that show, you know, the modern men, you know, in their thirties or 40 has the testosterone levels of someone in their seventies mm-hmm. You know, 30, 40 years ago. And, and there is an accelerating rate of decline of testosterone from a number of factors, mostly environmental factors, food other things. Are you seeing anything like that in stem cells where we're kind of saying, well, we're losing them quicker and quicker. We don't have as many as as we should or used to have.

Christian Drapeau (00:42:40):

The, the, the, the method to count stem cells really was discovered and really develop and utilized from the mid 1980s. Hmm. So, so there, there, we don't have this kind of his historical data of pre-industrial time, if you want. Sure. So here's what I can offer as some sort of contextual answer to your question. When we look at the effect of cigarette smoking, and I mean here the smoker or filtering the ambient air after somebody smoked, and I filter that and, and I put stem cells in contact with that we see in both coming from the cigarette itself and from the air, the same impact on stem cells ability to migrate into tissues and proliferating. So we haven't done it with ambient pollution, air pollution, but already done with that one. We see the impact. We see the impact with alcohol.

Christian Drapeau (00:43:34):

There's a lot of things, systemic inflammation and, and, and oxidative stress. All of these suppresses the ability of stem cells to do their work. Stress, if you take a mouse, I think it was done in rats, doesn't really matter. If you put the animal in a pool first, you take a blood sample and you look at the ability of stem cells to migrate. They have these devices. It's a migration chamber. At one place, you inject the signaling molecule that normally an injured tissue would release, and you see stem cells migrating toward that, that molecule. So there's a migration gradient. So now you put the, the, the animal in a pool, they hate to be in water. It's very stressful. So you leave them for a minute or two, then you take the animal out, then you take a blood sample and you repeat the same exercise, and you see that their ability to migrate is suppressed and their ability to proliferate is suppressed.

Christian Drapeau (00:44:26):

Now, extrapolate that to modern life today, who does not live since, and un unfortunately younger and younger age these days with internet phones and everything, who does not live constantly under, under a, a certain amount of stress. So our ability to repair is constantly suppressed for dec decades. So if you, with everything that we've said before, you can understand now that just with that factor, don't add anything else. It explains on its own the development of more and more of these age-related diseases because this, this decrease in stem cells is experienced earlier in our lives. Another piece of context to put to your question is also to understand that we have evolved over tens of thousands of years with a life expectancy of 30 years of age. I am not saying there has never been people living older. What I am saying is that from the archeological records, most people did not live more than 30 years of age.

Christian Drapeau (00:45:27):

So we can say that as a species, longevity has never been selected. Longevity has not played. If you live longer, it doesn't matter. Most of the time you're dead by 30. So whatever that characteristic is in the body was not part of what was passed along or selected. So we are here today and by age 30, we have lost 90% of our natural ability to repair. We can still repair very strongly in our thirties, but historically it was not needed beyond. And I think that this is why today with 50 years more added to our longevity, we realize the body can live longer, but it's, it's innate repair system was not, has not been selected to be effective

longer than that. And that is why releasing our own stem cells seems to be so impactful on health. We're giving back to the body the power to repair that it had when it was younger, which we hope evolution would've selected. But it has not,

Caspar (00:46:28):

No, not yet. Do you feel we are at our kind of maximum threshold of longevity right now? Or what is that maximum threshold if we were to, let's say, optimized our stem cells in the blood and, you know, live a very healthy life? Again, this is kind of in a bubble. What do you feel is the maximum lifespan we should be seeing as humans?

Christian Drapeau (00:46:50):

I mean, the answer here may my answer to this. You know, I I, I'm, I'm a stem cell scientist, but outside of a stem cell scientist I lived in monastery. I've been meditating for a long time. So, so I have another side to look at all of that chemistry or physiology. The answer to that question to me is that physiologically speaking, I think that we have reached the limit. I don't think we are really going to go much beyond this idea that by tuning this and that and the body, we suddenly can reach a much longer lifespan. I, I, I'm not really believing this. What I think though, is that as we become more and more spiritual beings, as we understand more and more our immortality at another level than the body we are, we're not afraid that we're going to lose that envelope.

Christian Drapeau (00:47:37):

And that's the end when we start to have a much greater understanding of who we are. And because most stress that we experience in our life, and that will be a whole different discussion to go into this, but it comes from the fear of dying at different levels, at different, in different layers if you want. Once that fear is gone, we, we put the pressure that we put on ourselves completely changes also the belief who is born in this world. Not believing that you cannot really go beyond a hundred years old. It's an exception. You can tell yourself this as long as you want, but when you get close to it, who does not? And belief is very strong. So I think it's, it's an evolution in belief that is going to be much more important than, than an evolution in our physiology.

Caspar (00:48:28):

Yeah. I, I tend to agree with you. I go back and forth on this and look at, you know, the more scientific mitochondrial, you know, theory of aging. And if we could really support it, we could go much, much further. And I, I think, you know, the, the question that begs is, you know, how are we spending our time, the quality of the time, and are we living a spiritually and fulfilling life? If we only hyperfocus on the physical, even if we were to extend it to a, a limit beyond what it may be even possible, would that even matter so much if we're not truly living our purpose and in a spiritual manner? Mm-Hmm. Which we are spiritual beings kind of trapped in these, you know, flesh bodies and, and mechanistic type things. So I, I do agree with you that, you know, we can extend and you could live and optimize life for a period of time, but it's what you do in those periods of time and how you live according to your own purpose and to value to others.

Christian Drapeau (00:49:20):

Yeah. There's one thing that is unavoidable. If we really want to look at it, by looking at the forest and not looking at the trees and being deep in the weeds, you just look at a distance. The people right now that have lived the longest in records, they were not biohackers. No, I'm a biohackers. I'm not, I'm not speaking against it. But they were not biohackers. We can dig in their life and just say they had a specific strains of probiotics in their gut. They had a mediterranean diet, they were this or that. But you know what? They were all happy. Mm-Hmm. <Affirmative>. They, they all have a look on life where that, that

stress that we, that is self-imposed always stress is never imposed by the environment. Always, always self-imposed because we decide that life is not like we want it to be. That's where the pressure is coming from. And when you realize that life is actually what you want out of it. And so when, when you get more in that space and you, you reduce that pressure, these are the people that live the longest. I think that if we take a distance and we really look at it, it is a spiritual matter way, way, way more than a physiological thing.

Caspar (00:50:29):

And that's what all kind of great alchemists of the past have shown us. It starts with the spirit, moves to the mind, and finally the body is the least important some ways, <laugh>, it's, if you could start at that largest level of spirituality, which, which I feel like all ancient civilizations have done, and then move down to the body. Mm-Hmm. <Affirmative> and of course preserve the body and optimize it and look after this gift we were provided. But if we start at that level, that's where we'll also find the highest level of happiness. Yeah. Which begs me, you, you brought up the, the biohackers. I find myself in this biohacker realm, not by choice, just by, by the kind of optimization of health that I've chosen in my own life and career. Do you feel that most biohackers are doing too much?

Christian Drapeau (00:51:13):

I don't know if I would say that they're doing too much, but I think, let me go back one second here. When you say you're not part of the biohacking, I'm the same in the sense that I remember discovering stem cells a number of years ago. I mean 20 years ago, my language was, we need to go beyond prevention. Because prevention is not, not getting the, the, the, the, the, the disease that you fear the boo boo down the road, but not having the problem does not mean that your health is optimal. Absolutely. It just means you don't have the problem. It is by itself a pretty petty objective prevention. Yes. So we need to go beyond, we need to reach optimal health. And tapping into stem cells, to me, was something that was bringing, you know, this whole, this, the what is optimal. Like, make your body the best that it can be, which is really what biohacking is now.

Christian Drapeau (00:52:02):

So this, this, there's a word that has captured all of this in a really beautiful way, and we can see it by the emergence, you know, of, of, of this as an industry and so many people tapping into this. So all of this being said, I believe alongside with what I just said before, and let me as a, as a one example, you know, we could go into this for hours, but as a one example, near death experience. Mm-Hmm. <Affirmative>, you are dead. Your body is dead, your brain is flatlined. You have no thought process. Your body is gone. We can argue yeah. But it's not fully gone because you could come back. Okay. Let's not even go there. My point is that your brain is flatline and you come back with the experience without a brain. You come back with the experience of a greater sense of identity, more wisdom, a sense of calm.

Christian Drapeau (00:52:52):

You look at your life without any sense of, I was wrong. I was this, you know, and says, why have I not seen before that everything was so much simpler. You, you have a much deeper understanding of your life and your being. Now you come back and you say, I'm no longer afraid of death because I, I know that I, there's something beyond it. Now. You come now we don't need to have that near that experience, that presence that manifested itself after that experience is not born at the time of death. It's already in us. So to me, that is what we need to discover. Yeah. That thing that is, that is our true identity that comes back from life to life, that journeys all along. That is what we need to get to put our focus. So coming back to your question, biohacking becomes a quest into the, into the clothing.

Christian Drapeau (00:53:42):

Mm-Hmm. You want to have your clothing to last as long as possible, and you forget that you are, there's something much greater inside that utilize this body. So what I'm thinking is that do biohacking so that your body allows you to continue that quest without obstacles, health obstacles, as long as you can to really discover who truly you are. To me, that is the profound essence of biohacking. And when you say, are people doing too much? I think my answer is that they're too doing too much of only that. Meaning the body is the finality. If I live until 150 years old, I've won. Yay. And I'm saying, if you have not realized who truly you are, even at 200 years old, you've missed it. If you die at 80 and you've realized who you are, you won, for me, and you'll come back in another, and then you'll do much better than if you just keep that quot, you know, worn out for a little longer. Yeah. So that, that's so to me, biohacking is stay strong as long as you can, so that you can really dive into that essential quest of who we are.

Caspar (00:54:52):

Yeah. When you listen to someone like Anita Moorjani talk about near-death experience and, you know, coming back, it, it, it changes the game. It makes you play. Mm-Hmm. <Affirmative> it makes you see you're playing the wrong game in a sense. You're playing for numbers, but there is no winning in the numbers itself. It's so many of us play for the quantity of a score. What's my oura? Sleep score versus what's this? That's right. And all these things that we put these numbers down, we applaud ourselves, but are we truly happy at the end of the day? Yeah. Are we playing the right game of connecting with others, fulfilling ourselves, not being in a state of fear. If that score drops uhoh, it's all over. You know? And it's not, it's not, these are just numbers. Yeah. To,

Christian Drapeau (00:55:33):

To me, this is profoundly insidious in the sense that I have a good night. I get up like fully rested. I look at my ring, it's like, oh no, I didn't have a good night, <laugh>. Yes. Or, or, or the other way around, you know, I felt, I feel like I did not have a good night's sleep and something, oh, my ring tells me that I'm okay, therefore I feel better. So my point here is, I mean, the point is that we are giving away our power of assessing. I mean, this is a small example what the Oura ring is giving you. Yeah. You just brought it up. It's a tiny, tiny example 'cause we do that with our, with our phone as well. Like, we no longer calculate, we no longer have a good sense of direction. We no longer, there's so many faculties that we have lost because we're giving that to something and we are using that cell phone because we obviously, we think it's a, it's stronger than our brain. And I think this is the mis where the mistake is. I think we need to dive deeper into our deep sense of perception. And we can be stronger than all these devices, but we're giving this power away. I think there's an insidious I don't know if I would say behavior, something insidious here in giving up our power to external devices. That is one thing of biohacking that I think is, is, is not a good, is not a good trend.

Caspar (00:56:46):

And that's where I think I was getting to, because I love the devices, the flashy things as much as anybody else. It's nice to strap a thing on that's shining lasers on you or all these others. And they are in many ways, optimizing us, whether it's red light, this and that. But at the same time, all they're doing is emulating what nature has done so well for billions of years. Mm-Hmm. <affirmative>. Mm-Hmm. <affirmative>, you know, whether it's the light or the frequencies, it's all there. It's, it's, it's outside. And yet sometimes we focus on those too much without understanding the foundational principles already there. And they're already within us too. Mm-Hmm. <affirmative>. And so we don't have to seek outside external, almost validation and expend so much on these things when they're already there. It's a nice add-on. As I say, it's a supplement, you know, supplement should not be your cornerstone of everything.

Caspar (00:57:34):

Correct. They should just supplement what you're already going through. Back to stem cells for a second here, <laugh>, because I think that's what we were talking about before. Where do you see the, the industry as a whole stem cells going? Because it used to be, like I said, years ago, so popular, it saved the world. Everyone's gonna be healthy. And then it kind of drifted into this, yeah, they're, they're useful, but only for the rich <laugh>. And now it's kind of coming back where you're seeing supplements such as yours, of course, that were always there. Make that that way back to it. Hey, let's look at this again. But where do you see it going?

Christian Drapeau (00:58:10):

Again, like, like many of your question, let me go back and put that in context. They're very, very interesting question. But, but there's so much context to them. Yeah. Let me for one second here. Talk about the fact that stem cells is what they are in people's mind today in the general population because of an effort to cloud the whole issue. Making it a little bit like obtuse, like a little bit like confusing and, and, and because in our history, it's the first time that as a health industry that we have something that cures. If you really take some distance and you look before curing was not really part Yeah. Pneumonia. It's okay. We take care of that, the world of antibiotics. But outside of that, look at about any kind of degenerative problem. We don't cure them, we assist them. Mm-Hmm.

Christian Drapeau (00:59:05):

<Affirmative>, we, we make your, we give you a better quality of life and make it evolve slower if you want. And suddenly something comes that is an absolute game changer. It cures, it replaces the cells that were the tissues that are not replace it. It replenished the tissues and organs that were dysfunctional because of cellular loss. And suddenly it gives them back function. It changes everything into our understanding of disease formation, our approach to, to, to health problems, our approach to health in general, but also the economics of health, the overall practice of medicine. It is such a profound change in the way that we understand health and wellness and practice it. That it is, it is I don't think in our society we have seen a lot of changes that were that profound. And, and I think because of that, there's an unclear res resistance to this that has manifested into into the fact that it's not allowed in some countries.

Christian Drapeau (01:00:06):

Why is it that you go to Mexico, Nicaragua, and, and they're, they're all good there. Why are they not good here in America? Why do we have to go to other countries? It's not because it's not true that they're not safe. It's not true that it's not effective. It's not true that they, they need to have all these regulation. It's not true. It's, it's a form of resistance. So I don't want to go too deep in there, but all I wanna say is that you're asking where's the future of this? I think the future of this is that coming from grassroots clinics right now, stem cells are utilized into thousands of clinics worldwide. The problem is that because there's a suppression in their utilization, most people don't talk about how they use, how they do it. Nobody publishes about it. So there's not a protocol, a method that has been shown to be the most effective.

Christian Drapeau (01:00:57):

Everybody do their little things. And in science, normally you publish about things. You read what others are doing, you perfect the whole process. And we collectively reach what is the best way to utilize this new approach. We don't see this in stem cells. Everybody does it, but it's secretive. So I think what we need to the future is going to be into sharing how all of this is being applied, sharing which one gives the best results, being able to share that without some form of suppression so that we can collectively really tap into the true reparative healing power of stem cells. I hope that we can reach that within the next five, 10 years.

Caspar (01:01:39):

Yeah. I, I feel that way about all of integrative medicine. Right? It is sort of this taboo thing to talk about openly and freely because you may feel attacked by others or restricted or other things. But that's where I hope that more and more people break that down. That this isn't woo woo, this isn't out there. This isn't accepted by science or anything. Absolutely it is. And that's my hope also, that not just the awareness grows to it, but the openness of conversations around it and that

Christian Drapeau (01:02:10):

It's unavoidable.

Caspar (01:02:11):

Start to share the experiences that are helping so many, because without those people just again, place it in that, oh, I can't do that. I shouldn't do that. It's not allowed.

Christian Drapeau (01:02:20):

It, it's unavoidable. It's like the first time that PCs came out or handheld came out and people started to see our life. I mean, I I read a quote not not long ago in the 1970s. I think when somebody says, after the development of the telephone, the way that it was applied at the time down the road in the, in the year 2000, everybody will be dominated by their phone. I mean, most people would've said, this guy is nuts. And look at where we are today. I can tell you it is absolutely unavoidable. Stem cells will be the cornerstone, the core of any kind of medical treatment down the road. It's absolutely unavoidable. For one simple fact that any kind of problem that you have is because a part of your body is not functioning normally. It needs to repair stem cells are your repair system. Anything that has been done since medicine exists that makes you repair, stem cells were leveraged. You helped stem cells in their work of leveraging. It's just like when you stimulate your immune system to have a better immune response to whatever stem cells are, your repair system. We leverage stem cells without knowing that we're doing it. Now that we understand that much deeper. You cannot have anything that is aimed at helping you being more performant, repair better. If it does not tap into stem cells, it'll become part of everything.

Caspar (01:03:43):

Yeah. Christian, outside of STEMREGEN and stem cells and related to health and happiness, what's the one thing you can't live without?

Christian Drapeau (01:03:53):

I mean, it's what we, what we tapped into before. You know, to me it, it is just like who we are beyond all of that stuff that belongs to the material world is, I think, I think we're here for that. We are here to, to discover who truly we are. So let's, let's be, let's discover who we are after death and let's do that before we die. I think that that's the goal of everybody. So that's really, I, I think one of, one of my passion and then ride my horse when I can.

Caspar (01:04:22):

<Laugh>. I love it. I love that message. And horse riding. It sounds amazing. And I understand you've been to 60 countries. I too am a, a, a traveler. Do you have any favorites? 'cause I I think it's almost impossible. I'll say a favorite, but are there any favorites from the 60 that you've been to?

Christian Drapeau (01:04:39):

Whenever I go into this band of countries in Southeast Asia, let's say Myanmar, Thailand, Malaysia, Indonesia, Philippines. Like that part of the world, for some reason, I feel at home. Mm-Hmm. So, so that part of the world, it's the people. It's it's, it's probably the food has something to do with it, but it's the

people. And it is also, let's say I speak of Malaysia, Singapore, I I, I've studied a lot of course science, but I've studied a lot, comparative religion, all the different types of religious traditions. And I just find it so beautiful when I'm, when I'm in a country like Malaysia where you get all these different traditions living, living like together with complete peace when most other places there's a lot of tension and it's growing in the world. Polarization is really growing. So, so that, that kind of peace between ethnicities, I, I just love it. So is it for that reason? I don't know. But in that region of the world, I just feel at home.

Caspar (01:05:34):

I love it. I haven't visited some of those, but Cambodia is always high on my list. I always love being there. It felt spiritual and just ancient. So, good answer. Where can people learn

Christian Drapeau (01:05:43):

More? You're a short, you're a short flight from Malaysia give it a shot.

Caspar (01:05:46):

I know, I know. I beautiful. I have to get back there. I have to get back there now. See, this is why you bring these things up. It leads you into, it inspires you to go see the world. It's why I always talk about is to try and inspire people to see. Mm-Hmm. <Affirmative> this beautiful world out there. Christian, where can people learn more about STEMREGEN and yourself?

Christian Drapeau (01:06:03):

STEMREGEN. Go to stemregen.co. So stemregen.co. And then and then to hear more about stem cells, messaging and plants, because I, I've worked a lot with plants then @stemcellChristian, I just thought that most people cannot spell Drapeau <laugh>. So StemcellChristian on both TikTok and Instagram. So I post there regularly.

Caspar (01:06:25):

I love it. Christian, this was amazing. Thank you so much for having this conversation and sharing your story.

Christian Drapeau (01:06:30):

Thank you so much. Great questions.

Caspar (01:06:32):

Thank you. And remember, check out stemregen.co and StemCellChristian for more information. Until next time, continue writing your own healing story.