

Caspar (00:00:00):

Stem cells possess remarkable regenerative potential, offering transformative benefits in healthcare. But there's another type of cell that's easier to obtain from the body, can act like stem cells do with regenerative properties, and be guided to specific areas of the body. Our guest today is a board-certified emergency medicine physician and is on a mission to help her clients optimize their health through precision medicine, utilizing a cutting-edge approach to tissue repair and anti-aging effects at her medical center, the Biohack Lab. This is the story of VSEL therapy with Dr. Sienna Steckel. Dr. Sienna, great to see you again.

Dr. Sienna Steckel (00:00:37):

Hi. Thank you very much.

Caspar (00:00:40):

I, I know I, I threw in the, the, the VSEL as kind of the topic here, but as, as we know, when we started this discussion before we started taping, right now, I feel like we have a lot to talk about in medicine <laugh>. But I wanna start with this idea of you, you know, originating in the conventional world, in the emergency, you know, ward of, of a hospital, and then moving into integrative. So, can you tell us that story of kinda what made you leave the conventional model behind?

Dr. Sienna Steckel (00:01:08):

Well, it starts with what got me into medicine in the first place. Yeah. and I was very angry at doctors. In fact, I used to say I hated doctors. And so I thought that they misdiagnosed my mom and put things off, and we did all, all some alternative therapies for her illness. And so I figured I wanna do preventative stuff. And so the only way that people would listen to me is if I had an MD behind my name. So I got into it with a, a, a negative energy, but a very passionate desire to, to learn. I didn't know other doctors. I grew up in a little small town. I had one doctor as a pediatrician. I didn't even know there's the consortment. I, there wasn't anyone in my family. I didn't know that the, the training regimen. And so I got swept up in the whole process.

Dr. Sienna Steckel (00:01:57):

And as I was going through different fields of something to fit into emergency medicine, just fit my personality. Which surprised me because I thought I was a little bit more of a control freak. And I realized, and I thought, emergency would be all about chaos. Totally not about chaos. The quietest room should be a room that is having a cardiac re resuscitation or a trauma should be the quietest room there. There's a, a rhythm and a dance, and everyone has a role and it's a team. And so that fit very much what I like to do. And after a while though, and at the time it was not as regulated we've, it was we are here to take whatever takes comes through the door. And it's a matter of what can we do? How can we do it?

Dr. Sienna Steckel (00:02:41):

And, and, and use utilizing the resources that we had. That had evolved and changed over the 20 years since first stepping into it. And the 15 years of being out in practice. And I was wondering why I was not so happy. And, and borderline miserable and depressed. And it, it evolved into multiple things, personal reasons of me even saying I hated doctors and I am one. So I'm, I'm sure I was carrying that energetic, like, Hmm. That's actually quite real. And realized that I innately, I think I was more drawn to what got me into medicine, which was more of this regenerative preventative kind of alternative fit modalities. And here I was doing things that was, now you have to have this protocol. You have to see a patient within 15 minutes. You have to have an order in with certain time, whether it was needed or not.

Dr. Sienna Steckel (00:03:37):

Mm-Hmm. <affirmative> and the revolving door of, we're not really making much of an impact, but yes, there's some amazing interventions and amazing wins. And, you know, it's that kind of, that, that carrot that keeps you going back because you, you had an amazing case or an amazing save, or you made an impact, but it was becoming far, it was not the norm anymore. And we were being used as primary care doctors, which there's no capacity to do that 'cause you have no, you weren't making a, a change in their life to the way that I wanted to. So I, but I was so wrapped up in that being my complete life. Like I was, I did more, I did the job of two docs in a month than a full-time, one doc. And basically, there's a lack of balance. So another lesson on, I had a lot of lessons on this Mm-Hmm.

Dr. Sienna Steckel (00:04:30):

<Laugh>. And I did multiple, multiple dives. First finding, why am I so unhappy? And if I'm not doing an emergency, since I don't have a resume to do anything else, what else can I do? And the world opened up and I found complete 180 or complete 360 back to embracing a lot of what I was introduced to as a child when my mom was sick. That there's so many other things out there that really can move the needle and are energetically just aligned and soft and with the body and not fighting the body. And after doing those deep dives, one of the modalities that I got introduced to that's pretty powerful are the VSELs. It's a whole slew of other stuff. But, so that's, that's a long story.

Caspar (00:05:23):

Well, it's, it's a story that I've heard. I don't think it's a common story, but I think it's common from those in the integrative field. It's the story I told you, you know, very similar to my father's starting off in the hospital and feeling disappointed not being able to do enough and traveling the world afterwards. But I, I have to ask, why, why don't you feel like more doctors? Because I, I think as a whole, doctors are a little bit burned out that we know they're a little bit at this, hey, like jaded, like, I got into it for this and I'm doing this, right. And I'm not really helping move the needle, as you said. Why don't you feel more doctors are stepping out into that same realm of what you kind of went?

Dr. Sienna Steckel (00:06:05):

I think there's a lot of reasons. Yeah. one, I don't think we asked the question of why did I get into medicine in the first place? We fill out that answer on our intake forms and stuff. It sounds all eloquent. Oh, I wanna make a difference in the world. I wanna do this. But I don't think we know ourselves enough at the age of 18 and 21 when we're in it to be able to answer that question truly. Mm-Hmm. <Affirmative>. And then you get wrapped up in survival mode. You spend so much time training, then you get out and you've got all these debts, and then you dive in and you build this practice and it becomes what you know. And unless you are exposed to other ways of doing things, you might get burned out, but you don't even know why you're burned out for real. And it's not just the hours, it's not to pay, it's because there's no foundation and there's a level of expectation that can't be met by, there's a lot of different reasons of why we even have burnout. And I think the definition of what burnout truly is has been miskewed. And we can go on that in a whole, whole nother podcast

Caspar (00:07:10):

<Laugh>.

Dr. Sienna Steckel (00:07:10):

So, but even those that have been exposed to maybe do ways of doing things differently, there's a lot of fear around change for anybody. But if your identities and your degree and your whole financial stability has been wrapped up at how you've been doing your practice, and then you wanna try to do something

new, you have to let go of the identity that got you there. Explain to your client, your patients, that things are gonna be different. And they're like, okay, but you've been telling me this for 15 years, now you're telling me something completely different. Were you lying to me there? Or what happened there? And why are you doing something now? So you have to have a huge ability to be humble and not have, and let your, you know, put your ego at the door. And that's hard for anyone, let alone somebody who's been, you know, in survival.

Dr. Sienna Steckel ([00:07:59](#)):

And it, it, you know, training has kind of softened, almost unfortunately, softened too much through the years. And then there's the, the fear about in, in this culture anyways we have a big target on our, we being the, the MDs or DOs target on our back that can be for litigation. FDA can take away a license, or medical boards can take away a license just because it's easier than acknowledging that these things may be very beneficial. So there's fear from all, all avenues. And it's more comfortable to stay in something we know than to step out into the unknown for anything, actually. Yeah.

Caspar ([00:08:43](#)):

Yeah. And we're, we're, we're so deep into this field that, you know, we, we think it's somewhat, maybe not, not normal or anything, but it's, it's something that anyone could do. You know, I think and say like, why can't a doctor just do this? And it's, it's not, I mean, you are a pioneer. What we're doing is kind of pioneering. It's still attacked a lot. It's still seen as woo woo and these other things. And most patients or people don't even quite understand it at all. Even when you try and tell 'em in simple terms that wouldn't you want to go after the why of why you're sick instead of just masking it, managing your, you know, and even that is kind of like a puzzling look you get from most. So it's, you know, when when you're this deep into it and looking at it from, from the inside out, it looks a little bit different than what it looks like for a doctor. So I can appreciate that. And I do think that anyone that's able to make that leap of faith, you know, is, is truly a, it's a courageous act.

Dr. Sienna Steckel ([00:09:46](#)):

It's scary. Yeah. And you know, but it's exciting.

Caspar ([00:09:53](#)):

It is.

Dr. Sienna Steckel ([00:09:55](#)):

'Cause There's, there's really no other way well at least for me, Mm-Hmm. <Affirmative> to continue doing what I wanna do. If I'm not really believing in what I can provide. And that mismatch of doing something, even though I, I know it's really not gonna help them.

Dr. Sienna Steckel ([00:10:23](#)):

I personally couldn't. I did it for many years. And, and we can stuff that for a long time and, you know, numb it or work it out, or that's what I put in <laugh>. The gym was very helpful, <laugh>. But it, there's only so long that I personally could, could be in that dichotomy. And the, another big piece is the medical model. It's not broken. It's beautifully made for what it was designed for. Hmm. And the doctors that go through that training, I didn't even know. I thought I was doing exactly what I was supposed to do, because that's what the book says. That's what my attending said. That's how I've been practicing that. Why would I not do that? And sometimes it's because you don't see results. If you're in the ER, you don't even necessarily know, because unless they come back, you don't know down the road.

Dr. Sienna Steckel (00:11:17):

<Laugh>. Yeah. Unless you keep charts open like I did for the while to see what happens. Mm-Hmm. <affirmative>. But it's, unless you have that broader scope, you're doing what you were trained, because that was the model and that was the way things are done. And it's perfectly and beautifully made for what it was designed for, but it wasn't designed for healing. Mm-Hmm. <Affirmative> and, and, and a whole nother way of root cause what, what, what, what, what does that mean? What, what do you know? And so it's a dialogue and a way, just a different paradigm of, of looking at what does one really want from their visit, let's say to a doctor.

Caspar (00:11:58):

Right.

Dr. Sienna Steckel (00:11:58):

Just be on more pills and do you want a diagnosis or do you want to find a way of feeling amazing? And, and yeah. So it it's, it's just a, it's a different discussion because it's a different way of defining things.

Caspar (00:12:12):

Well, I, I think it's not an either or. It's not that you have to go towards one approach only. Again, if you are in an accident, you're gonna end up at a hospital. Right. And you're gonna be very appreciative when they put you back together. They're in that acute state. If you end up with chronic disease, maybe that's a different conversation. And that's where another paradigm comes into play. And as you mentioned, it's an exciting paradigm. 'cause your toolkit expands exponentially. Right. The blinders are off from surgery, pills, pills, surgery, to a lot of different things, including what we talked about here, which are VSELs. Now, for the audience, can you go into what VSEL stands for and what they are?

Dr. Sienna Steckel (00:12:53):

Sure, sure. So we're talking about stem cells and the, the acronym VSEL stands for very small embryonic like. Yep. So if we break that apart, first of all, stem cells are, are regenerative cells of our body. We wouldn't be alive if we didn't have stem cells. They are, we are constantly turning over cells every single second, every single minute. Every organ has a different our cell cell line has a different lifespan, but we're constantly turning things over 'cause we're living. And those need to then bring in more information. So more stem cells are going to support the regeneration of that tissue. But all the way until we no longer are on this earth, and there's different stages of those cells some of them are like, I'm only gonna be a neuron. I'm only gonna be a heart muscle. I'm only gonna be this.

Dr. Sienna Steckel (00:13:50):

And if you take, if you backtrack that to the very beginning, like an, like an embryo, they're like, I can be anything. Right? So embryonic like means we're gone all the way back as close to that. I can be anything type of cell without being truly, truly anything as far as none of these are gonna turn into cancer. None of these are gonna turn into little babies in, in your body. But they have the potential to turn into, or to give the information to that part of your body to create more of that cell type. So if they go to your heart, brain or they go to your heart, or they go to your, your ovaries, they, they say, okay, I see you here. I can give you information. We can make more of you wherever that may be. Mm-Hmm. <Affirmative>. And so the embryonic, like is the one with the largest potential that we would use.

Dr. Sienna Steckel (00:14:41):

The very small part means they're tiny in nanometers, teeny, teeny, tiny, like wonderful nanometers, which means they can go anywhere. The largest stem cells, the ones that have kind of been growing for

the long, you know, less potential, they're bigger. And so if we were to put them back in your vein and want them to flow around, they can only go to certain spots because they're gonna get hung up, particularly in your lungs 'cause the, the capillaries in the premo just too, too small. So they're gonna go there and they're like, okay, I'm here. I can't go anywhere else. So that's the idea is we have very young, so very, a lot of potential and very small. We can go anywhere, stem cells. The beautiful part about these is they are your own. So you don't have to source them from a number, another embryonic tissue Wharton's jelly, umbilical cords, things like that.

Dr. Sienna Steckel ([00:15:32](#)):

They're your own. So they know you. And there's no way of having any adverse allergic type reactions or responses. And they are living dormant since about the first day, first year of life, which is why they still carry that embryonic like potential. And they're dormant, meaning they're sleeping attached to a protein in your bone marrow, then floating around, waiting for that signal to say, okay, here I am. I'm gonna go to work. Why we have this backup system, which we just kind of found. I don't, I don't know. Who knows? We can perpetuate on that as long as we want, but we do. And there's a very, a, a few signals that can turn them on. We found like maybe an extreme heart attack or extreme cold, not just a cryo plunge, but like cryo ation type of cold. And then we found, or not we, but some brilliant minds, Dr. Todd

Dr. Sienna Steckel ([00:16:24](#)):

and, and his colleagues have found a specific frequency which if you believe like I do that everything is frequency that me that resonates with the stem cell connected to the protein. So when it, when exposed to this, this frequency, they become activated. So we can talk about what we do with these, but the idea is you have them from your, when you're five until you're 90. And if we activate 'em, they're gonna be just as potent. And we get them from your blood and we can talk about more what we do with them. But that's what VSELs are.

Caspar ([00:17:03](#)):

Yeah, no, it's, it's very fascinating because we'll get into this in a second. It's, it's an easy process to extract VSELs, right? And it's very much, you know, a lot of people know PRP and extracting running through centrifuge and kind of getting down. So can you take us through that, what the process would be like of actually getting those VSELs and then using them for therapy?

Dr. Sienna Steckel ([00:17:28](#)):

So like I said, they're floating around your blood or in your bone marrow. Well, stem cells basically come from your bone marrow. There's a few that come directly from other tissues. But how we, well, I do certain other processes that to kind of encourage more stem cells to come into circulation. But once they're in your blood, we literally just do a blood draw. So this is, you don't have to harvest them from your hip where you get some al cells or your fat tissue and spin 'em down. This is a simple blood draw. And like you mentioned the way that we kind of separate out, separate out, well the VSELs should be in the plasma, not the red cells. So we spin it down like PRP to kind of clear out the, the, the tissues that we don't want. And we take that fragment.

Dr. Sienna Steckel ([00:18:10](#)):

Again, all you have is an IV in your arm, and then we activate them with a specific type of light or, or frequency 'cause it's, it's not within the visual spectrum. And we have some time that we now have a PRP fragment with all its growth factors and all the lovely juices of, of plasma and activated stem cells. And then we can re-infuse them into your iv again, painless. Mm-Hmm. <affirmative>. And I can tell you how we get them to go where if you want, where we, we guide them to where we want them to go. And that's the extent of getting them from your body and putting them in. Now granted, we can also inject them into

joints, do facials, do all the other things that you can do with other forms of stem cells and, and exosomes and PRP. To me, it's like PRP on steroids or, or some <inaudible> because you have all of that good that regenerative properties plus stem cells. And exosomes 'cause exosomes are in PRP and they're the, they're the, the product of stem cells. So it's, it's like a golden mixture.

Caspar ([00:19:13](#)):

Well, like you said, it is PRP a little bit on steroids, but it's also precision kind of PRP with stem cells even more regenerative. And I found it really interesting also because, you know, when you do PRP platelets also are kind of these signalers too, to where to go in a sense. But then you can even go further with the VSELs as to where you want to apply 'em. And in medicine, that's one of the toughest things. Even I remember on the panel, Zach was there from Austin Biotech and saying, you know, we throw the stem cells in there and they go through the, you know, real process into the hip procedural sort of, you know, pulling it out of the bone marrow. Painful somewhat, but you know, they're using it for fertility, but how do you absolutely know they're going to the ovaries when you do the systemic kind of approach to it? And that's where I found it really interesting with the VSEL therapy 'cause you're using, again, you give them that frequency and then they look and then you apply that frequency, correct? Where you want it. So go into that a little bit about how you're being so precise of where these VSELs are going.

Dr. Sienna Steckel ([00:20:17](#)):

Exactly. So during the infusion, when we put it back into your arm, and we are pushing it through, we have about 25, you know, science is still out there, but the studies are showing we have about 25 minutes, 30 minutes max, of telling those stem cells where to go. Because stem cells, by definition, again, are regenerative. So if you, my example, I always give, if you stubbed your toe that morning and I gave you stem cells, they're like, oh, signal, you have pain there. I need to go there and fix your toe. But I'm like, no, you've got some dementia, you got some heart failure, I want you to come over here. And so how we guide them is again, the, that frequency that that specific wavelength that stem cell already recognized and it carries that signature. And so when we take that same, it looks like a laser and point it onto the part of the body that, that we want them to go, they recognize it and they are drawn to it just like a chick to his mother or a homing device.

Dr. Sienna Steckel ([00:21:14](#)):

And so if I put it on your brain right there in the substantia nigra and if you have Parkinson's disease, they will go there and as stem cells do, they'll create their cell cell adhesions. And it basically, it's like stickiness. And they stay there. And then that regenerative process and si signal goes on for weeks to months. And so it's, it's now it's there. Exosomes will go and they have the juiciness, but they don't have the capacity to stay <affirmative>. And so we can do that for your shine on your heart. We can do that on your gonad. So if you're a testes or your ovaries, it's a different way than, than Zach would do. And the way that, the reason we believe, and the reason we know that they go where we want them to go is one by clinical outcome.

Dr. Sienna Steckel ([00:22:00](#)):

But the other is the example like I like to give, which is very visual. And if you've ever done any science and you have a Petri dish and you know that to know where something is, you tag it. So they took the VSELs that they had just activated and they painted it across to this agar and they took the laser and they set it down and it would shine a light across or would shine across the agar. They left, they came back and then they gave whatever they needed to give to highlight where that tagged cell was basically lit it up. And those stem cells were in perfect line where laser was, they literally had migrated across the agar 'cause they were attracted to it. And that's what they, and that's, I mean, that's an agar. I mean, that's a outside the body way of looking at where they go. But it gives you an idea that they are attracted and they



are recognized by that frequency. So that allows us now, because they're so small and they can cross the blood brain barrier, we can address neurologic conditions, visual issues returning around heart failure, and they, in a 3D form, we can tell them where to go. And that just, that excites me to no end right. It's a painless way to address stuff that we've never been able to move the needle on before.

Caspar ([00:23:19](#)):

Yeah. And it, it, it's just, you know, frequency in a way, of course energy, information. So if you're providing that information, you're basically saying, Hey, come here, you're ringing that bell and everything. And it's, they follow that information, which is in a frequency pattern. Now, one of the things that I know in PRP is common sometimes is the ability to count how many platelets you're providing platelet counter or something. Is there a way to do that with VSELs where, you know, how many VSELs are being injected

Dr. Sienna Steckel ([00:23:46](#)):

There? I've caught wind that there is technology and there's some people out there that are trying to do this. Yeah. And so I know that you've done, because that's how the studies were done initially Yeah. At the bedside right now. We don't have that. It's coming.

Caspar ([00:24:04](#)):

Yeah.

Dr. Sienna Steckel ([00:24:05](#)):

So we go by what we assume is an average of how many billions of stem cells, excuse me. We have in a, a typical infusion, which is about 70 ccs. Apart from the research, we, we can't quantify it in real time yet, though I know the technology's out there. And pretty soon it is gonna be something that I'm gonna be applying so that we know. Because even though we know or that they don't age, and we have plenty, we also know that once capacity, their bone marrow in general decreases with age. And so you would have to think that the, the, the volume eventually would also be affected of the volume of, of potential stem cells. Mm-Hmm. <affirmative>. Now we, the potency and the virulence of them are gonna be the same if they are VSELs. But maybe the capacity or the volume that we have may vary from a six foot 5 inch, 250 pound person, and a little 4.2, you know, four-foot person.

Dr. Sienna Steckel ([00:25:16](#)):

Maybe, maybe not. And so we, I do know that the technology's out there. Ideally it would be something we practitioners will be able to have at the bedside to quantify, okay, maybe I need a few more tubes. Yeah. Or maybe, yeah. So this is very new. And maybe I don't even know all the new stuff that's out there for sure. But it's exciting that we do understand that there's a certain number that we are getting good effects. Mm-Hmm. <Affirmative>. And the possibility of being able to even quantify and do more research is, is in active practice.

Caspar ([00:25:48](#)):

Is there a protocol you're placing patients on to just improve the therapy as a whole? Let's say again, go into PRP, you could put'em on papaya seed extract, trying to increase the number of platelets, you know, certain dietary things you could go for and and just maximize the effect of the therapy. Is there anything you're utilizing with patients?

Dr. Sienna Steckel ([00:26:08](#)):

I am and this is a, a moving target as we are, as I'm finding what works the best. And everyone's a little bit different based on what their goals are. But what I, the, one of the reasons I love working at the, the Biohack Lab 'cause it brings in all those other modalities that I like. So before ideally if somebody's inflamed or a the voltage isn't, isn't quite on. We do things initially. So we do some hyperbaric or some CVAC and PEMF, some red light. We start them on some stem cell activators. Like I'm really, really a good fan of, of STEMREGEN. Mm-Hmm. You know, getting more in circulation. And if somebody even needs a little, depending on what we're mo what we're our target is or our outcome, they may even need a little bit of, of that before.

Dr. Sienna Steckel ([00:26:58](#)):

Ideally also they're not exposing themselves to other toxins and viruses and stuff around the procedure 'cause You don't want those stem cells confused and, and trying to clean up shop. Now granted we're bringing them to one place, but after that we still don't want, we want the rest of them to go, go to those signals as well. And, and not just try to help the SIBO you have going on in your gut or some other cold that you just picked up. And then I also add peptides and IVs during or the day before. Some of them are clearing up senolytic cells so that your body doesn't have to deal with that. It's basically taking out the trash. You have a clean slate. Mm-Hmm. <Affirmative> Afterwards, I'm also a very strong proponent is just these VSELs are never in isolation or anything in isolation is gonna be effective.

Dr. Sienna Steckel ([00:27:48](#)):

You're giving them information. Mm-Hmm. <Affirmative>, now you gotta say, what do you wanna do with it? So you can, I can inject it or I can direct it in one place. But if you're, let's say your brain but if you don't then activate that area, they're just gonna be sitting there going, okay, I'm here <laugh>, you know, you're not telling them to wake up and to grow stuff. So you, you stimulate that area. And so whether that is with neurofeedback, whether that is with games, whether that's coordination, it all depends on, on what the goals are. If in the brain, if it's visual, you want them to look at things, you want them to track things, you want them to look at some depth perception or, or whatever the goal is. So now that the information's there, let's put it to use. And really, and, and so with that, I always like afterwards also more hyperbaric or CVAC, more peptides, more PEMF, all those things that are gonna help the cells not clump, help get the signal that the voltage there. Basically you've got little babies now we have to, now we have to educate them and train them and protect them and get them to really do what they wanna do. So those are the, the bigger class of things. But it is somewhat in a protocol depending on what their goal is at the time.

Caspar ([00:29:01](#)):

Let's talk results. Everyone wants to hear about results. Do you have any notable cases that kind of stick out to you? And of course, I understand the Biohack Lab, like, you know, a lot of integrated places. You're not just utilizing one therapy alone and there is a synergy to it. But is there anything that kind of sticks out to you when applying the VSEL therapy that, hey, here's what we saw in these types of cases.

Dr. Sienna Steckel ([00:29:26](#)):

The two that I'm most excited about actually didn't get much use of all the other modalities at the time. Mm. It couldn't or it didn't exist or they don't actually live here. And so they came their thing and had to leave and that was around the heart. Neurologic ones, we've seen some results, but they take more time and they can be very nuanced. Mm-Hmm. <affirmative> and I have some harder cases. So, but there's some, a lot but two that are, are just very subjective and easy are around heart patients. And one, I, I love this story because I forced her to come see me. She's a colleague of mine. And if you think I work hard, she has even more stress on her. And unfortunately went through the typical medical mo model and for her hyperthyroidism and a few other things.



Dr. Sienna Steckel (00:30:21):

And so because of the way it happened, she ended up with heart failure at a young age. And they almost transplant-level heart failure. And she's still teaching and in the ER and supporting her family and had some other metabolic things that weren't in her favor. And she really wanted surgery for something. Not that I agreed with it and didn't want it, but they wouldn't clear her because of her heart. Mm-Hmm. <affirmative> She finally was motivated enough to come see me 'cause I was begging her to come before that. And so she finally did because she had an ulterior motive and one session with VSELS primarily to her heart. And I get a text from her. Now, granted, I'm the one blowing up her phone before and she volunteered to text to me. She goes, when's our next session? Our next VSEL session. <Laugh>?

Dr. Sienna Steckel (00:31:09):

I'm like, it's been a month. Okay, when you want might be a little early. And before I can even get the text out, she sends me a follow-up text of a repeat echo of her heart. And she was about 20% before. She had gone up to 45%. So that means that the heart is able to pump more. And I'm like, why did you get an echo so soon? It's been a month. She goes, well, my doctor was noticing I wasn't swelling as much and I wasn't wheezing. And he's like, well let's just, let's just get an echo. Hmm. And the sad part is they cleared her for surgery. She had the surgery, she had a bad outcome from the surgery. So now I, but I did give her the second one before. And so she, you know, she probably would've died otherwise, but she almost did.

Dr. Sienna Steckel (00:31:53):

Wow. But the idea that even within a month and she didn't do much of anything else, a couple other things. Her capacity was enormous. She was walking around now she was breathing comfortably. She wasn't swelling and her heart was remarkably better. I also did a little bit of her knee just for like a couple seconds and she's like, Mm-Hmm. Did with my, and I didn't inject it, which normally I would. She goes, that thing you did with my knee, I don't have any pain anymore. She goes, why is that <laugh>? So that's one. The other one was another heart failure where he would be so tired just washing his hair 'cause of the amount of effort. And there's a lot actually with blood having to go up versus, you know. Mm-Hmm. <Affirmative>. And, and he would get winded just from a shower. And after one treatment within even less than a week, his family are having to stop him from over exerting himself, walking through the mall.

Caspar (00:32:51):

Wow.

Dr. Sienna Steckel (00:32:51):

He doesn't get tired when he showers anymore. And 'cause he wants to go, go, go, you know, he's not gonna know his own. Mm-Hmm. <Affirmative> some, the only thing that limits his now is his knee pain because like, when am I gonna come and do something? 'cause I really wanna focus on his heart. Mm-Hmm. <affirmative>, I don't have a repeat echo on him yet, and I keep telling him to, but that's outta my control. But, but clinically he, he's like a, a new person. So those are two that have been profound within less than a month type of results. And not everybody gets results that fast. Yeah. It depends on either how much kind of we need to work with but 'cause things will still, people will still end up getting results months later. Yeah. But those are, those are two pretty profound ones.

Caspar (00:33:37):

And are there any types of patients dealing with different diagnoses and conditions that should avoid VSEL therapy?

Dr. Sienna Steckel (00:33:45):

I don't think so. And that's a conversation. Some, the biggest conversation around that is cancer. Yeah.

Caspar (00:33:52):

Big C and

Dr. Sienna Steckel (00:33:54):

Yeah. The big C word. And I, and this is a whole nother podcast, but I think there's a lot of and there's a lot of different theories of what truly causes cancer and what cancer is. And if we don't know quite what that is, if it's not as clear cut as like I was trained and re retrained <laugh> it then goes, well how do we treat something if we don't really, I don't think, I still think that there's a, a broader conversation of what cancer is. Mm-Hmm. <affirmative>. So if you, we are afraid that if we are giving regenerative modalities to the body, that we are also getting regenerative things to cancer. Yeah. Being, if I, if I provide something that's gonna improve something in your body, is it also going to improve cancer, make cancer worse?

Dr. Sienna Steckel (00:34:43):

I'm of the thought that no, if I think cancer, I I is a imbalance for whatever that may imbalance may be. And that's another rabbit hole. But I feel if you're strengthening your, your immune system and your cellular capacity, it has the resilience to deal with that imbalance, which we will call cancer. And there are some places that actually use stem cells of different modalities for cancer therapies. Mm-Hmm. <affirmative>. And so it's a conversation with the, the, the patient and the patient's oncologist or whoever. But I, in general, I don't think there's any condition or individual or something that would either be restricted from it or wouldn't benefit from it.

Caspar (00:35:41):

Well, the beauty of it is you're utilizing something that's already in the body. Yeah. It's, it's, you're not introducing anything new. You are not trying to, you know get a, a kind of biochemical reaction by adding chemicals or anything like that. So it, it, it is one of the, the most natural forms of therapy you could think of. This is just activating our innate healing abilities. And that's, that's why I believe it's, it's not really looked at in a way, let's say as you know, stem cells are, especially by the FDA and medical boards, you are, you are not adding anything new to the body. You're just taking it out. Just using it and putting it back in. Yep. So

Dr. Sienna Steckel (00:36:22):

Yep. And beautifully said 'cause that's one reason why the FDA it is so safe. And we are, I love that you commented on that 'cause that's what I feel. I feel it's a very, it's a very sancuous, energetically aligned. We are just tapping into your own intelligence, maybe giving it a little boost to say, Hey, this little area over here needs some needs some of your love needs, some of your information needs, some of your it's it's been bombarded a little bit or it's been misguided. Maybe you can come put it back on board. And that's it. And, and, and the the other modalities are really just to support what our bodies are naturally able to do when we get out of the way. Yeah. And this is another, we're just coaxing it or encouraging it to do what it's naturally meant to do. And that's, yeah. That's why I got behind it and I keep using it. 'cause it, it can't hurt at all. Mm-Hmm. <Affirmative> As far as causing any reaction or damage and yeah. So.

Caspar (00:37:30):

What other therapies are you utilizing at the Biohack Lab that you're excited about? Beyond VSEL? Maybe combinations. And of course everyone's individual and there's personalization to this, but overall patterns do you see that are really, really impacting people?

Dr. Sienna Steckel (00:37:46):

So many. Well, anything that gets our nervous system regulated and that's kind the term, but calms this constant state of fight or flight and we don't even realize we're in it. 'Cause you're like, oh, I don't feel stressed. Well, your body's feeling it underneath. And we don't have to be jittery or angry to be feeling that. And that's one of the number one things I try to do before even VSELS. 'Cause if you are for any reason in that, we'll say blocked, clamped, fight or flight, sympathetic tone, they're not gonna go there and do what they need to do. Yeah. And that's even the beginning part of all of my treatments are right there on your vagus nerve, nerve <laugh>, that's mm-Hmm. <Affirmative> where I put all the energy and all the treatments before. And that's why we're trying, so what this, the lab here I joke that I wanna get a metal worker or somebody to get a, create the chemical structure of oxytocin and put it on the wall.

Dr. Sienna Steckel (00:38:50):

<Laugh>, it feels like they got a warm hug when they walk out. Mm-Hmm. <affirmative>. And everyone feels better. And it, the other modalities help. I mean, it might be the sauna, it might have been the red light, the PEMF, but it's ultimately because their systems went down, their shoulders went down. Yeah. They breathe. And anything, anything is possible in that state. And we don't realize that we aren't in that state 99% of the time. No, no. And that's, and that's because that, to me, that's a cause of dis-ease. And there are a lot of other, I mean, there's a lot of tricks out there that, or I don't say tricks. There's modalities that help get us into that mode, but it's not, this is where I have some issues, maybe with the biohack community where if it's another thing on our list to do, even if it's a good thing.

Dr. Sienna Steckel (00:39:43):

But it's, it's like you go and you meditate for 15 minutes, but then you get right back on and you have road rage or you start yelling <laugh>. Perfect. You know? Am I, yeah. How about you? Is it really doing what we wanted to do? Yes. You did it and it was great and you had your little aha maybe Yeah. Even breath work. But it goes back to that question of why, right? Mm-Hmm. <affirmative>. So I, I love IV ozone or different modality ozone. I love frequency modalities, whether it's magnetic or whether it's pulse to electrode. Mm-Hmm. PEMFs or PMAs, whether it's voltage related or, or pressure related with hyperbarics or the CVAC. And I mean, there's all these other amazing things that help turn on the the cells. They help with things across the membrane. They help with circulation and lymph flow.

Dr. Sienna Steckel (00:40:35):

These are all good things for the body and I love all of them. And I'm passionate about so many of them and light therapies. So all different things of frequency. But the number one thing that will move the needle is if the individual is believes that they are worthy of receiving Mm-Hmm. And worthy or not worthy, like they've earned it, but they they own that they are whole as they are. Yes. And that's, that is how that's miraculous healing, you know? Yeah. Miraculous. But it's truly what it is, neurofeedback is, is a fantastic way. And, and we've been diving into that and that's a whole training. But all of that is doing is unloading these levels of belief systems and things that keep us like this. Yes. And we have no idea why, because we didn't take the time to sit back and say, why am I doing X, Y, and Z? Why am I feeling this way? Why am I acting this way? Why am I, you know, the, the why? So I know that's not quite the question you asked, but it goes into why I like all these modalities. But ultimately all these modalities come back to that's the reason I use them.

Caspar (00:41:45):

Yeah. And I, I've always said that these modalities are catalyst of what happens in nature. What happens when a healthy organism, that's what they do. They're not meant to push you too far, do anything. They're just reenacting basically what our body already does and has lost that ability too, because of, you know, dysregulation, as you mentioned, root causes, toxicity, whatever it may be. But you are, you're very

correct in, in this idea that if you don't have the foundations of why, if you don't have the foundations of getting out of lower consciousness states, all of these catalysts don't mean as much. They won't work as well. And that's where I do believe a lot of people get hung up because at these biohacker conferences, as many conferences, you're gonna have a mix of attendees. I go there trying to network and do everything. My why is to, you know, broaden to meet people such as yourself.

Caspar ([00:42:37](#)):

But a lot of people's why, why they go there is because they're dealing with something. I remember being in the front row, I believe it was your talk and Zach's, and there was a woman there just asking questions you could tell it was about her, you know, she had some injury or something. This happened. And she would just tell me more about this. Tell me. And everyone was like, afterwards, let's meet because this is kind of like a patient consult now. And you have a lot of those people and they go from conference to conference to conference asking and looking for that one silver bullet when a lot of times they're not really going within and saying, what, what is within me that's blocking these wonderful therapies from working? 'Cause then you go, it didn't work. It didn't work. And nothing works because you are not in the state for it to work. Am I right?

Dr. Sienna Steckel ([00:43:25](#)):

A hundred percent. You're looking outside of yourself for an answer or an explanation or a treatment or something to fix you. Yeah. So you think that you're broken, you've identified with this disease or this state. And so what I commonly hear are, see people, you know, they've gone to 20 different doctors. They've done all these extraordinary treatments. They've gone to Europe, they've gone to Mexico, and they've done some things that I think are amazing. They've done the plasmapheresis and they've done these cleanses, I mean, some amazing things. And why am I still not getting any better? You know, still waiting for that, that aha doctor or that aha treatment <laugh>. And it's, it's never outside of ourselves. And until they say, or they, they ask themselves, how is this serving me? What about this is still here? Or, or what have I not addressed that this is here because it is, and I know people, this is, a lot of people are not gonna wanna hear this. It's gonna make a lot of people cringe and, and hopefully not maybe keep watching your podcast. I, I apologize, you can cut this out. <Laugh>

Caspar ([00:44:38](#)):

No go.

Dr. Sienna Steckel ([00:44:41](#)):

But this disease, this condition, I believe is there because it's still serving us in some way. Yeah.

Dr. Sienna Steckel ([00:44:52](#)):

And even if it's pain, we call it painful. We, we tell everybody we don't want it. And we go, you know, years and all these specialists and we keep saying that we don't want this. We wanna be different. Mm-Hmm. <Affirmative>. My belief is part of, you may think that that's what you want because that's what is expected, or you think that would be the right way to be. But it's still there because either we haven't wanted to address something Mm-Hmm. <Affirmative> or it's still serving us in some capacity. And most of the time we don't know that. We don't know what that capacity is 'cause we haven't asked the question. And I know I went on a tangent there, but it's again, looking for things outside of ourselves and not asking the right question.

Caspar ([00:45:44](#)):

Yeah.

Caspar ([00:45:46](#)):

I, I, I agree with you a hundred percent. And I know that ruffles feathers when you say, what do you mean? I want this disease? I needed this disease? But the truth of the matter is, most people that have struggled with it and come out the other side will look back and say, it was a blessing. I needed that transformation. I needed that kick in the butt from this disease that was horrible going through it. That really took years away from me, but also gave me a whole new appreciation. Again, I think disease, you shouldn't even look at disease. You should look at the healing process as very transformative for your highest good. And when you go through a true healing process, and I say this, it's not easy. It's not taking a pill and continuing what you always did. It's not masking, it's not a surgery and continuing the way you were, it's going into the depths of your soul to try and figure out what is needed of me to change, to truly heal.

Caspar ([00:46:47](#)):

And that's never easy. I'm, I'm sure you see this a lot. Like patients come in, they get VSEL, they get ozone, they get all these remarkable things, but they won't address a trauma or a poor relationship with their sibling or something there and say, no, no, you got me better doc. I'm great. I feel good. But that's still there. I hear. And then sooner or later they will return because they didn't address the thing. And of course, we're not just body, we're mind, we're spirit, we are relationship, we're all these things. So the fact that so many people I think they just have to understand healing is going to be a long journey. We are always healing forever, really, in a sense. But especially healing from a chronic disease is, is not easy. And it's there to teach you a lesson. So it's almost be open to that, you know, be open to the lesson, whatever it may come.

Dr. Sienna Steckel ([00:47:33](#)):

Yeah. And even though it may not be it may be something that is viewed as long-term, like not easy. I think the opening up the possibility that it can be easy and it can be simple, allows that breath that is not overwhelming. That it, we don't need to be, doesn't need to be chronic. It's only chronic 'cause we keep holding onto it or we haven't addressed it. It opens the possibility and things can happen pretty quickly. Oh yeah. If that, if that was the, the nature of what is the plan for that individual. And it's also just how open or ready, or how much wanting that individual is for true transformation. And just like, whether it's, you know, somebody could say, oh, it's not just I'm holding onto this trauma, or I'm not forgiving this person. That's a big piece of it. But also maybe why am I still staying in the type of environmental exposures that I am?

Dr. Sienna Steckel ([00:48:44](#)):

Hmm. So, you know, if we wanna even just go back to, to grasp stuff that somebody doesn't want to dive into the ex, you know, the es quote unquote esoteric, just because we haven't put it into our normal vernacular yet, and saying, okay, why are you still listening to this? Why are you still eating these kinds of things? Why are you still having this routine? Why are you still going to that job that you hate? Why are you still in this relationship that all you're doing is it brings like resentment in you, but you're holding onto it? So it can be even as simple as, I know I shouldn't I don't like the word should, but this isn't serving me. That this behavior or the, the kind of content that I'm listening to, every piece of our environment goes in and influences us.

Dr. Sienna Steckel ([00:49:25](#)):

Why am I still saying these things? That if I listen to the words that I'm saying, which are spells, I'm owning that and my body is going to make that a reality because I'm telling it. Your body doesn't know nuance and it doesn't know sarcasm. Yes. It, it, it knows exactly what you say. And if, if you know, you look in the mirror and you say, oh my God, look how ugly this is, or how awful this is. Maybe I'm, maybe

I'm projecting here, I don't know or I, I can never find the right person, or I can never find the right job. Guess what? Your body's believing that. And so yes, you know, you, you take these VSEs or you take any of these, but then you go right back into the environment that is causing that stress or causing those exposure to toxins and the molds or all those other little things that we know that are constantly you challenging our body. You're right. Why, why? You know, I, we keep giving ozone. We can keep giving stem cells, which I love them all 'cause they're fantastic. But they're not gonna truly enable you to be who you wanna be. And healing, healing implies that something's broken. And I like to encourage the idea that we're not broken. No.

Dr. Sienna Steckel ([00:50:36](#)):

And we don't need to heal unless we are attached to the idea that we aren't already whole. And that's why I need to find a new relationship for myself with the idea of using words like healing, because then I'm implying to somebody Mm-Hmm, <affirmative>, that's there's something wrong with you. And I would rather imply that there's nothing wrong with you. You just may not be exactly who you wanna be yet. So let's un heal, or let's un un let's get you into that environment that allows that to, to express itself.

Caspar ([00:51:07](#)):

Yeah. It's a return to the authentic self, which is a completely healed and always you know, optimized individual on every level. And I remember even on the panel it was a little bit of, not debate, but the idea that thoughts become matter. I remember you are very much a proponent of that. And I do completely agree with you that, you know, your beliefs become your reality and it's a big part of it. How much of the idea of intention while you're receiving treatments, especially the Biohack Lab with you, how much does that play a role in the overall success of a treatment?

Dr. Sienna Steckel ([00:51:45](#)):

Huge. Yeah. In fact, I even give them their stem cells before I infuse them and I have them and, and view their intention at

Caspar ([00:51:52](#)):

<Laugh>. I love that. We do the same. I have a little sticky note that I, we give them that they could put on the bags or any with that I'm healing, I'm strong. Yeah. <Laugh>. And so some people laugh at it, but again, it's how

Dr. Sienna Steckel ([00:52:03](#)):

Can do it. And then after a while they're like, oh,

Caspar ([00:52:05](#)):

You know. Yep.

Dr. Sienna Steckel ([00:52:07](#)):

Because they haven't been given permission to say, what, what do I want? What do I want with these guys? And everything is about, yeah. Well, I don't wanna say everything's about intention, but it is, it doesn't necessarily have to be verbalized and like, oh, I wanna just do this. But the intention may just to be open to healing. It may just, or, or there's, there's that word healing again. Mm-Hmm. <Laugh> Open to receiving actually would be even for most people. We have a hard time receiving. And so I do IV ketamine therapies as well. And, and that is another, the only way that experience goes, not the only way, but it, that is what allows that experience to be so impactful is to be open to possibilities, open to seeing things differently. And the intention can be specific after a while, but the intention is what is innately you,



the I, saying this is who I want to be, this is who I am. And that allows for things to align. Go. Oh, okay. So it's, it's a big piece.

Caspar ([00:53:18](#)):

Yeah. And, and again, people sort of overlook it and they think, oh, whatever. But I, I truly believe, and again, through anecdotally seeing people and their healing journeys are, are much speedier when they have that intention, when they have that why, when they have goals that go beyond, I just don't wanna be sick. A lot of times, sometimes even that may be in the subconscious, not really the truth. Right? Subconsciously, a lot of people I do believe, attach themselves to their disease and lean on that. They've been out of, let's say the, the workforce or you know, and, and kind of using that, oh, I'm not going out 'cause I'm sick, guys, I'm, I'm not doing this. I'm sick.

Dr. Sienna Steckel ([00:54:01](#)):

Oh, yeah. Oh, that's, that's huge. Right. And I, oh gosh, I can, I've got too many stories because I see it in the ER all the time. Mm-Hmm. And I think that is what started frustrating me the most is people not wanting, they owned their sickness. I have this, I have this. And they would come in because it was exacerbated or they thought it was, and there was no even awareness that who am I if I don't have this? It's not in their vernacular. Mm-Hmm. It's not in their relationships with their family, it's not in their relationship with work. It's not with, I'm like, I'm learning is, what are you willing to give up to get what you want? Mm-Hmm.

Caspar ([00:54:48](#)):

<Affirmative>.

Dr. Sienna Steckel ([00:54:50](#)):

So for the medical or, or for physiological stuff, particularly if they're younger kids would hold onto, we were learning that, you know, a, a headache or stomach ache was a wave. Would, would, you know, kids with migraines. They, we learned that we're learning that one reason maybe kids with the migraines is 'cause that's when they got attention from their, their family. Mm-Hmm. <Affirmative>, you know, maybe the parents were arguing and then Johnny got a headache and all of a sudden there was, they weren't arguing with each other. They're trying to get him better. So there, that was calmed down and he was getting the attention. It wasn't a purposeful attention. It was kinda like, I have no way that I can get my parents to stop arguing. Yeah. So my body's like, here's a solution. Yeah. I'm addict and I'm gonna make them pay attention to you. Maybe take you to the hospital, maybe dot on you. And so everyone can be calm now. And we don't realize <laugh>, these things come up and you have to be saying, okay, who am I if I'm not, you know, a diabetic or if I'm not, you know, some itis or some chronic thing. Because you have to be willing to give up what it's doing for you.

Caspar ([00:56:03](#)):

And that's, that's kind of a, a beauty also of the intelligence of the body. The symptoms are warning bells. The symptoms are, are signs. Sometimes you need to be a detective to start to, you know, find, well migraine, could it be the family dynamic? And, you know, that's a protective measure of sorts. But for many people, I, I think we go into this act of subdue symptoms immediately. Don't question, don't ask. Headache? You know, Advil, let's say a Tylenol, Advil. Like anything pain get, just get rid of it when we should be asking a lot more. What's this trying to tell me? Right.

Dr. Sienna Steckel ([00:56:39](#)):

I think I, I said superpower and that might be a little bit strong, but I would use words like anxiety or depression and pain. I gotta find a better word than superpower right now. But they, they, they are in a sense Yeah. That they have like these beacons saying, okay, something's off. I'm trying to tell you something. Your body's here like that. And it could be beautiful warning signs, like in, in an acute set setting, they do, they get you out of that state of danger or they get you outta that behavior. But when we hold onto it or we do we subdue it or take it away like painkillers or anti-anxiety medications, we don't actually get to fully feel it and learn through it and move through it and figure out what it's trying to tell us. Because we don't want that feeling. We wanna get rid of it right away. And we've got all these modalities and pills and things to get it, to get rid of it. Yeah. But it doesn't get rid of it. All it does is it's, it stuffs it down 'cause it's gonna come back up Yep. And stuff it down again. Come back up until we deal with it. And yeah. So symptoms are exactly that. They are telling you, you your doctor who something we're just not listening.

Caspar (00:57:49):

Yeah. And that's why I feel like we need to be much more introspective and much more intuitive with our bodies. I don't feel many people are in touch with that and don't even wanna be, I find that interesting sometimes that people don't stop and just ask themselves questions in their head and are almost scared to, we distract ourselves all the time with media, with something else, with Netflix, you know, all these things when even just like five to 10 minutes of asking how'd I feel today? You know, what worked, what didn't, you know, am I feeling where, where am my body? Do I let me sense it and kind of, you know, sit down, meditate, and ask a question on it. That would be so helpful for everyone.

Dr. Sienna Steckel (00:58:27):

<Laugh> I used to joke and I still kind of do, is we've lost, we, we haven't been taught how to pay attention to our body. In fact, I, most of us don't even know when we have to go to the bathroom like truly or when we're hungry versus thirsty when we're tired versus, you know, I thirsty could actually, you know, there's just all these things that we just, we we have no connection. Like what, am I truly hungry or am I just, is this some Pavlovian response or am I just nervous? I mean, big categories, eh, we can also say what this emotion feel like, but just basics. Like, we aren't tuning into our body. We're, we're going by the clock. I shouldn't be hungry until this time. Or it's external signals that are telling us how to read our body versus, oh, this is what I'm feeling at least in this society. I know there's other societies that far, they're more in tune to some of this. And cultures from my experience growing up even though I had kind of hippie parents, but it still wasn't a daily practice of, you know, what am I feeling?

Caspar (00:59:37):

Yeah. And you're right, there are definitely cultures that do it that slow things down and ask those questions and are incredibly introspective. A lot of Asian cultures, you know, who really value that. But it doesn't happen here. And it's one of the reasons I'm a proponent for traveling and seeing that maybe opening your mind that yes, it's not just like America everywhere, <laugh> things are different elsewhere. And you could actually benefit a lot from learning about that. You know, talking about what's out there in the world. Is there anything you are excited about the future of medicine or things that you are eyeing to add into your toolkit?

Dr. Sienna Steckel (01:00:13):

Oh geez. We don't have enough time for that. <Laugh>. oh my gosh. So many things. But they all ultimately come back to the why Mm-Hmm. But there's modalities that I'm still interested in. I'm taking some deeper dives into photobiomodulation Mm. Turns on certain cells and certain activators things. There's the plasmapheresis that's coming out and all of it's different. Whether it's just exchange, whether it's the young blood, whether it's it, you know, on top of ozones and lasers and frequency devices. And I, I

just love the tools because I think it's fascinating. Yeah. And I think you're learning more on how to make them work with the body. 'Cause all of these are tools and, and I I do get on my little soapbox sometimes when there are places out there that have all the tools, but there's no guidance of when to use them. Mm-Hmm. <affirmative> How to use them. Right. For, for what the, our goals are. Cause they can actually be very damaging.

Caspar ([01:01:12](#)):

Absolutely.

Dr. Sienna Steckel ([01:01:13](#)):

But definitely not getting into the goals that you want if used for the wrong reason. And, and the most common one is a cold plunge. Like if Mm-Hmm. <Affirmative>, if you do that right after you work out, I'm so sorry, but you just kind of negated some of your potential gains. Mm-Hmm. <Affirmative>. Now if you want, if you're an athlete and need to get back on the field and you need quick repair because you got perform again. Yes. Do it after the game. So even timing of when a cold plunge might be, or, or Cryo therapy or something. And that's a very small example, but it is an idea of, of what does my body need at this time? I love learning about all these modalities. I'm, you know, even to other consciousness fun things, but Mm-Hmm. <Affirmative> the biggest, they all come back to how are these going to help me where I am, get my body aligned to prof to show up in this 3D reality, the way that I wanna show up.

Caspar ([01:02:07](#)):

Yeah. And

Dr. Sienna Steckel ([01:02:07](#)):

That's the only reason I'm learning all these things. And that's the only reason I'm in this role is to be able to say, here's a cornucopia, but let's see where you are and which one of these fits in, in, in your construct and in what you might be open to. And of course, I will challenge that construct a lot in a very loving, loving way. <Laugh> <laugh>, because I'm always trying to ex expand the mind. But yeah, so there's, there's a new modality almost every day or every week. And that's the beautiful part of, of how AI is allowing things to evolve. And but I, I don't want to get away from the fact that these are only tools Yes. That help us once we are, once we've allowed ourselves to be, to say, this is what this physical body needs at this point time. 'Cause we're always being exposed to stuff. We're always being bombarded. So that's another segue of answering.

Caspar ([01:03:01](#)):

No, it's, it's very, very true that it's an exciting time and there's always something I too am such a geek about, like new modality, learning something new and seeing it applied and it always gets me going. And I know there's other people out there also, but you still have to approach it with some artistry and some sense of how does it fit into the whole and how does it fit into the individual as well? Because if we just start collecting all these things and then just throwing them randomly at people, you're right, it could actually harm the person in some ways. A lot of these don't have negative side effects, especially if they're more on the frequency and energy side. The body will take what it will, but it's just not gonna be that efficient. You know, it's, it's just, I already had that information, I don't need it.

Caspar ([01:03:45](#)):

Thanks, but no thanks. I need this information, which you're missing. So it's, it, there's still such an artistry to medicine and we can't overlook that. And we can't become technicians that just say, try everything and let me throw it all at your body because it, it will sometimes be that it's detrimental to you

and at least it'll be for healing or for going through a chronic disease and trying to come out better. It's gonna be a long, long time of hit or miss. And this is what you probably see with a lot of patients that come to you. Oh, I've already tried that, but have you tried it in conjunction with this and started here, detox the body, then done it, and

Dr. Sienna Steckel ([01:04:23](#)):

They here one session there or one session there, one session there. Yeah. There's that magic bullet again. Magic.

Caspar ([01:04:29](#)):

Yeah. No, that's what people have to learn. But luckily there are places like the Biohack Lab that yourself, that are helping people really understand that and apply it in the right way. Where can people learn more about you and the Biohack Lab?

Dr. Sienna Steckel ([01:04:44](#)):

Well, the website is in construction. It doesn't tell you much about me, mentioned a couple modalities, but [drsienna.com](#). It's D-R-S-I-E-N-N-A. Granted it doesn't say much yet, but it's a landing page. The Biohack Lab has my information and a lot more of these modalities. And that is literally the [biohacklab.com](#). Those are the biggest platforms right now. Things are, are growing. It's, there's a lot here and there's a lot there. It's just not, yeah.

Caspar ([01:05:15](#)):

Social media. Oh, trust me, I know it takes time for it to leave the brain and make its way out into the interwebs and everything else. I it takes time. Listen, I understand you're, you're a practitioner. You need to focus on patients first and helping others. So it's not always easy to do it all.

Dr. Sienna Steckel ([01:05:35](#)):

As my momma would've said and, and did say when she was around is her wish for me when I was 17, I think is not to solve all life's problems in the next 24 hours.

Caspar ([01:05:47](#)):

<Laugh> yes, na nature is, is sometimes slow and deliberate. Ask anybody that's pregnant, you know, you're not gonna just do it in three months. <Laugh> nine months, <laugh> <laugh>. Dr. Sienna, thank you so much for coming on. I, I, I wanna come visit next time I'm down there and experience it at also, so you'll be hearing from me shortly. And everyone listening, do go check out [drsienna.com](#), the [biohacklab.com](#) and until next time, continue writing your own healing story.