When Herpes Viruses Don’t Go Dormant: Chronic Viral Reactivation Explained Transcript

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Introduction to Herpes Viruses and Q-Restraint

And so what you want to do, and this is, I think, fascinating science, you have to find a gene that exists in the target microbe that does not exist in any other microbes or us.

Because you don't want it attacking anything else. You want it specific to… Yeah. Yeah. Yeah. You don't want to block because that's what makes this superior to an antibiotic or an antiviral is I'm not going to kill lots of viruses.

I'm just going to kill this virus. Now, people have this idea that all viruses are bad. That's not really true. But we have overcome the idea that all bacteria is bad.

And so people recognize that, yeah, I don't want to kill bacteria indiscriminately because I might kill some good ones. That's probably true for viruses.

We don't really know that. We have less data about that. But the beauty of SOT therapy in general, or Q-restraint, is that it is targeting just that one thing.

And that's a fantastic situation because now we're killing the problem. that we found and not other stuff. Your health is shaped by more than symptoms.

Through real stories and expert insights, we explore how your genetics, environment and daily choices affect your well-being. We uncover root causes and share practical tools to help you find the healing you need.

Welcome to the Forum Health Integrative Medicine podcast. Welcome to Forum Health Integrative Medicine podcast. In today's episode, I'm joined by Dr. Andrew Peterson, a practicing physician and complex illness specialist, as we take a deeper look at the herpes family of viruses and what patients need to understand when symptoms don't resolve with conventional care.

I'm your host, Amanda Grabeau, a certified health coach and integrative wellness educator, helping practitioners and patients decode the why behind chronic health patterns and how to unlock optimal health.

Dr. Peterson is a nationally recognized physician for his work in Lyme disease and tick-borne illnesses, and his expertise extends far beyond that. He's known for addressing conditions that often elude traditional diagnosis from chronic viral reactivation and immune dysfunction to environmental toxin exposure, endocrine imbalance, and autonomic nervous system disorders using innovative patient-first strategies.

Together, we're breaking down the herpes virus family and discussing a cutting edge personalized treatment approach that's changing how chronic viral illness is addressed in integrative medicine.

Let's dive in. Welcome back to the show. Today we're diving into a topic that affects far more people than we realize, herpes family viruses. This includes the common herpes viruses, HSV1 and HSV2, as well as chronic reactivating infections like the Epstein-Barr virus.

These viruses can create persistent symptoms like fatigue, brain fog, swollen lymph nodes, headaches, reoccurring outbreaks, and more. Symptoms we see every day in our clinics.

We're also talking about a therapy called Q-Restraint, RGCC's personalized gene targeted treatment designed to help interrupt viral replication and support the immune system.

Joining me today is our co-host, Dr. Peterson, who has been offering this therapy in his clinic and has seen firsthand how it can make a difference for patients struggling with chronic viral symptoms.

Thanks for joining us, Dr. Peterson. How are you doing today? Thanks for having me. I'm doing great. This is a great topic. I'm excited to talk about it.

Me too. Well, let's dive right in. Tell us, what is herpes and what symptoms are consistent with herpes family viruses? Right. So herpes viruses are a DNA virus, and maybe that's going too deep into the weeds already, but viruses can have RNA or DNA.

Herpes is a DNA virus. It belongs to a family called Herpes viridae that you could probably have guessed just because it's the same name. There's actually eight, but there's seven Herpes viruses that are tested for somewhat commonly.

Herpes type 1 causes cold sores on your lip. They generally live in the trigeminal ganglion.

Herpes Virus Types, Transmission, and Reactivation

So that means it affects the mouth and the face. Um, herpes type two, those live in what's called the sacral dorsal root ganglia. So that's down your sacrum is at the bottom of your spine.

So it affects, um, affects the genital region. Herpes type three is chickenpox. It's also called the varicella virus. Herpes type four is Epstein-Barr.

Often that's called mononucleosis. Herpes type 5 is cytomegalovirus. And then they stopped giving them names in herpes type 6 and 7, or just called herpes type 6 and 7. And they all live in nerve tissue.

They also live in T cells specifically in our immune system. So herpes viruses, you usually catch them through some sort of respiratory or salivary transmission, right?

And 80 to 90% of the population has herpes type 1. And most of the time they caught it from their mom or their dad or their grandma, somebody that kissed them when they were a baby, right?

Because we like to kiss babies. And so it's not unusual to have the herpes type 1 virus at all. Nothing questionable about it. The sort of black sheep of the family is herpes type 2 because it's usually transmitted through sexual contact.

But it's not the only way that it could be transmitted. It's just the most common way that it could be transmitted. It's still a salivary and respiratory transmission, possibly.

Herpes type 3, of course, chickenpox. We get that when we're kids. This is an interesting thing about herpes. We tend to catch it at certain times, right?

Like if you've got a six-month-old around a five-year-old and the five-year-old has chickenpox, there's a good chance the six-month-old won't get it. Right.

And they won't get it until they're, I don't know, three, four, five. And pretty much everybody gets chickenpox between the ages of five and 10 back before we vaccinated for it.

Meanwhile, if you've got a teenager that is around a five-year-old and the teenager has Epstein-Barr, the five-year-old is probably not going to catch the Epstein-Barr.

And I don't know the explanation for that. Maybe there's some virologist that we could eventually talk to and find out, but I don't know. We just tend to catch these at certain times in our lives.

So chickenpox, and people are familiar with chickenpox being reactivated. That's what causes shingles, right? Yeah. This is worth understanding. Herpes type 1, 2, and 3 live in peripheral nerves, nerves beyond the brain, right?

In these ganglion. And that's why you could have a… a reactivation and you get a cold sore, you get a genital sore, or you get this stripe of this rash of painful lesions that looks like chickenpox, but it's just in one stripe.

That's because the virus was living in those nerves, right? In that specific nerve, I guess I should say. Meanwhile, herpes type 4, which is Epstein-Barr, 5, which is cytomegalovirus, and 6 and 7 lives in the central nervous system.

And so when those reactivate, you get fatigue, you get brain fog, and you can actually get Bell's palsy as well. What's Bell's palsy? Bell's palsy is when one side of your face droops and you can't smile or laugh and that's because it affected that trigeminal nerve, which is a cranial nerve.

Yeah. I would say a herpes virus is like if you've got herpes type 1 or 2, it's really a matter of this is painful. I don't want to have a cold sore because it hurts and everybody looks at it or genital herpes is particularly painful and then there's some level of embarrassment like how did you catch that?

So those are great candidates for this Q-restraint therapy. Herpes type 4, 5, 6, and 7, well, they're great candidates because they cause chronic fatigue syndrome, right?

Herpes type 3, because we have a vaccine that works relatively well, particularly for people that are trying to prevent the shingles outbreak, that's probably unnecessary.

I am an advocate for getting chickenpox over getting a vaccine as a kid. And that's probably a controversial position. But I don't think chickenpox is all that problematic.

I think we're seeing more incidence of shingles because the vaccine is not as effective as getting sick is at preventing you from getting it again. That's a matter that's up for debate.

So if people disagree with me, they could be right. But we don't have a definitive answer on that yet. So I don't feel uncomfortable having my position.

So hopefully that gives you a general idea of herpes viruses. Mostly transmitted through respiratory, salivary, when we catch them and what they do. Yeah.

So quick question on shingles and chicken pox. If you've had chicken pox, are you more likely or can you get shingles? Do you have to have chicken pox in order to get shingles?

Yes, technically you do. You have to have had chicken pox in order to get shingles. If a person says, I got shingles, but I never got chicken pox, well, they probably just didn't know they got chicken pox.

They had a very mild case. Okay. And then as far as symptoms, herpes 1, 2, more of the cold sores, fatigue, muscle aches, sometimes fever blisters, migraines.

Well, the fatigue and the muscle aches are going to be more from herpes type 456. 456. Really cold sores. I suppose when you get a cold sore or when you get a genital outbreak of herpes type 1 and 2, it is brought on by the same things that would bring on a reactivation of herpes type 4, which is some form of stress.

You got sick with something else. A lot of people see these because stress is a big thing with the viruses, like you said, reactivating. They can go dormant or you have periods of time without the physical symptoms, but in all reality, they're in us and they can be reactivated.

Unfortunately, I think it's confusing or misleading when we say that the virus is dormant or the virus has passed. I talked to a patient today and she said, oh, my doctor said that that was a past infection.

Well, that's true. You did get it in the past, but you still have the virus. The virus is not out of your body. Now this is a mind boggling thing about viruses.

And I suppose somewhat up for debate, but viruses are not alive. Viruses don't have a metabolism and therefore they don't require any energy input. And that's one of the rules of being alive is that you have a metabolism.

and that you can auto repair and they can't do either of those things. So in the strictest sense, viruses aren't alive. You could think of a virus, like if I wrote you a mean letter telling you that I don't like you and you should be embarrassed about something, right?

You wouldn't want to get that letter. It would make you feel bad, right? And then if after I gave you that letter, you made, you got angry and you made hundreds of copies of it and you kept it in lots of different rooms in your house.

Well, the letter is like a virus. It's not alive. It is conveying information because that's what the DNA and a virus does. It's sharing this information.

You don't actually have to read the information, but it's there. And so everywhere you go in your house, you see this letter that I wrote to you that was mean.

And if you don't make any other photocopies of it and distribute it to other people, then the virus is dormant. But if you start making copies of it and handing it out to your other friends and saying, look what Dr.

Peterson sent to me. Now you're sharing the virus. OK. So the idea that a virus is dormant is very much like you got some piece of mail that you didn't want.

Immune Dysregulation and Chronic Viral Symptoms

and you're not making copies of it. Okay, great. It's dormant, but it still bothers you. Yeah, it's still there. Yeah, it's still there. And if you go look at it, you're like, oh, that's a stupid letter that Dr.

Peterson wrote. Why is he such a jerk? And then sometimes your immune system is just like, I'm going to make copies of that because I'm angry today. It's not your immune system that makes copies of it.

What happens is your cells, and it could be cells in a variety of places in your body, depending on the virus, but in this case, it's your nerve cells.

Your nerve cells start making copies of the virus. I'm a microbiology major and I find this sort of thing fascinating. What is the purpose of a virus?

Why do they exist from an evolutionary perspective? And the reality is they probably exist to share pieces of data or information that might be useful to another species.

And so we have all, we've got a bunch of viruses in us that aren't bad for us. And if that little string of DNA was somehow useful, you'll incorporate it and then you'll be a better fancier species because you started to use that.

And it doesn't really look like herpes viruses do us any good whatsoever. maybe we could think of them like mosquitoes but mosquitoes do feed fish which do feed people so maybe we're like oh I'm not sure what they do we don't like them right then now I'm not advocating that we need to keep them around by saying that.

We just don't know what the upside of that particular virus is. But viruses in general are simply sharing data from one person to another. And it could be useful as species adapt and evolve.

So you've got these viruses. If they are dormant, like for example, if a doctor does a test of your Epstein bar, He should check your viral capsid antigen, your nuclear antigen, your early antigen, and potentially your IgM viral capsid antigen.

The IgM is only relevant if he thinks that the infection is some, you've only had it for a year or less. Otherwise, those three IgG antibodies are what you want.

And the nuclear antigen and the viral capsid antigen being high just says you have immune reactivity to the virus. It doesn't say the virus is replicating.

But if you have positive early antigen, that says the virus is replicating. Now, if the virus is not replicating, then we use the term dormant. And that's fine.

It isn't making babies, but it's not gone. No, and you can still have… And that's the important thing for people to wrap their heads around is, I still have the virus.

It's just not making babies right now. Yes. I have kids in my house. They're my children. I love them. They're not making babies. That doesn't mean they're dead.

That just means they're not making babies. Yeah. Right? My wife and I aren't making any more babies either. Some people would say that's good. We've already got six kids.

Why would we make more? But we're not dead. We still use resources. We're still, you know, causing stuff. So the virus that's in you, when it reactivates, then it causes more issues.

But when it's not active, your immune system can be still quite upset at its presence and creating an immune response that's problematic. Does that make sense?

Yeah, low grade inflammation. You might not have the outward symptoms like the cold sores or anything like that, but there's still the presence of something foreign in the body and there might be a low immune response in the background of the body.

Yeah, probably what there is is there's an imbalance in your TH1 and your TH2 cells and that's what tells your immune system generally. Should we go attack stuff or are we good to just sit here and be okay?

Yeah. You can think about these are humoral immunity T helper cells. You can think about them like the generals in the army. The soldiers, we can have lots of soldiers and not shoot at anybody.

They'll just stay home at Fort Benning and do some training exercises. But if the generals say, go kill some people, then that's what happens. And so your T cells, when your T1 cells go up and your TH1 cells go up and TH2 cells go down, now it's time to go fight.

And if you have Epstein-Barr or you have cytomegalovirus, you're going to be stuck like this sometimes. And then you're fighting stuff like your cologne and your cat dander.

because of the virus. So the virus is only causing immune dysfunction. It's not causing direct symptoms. So it can still be an issue. Does that make sense?

It does. Yes. I thought it was interesting that you said that now your immune system is going to be fighting with your cologne or your cat dander. Yeah.

Can you explain a little bit more about how something unrelated is causing your immune system to react to these external factors in our environment? your immune system in general either is on red alert like like hey the world is dangerous and therefore we should be reactive or your immune system is saying hey the world is pretty safe and therefore I can react less to things in general.

I think this is worth understanding your immune system is pretty basic it's not it doesn't know what the dangerous things are it just knows who you are, it knows you and it doesn't make antibodies to you, but it is designed to make antibodies to everything that it is exposed to that is not you.

Well, if you think about it, there's only three things that could get into your body that are not you. And then your immune system sees them and makes antibodies.

It's microbes. That's what it's designed for. At least we assume so. Toxins, which could be any chemical under the sun that isn't useful to your body.

And foods. And foods are interesting because foods will eventually become fuel, but they're not fuel just because they are edible. You have to turn an apple into the little tiny pieces of carbohydrate.

That's what your digestive enzymes are doing. acid in your stomach, you're slowly breaking this food down into an absorbable form of fuel. Well, before it gets broken down like that, it's foreign to your body.

One of the metaphors I like to use with my patients is If I were to drag a tree into the house, my wife would be like, what are you doing? And if I said, Hey, this is firewood.

She would say, no, hon, that is not firewood. That's a tree. Take it back outside, chop, lop off all the branches, cut it into 14 inch lengths, split it and let it lay out in the yard for three years.

Now it's firewood. Right. And that's sort of our perception of food is a tree. Yeah. And our perception is I can just, I'll just eat a steak and now it's nutrients.

No, no, no, no, no. You have to turn it into nutrients. But before you turned it into nutrients, it was foreign to your body just like a tree in my house would seem bizarre, right?

And my immune system can react to gluten or it can react to casein or it can react away or it can react to whatever. And that's because I haven't broken it down well enough.

Now we just went down a rabbit hole and I love rabbit holes. I do too. But back to your question. So what is my immune system doing? It's just making antibodies to everything that it sees.

And it sees some chemicals, and then it sees some cat dander, and it sees some pollen, and it sees some microbes, and it sees some food. And whether the thing is dangerous or not dangerous, it's going to make a few antibodies.

Now, if my body is saying that the world is dangerous, it's going to make a lot of antibodies. If the signal that I'm getting is that I'm generally secure and safe, it won't make as many antibodies.

So imagine that I've got Epstein-Barr and my immune system now therefore is on this imbalance. TH1 is high, TH2 is low. I'm telling my body, go fight the problem.

Well, then I get exposed to some dust mites. Well, now I'm super reactive to dust mites. where I wouldn't be super reactive to dust mites if I didn't have this immune imbalance.

Now, the more things I pick up, if I have Epstein-Barr, plus I have cytomegalovirus, plus I have some yeast, plus I have whatever Lyme disease, now my immune system has four reasons to be overreactive.

Right. And so people that end up with these diseases like mast cell activation or POTS, or sometimes they'll say I have Ehlers-Danlos, which is true. That's a connective tissue disorder, but all of those just amount to my immune system is overreactive.

Yeah. So bringing it back to herpes virus family, it's one of the things we really struggle to eliminate. You will, this is, I'm going to make a big claim, and it's probably true, but I can't guarantee it 100%. You will probably never be cured of a herpes virus if you have one.

You're not going to eradicate 100% of the viruses. That's really disheartening to us because we have a very

oversimplified view of the world, and we love the idea that we can eliminate things down to zero.

But mathematically, we can't. But we can get that number low enough that it's irrelevant. So speaking of getting it low and irrelevant, let's talk about the Q restrain.

What is Q restrain?

How Q-Restraint Targets Viral Replication

So Q restrain is the name that RGCC gave to their version of a thing called SOT therapy or AOT therapy, antisense oligonucleotide therapy, or supportive oligonucleotide therapy.

So oligonucleotide just means a short chain of I want to say DNA because people understand that, but it's just one side of the DNA. So it's like RNA, but it's not technically RNA because you're not going to translate it.

But nucleotides, A's and G's and C's and T's are the thing that become DNA. So this is not new. This has been around since the late 1990s. There are actually some FDA approved SOT therapies.

I think it's fascinating. The very first one that was ever FDA approved was specifically for cytomegalovirus, which is a herpes virus. What's unique about the way that Q-Restrain works is that it is customized to the DNA that's found in the patient's blood.

Okay, so it's specific to the, it is matched to the DNA of your specific Epstein-Barr or cytomegalovirus rather than being broadly similar enough, right?

Because there are genetic differences from my Epstein-Barr and your Epstein-Barr. just like you and I have genetic differences. And so if you can match it perfectly, then it's going to be more effective.

Yeah, absolutely. So the Q-Restrain is RGCC's personalized therapy designed to target the genes or the DNA of a virus or pathogen and the lab, RGC's lab, analyzes the patient's blood and creates a complementary oligonucleotide sequence.

And essentially, it's a custom genetic blocker. Every time the virus tries to replicate, This thing comes in when DNA or when the viruses are replicating or they're coming together, right?

And they're creating this strand. So the genetic blocker comes in and blocks that second strand from coming in. So the viruses effectively stop replicating in the body.

Yeah, and they can work in a few different places like during the replication phase and I usually explain that I'm not I can't say for certain we'd have to talk to Dr.

Pappasutirio which gene is being targeted and is it in translation or transcription. Transcription would be something that's important to make proteins.

Translation would be something that's important to make the DNA into RNA. And I don't know which one of those steps they're targeting with their specific SOT therapy.

So I don't want to misspeak for some scientists out there that's scrutinizing what we're saying, but it is blocking a gene. Probably it's likely and easily a gene in the replication phase.

That's where it is often done. Okay, but it doesn't have to be done there. It could also block a protein produced that would be necessary for the virus's capsid, for example.

So it essentially just disrupts the virus's ability to replicate and function. That's right. Yeah. And so what you want to do, and this is, I think, fascinating science, you have to find a gene that exists in the target microbe that does not

exist in any other microbes or us.

Because you don't want it attacking anything else. You want it specific to… Yeah. Yeah, you don't want to block because that's what makes this superior to an antibiotic or an antiviral is I'm not going to kill lots of viruses.

I'm just going to kill this virus. Now people have this idea that all viruses are bad. That's not really true. But we have overcome the idea that all bacteria is bad.

And so people recognize that, yeah, I don't want to kill bacteria indiscriminately because I might kill some good ones. Right. That's probably true for viruses.

We don't really know that we have less data about that. But this the beauty of SOT therapy in general or Q restraint is that it is targeting just that one thing.

And that's a fantastic situation because now we're killing the problem that we found and not other stuff. I love analogies. So if I were to think of how key restrain works, I'm thinking of it like creating a key that perfectly matches the viral genes block.

So a key that goes into a door, right? When the key restrain molecule binds to that gene, it blocks the virus. So it's like the perfect key. It doesn't fit any other key.

Yep. That's exactly right. Awesome. How does this differ from a typical antiviral? Well, antivirals or antibiotics as well are working by preventing some form of the replication.

They're just doing it without identifying the DNA, right? It could be capsid assembly. It could be when the virus is shed from the cell. It could prevent any number of those steps, right?

So this is just preventing a step that has to do with the genome. It makes it more specific to that particular virus. That's a good thing. It doesn't make it superior in every respect.

I don't think people should stop finish listening to this podcast and think, oh, if I use this, I'm going to get 100% cured. No, what we can expect is that you'll have somewhere between 50 and 70% reduction in frequency of outbreaks because we've reduced the viral load meaningfully, but we haven't eliminated every virus.

And antivirals are similar in that way. But if an antiviral is ineffective, this is a great alternative choice because it's working by a different mechanism.

And for whatever reason, the antiviral was ineffective. Well, let's try a different mechanism. Makes sense. Antivirals are trying to slow the viral replication while you're taking them, but they don't target.

Yeah, just in a different way, just to add a different step in their existence, right? Like we could, this is a morbid metaphor, but we can kill people with knives or guns or frankly, birth control, right?

If we put enough birth control in the water, there won't be people after 25 years, right? And so this is sort of like birth control in the water. It's not as aggressive.

It's a good way to get the population much lower. And since viruses have babies way faster than people have babies, it works pretty quick, right? Yeah.

And then the CuraStrain works differently by it's a gene targeted therapy. Correct. So, with this, I mean, I think I know the answer to this, but we do get this question from patients, does the Q restrain alter my DNA in any way?

That's a great question. And that's one of the things that I would say, genomic therapies have been, that was one of the early concerns is how do we make sure that this is safe?

And the answer is no, it doesn't alter your DNA in any way. It's also, you don't have to think, ah, they've only been doing it for a few years. No, this has been around for more than 30 years.

Well, not quite. It's been around for 28 years. So, this is a long time. So, we have some experience doing this. Not me personally, but you know, that large scientists have experience saying, yes, we can interfere with the gene of something else and not affect our genes.

What they do specifically to avoid that from happening is you've got this little piece of DNA and on the ends of the DNA, you put two esters. Now under normal circumstances, if there's a piece of DNA, and I'm just using that term loosely because it's actually just one side of the DNA, but this little piece of genetic information, if it were floating around in your circulation, you have enzymes that would chop that up within seconds.

And that's really just because your body doesn't want that sort of trash floating around and maybe getting involved somewhere. So the purpose of the esters is to prevent that from being chopped up, but it also prevents it from being incorporated.

It cannot be taken up and incorporated into your DNA. This next thing I'm going to say may be somewhat controversial. One of the things they had to do for the COVID vaccine to be effective was they had to have it very, very temperature stable and sensitive.

If it got too hot at all, it wasn't going to work. And that's because they were trying to make this little piece of genetic information lipophilic and in a state where it would be absorbed up into the nucleus of the cell and incorporated very quickly before it got destroyed.

This is sort of the opposite. You could have this sit around in the room for a while. It's not going to get destroyed. It's got these esters on it. And that's because we're trying to achieve the opposite thing, which is we don't want it to get incorporated into your DNA.

And so there's this, you know, it's very confident to say, no, it can't be. It's been, that's been prevented. The reality is in order for it to be incorporated into your DNA, you have to jump through a lot of hoops to allow that to happen.

And that's frankly, what was being done with the COVID vaccine, which is why it's controversial. And I'm not trying to, you know, pick any scabs, or pick any hornet's nests, but this is the opposite of that.

I love that. The test itself, or the Q restrain, it's specific to the virus that you're targeting. So what is required to get this treatment? We need a positive test that you have the virus, right?

Testing, Treatment Candidates, and Clinical Use

So you can do a test through LabCorp, Quest, or we often do it through Vibrant just because we've done that to look for other tick-borne infections at the same time.

But with a positive test and 60 milliliters of your blood, we send off your blood and the positive test to the lab, and then we order the specific one that we want them to make, right?

So if a person were positive for Herpes type 1, which causes cold sores and Epstein-Barr, which causes more fatigue. And they had no fatigue, but they had cold sores.

And they said, I want to treat the cold source. Great. That's the one we're going to order. We just need your blood and a positive test. I will tell you that the more different viruses you have, the less likely this is to be effective by just treating one of the viruses.

And that's because you'll still have that immune dysregulation. So it's reasonable to say, oh, if I have these two viruses, I'll treat both of them. It makes sense to do.

Yeah. The next question I had is, will we have to do multiple Q restraints? So it sounds like depending on how many positive viruses that you or or microbes in general.

You know, if a person has Lyme and Bartonella and Epstein-Barr and herpes type one, would they, it would be wise. You have to do one for each of those.

To treat each of those, yeah, it would be. Because each time you do a treatment is specific. Now I'll tell you that when I take care of chronic ill patients that have, you know, fatigue and joint pain and headaches and they come in and they're, you know, yes, they have Lyme disease and they have Epstein-Barr.

Well, I'm gonna treat the Lyme disease first and that's likely going to improve their immune dysregulation more than treating their Epstein-Barr. And so maybe I only have to treat the Lyme and not the Epstein-Barr.

But the Epstein-Barr is more likely to cause immune dysregulation than the herpes type 1. So I sort of treat them in order saying, OK, I'm hoping to treat the fewest number possible.

It's like getting rid of bad habits. We'll get rid of the worst one first and get rid of the second worst one second, right? Don't start with the easy ones.

I suppose that you could start with the easy ones to get rid of, but bad metaphor. But that's the idea is you say, okay, I have this number of viruses, where do I start and what do I do?

I will tell you, to me, this is remarkable. I've had patients that we treated their herpes type one, which really should just be causing cold sores. And it has made a dramatic difference in their brain, their cognitive function, their brain fog goes away and their energy.

I did not expect to see that when I did that the first few times. So I think we are a little bit overly confident in where we say that these viruses live.

Oh, this one only lives here and this one only lives there. Probably other epidemiologic mistakes like that that we make, like mountain goats only live in the mountains.

I don't know. Maybe, maybe so. Yeah. You know, we've been offering Q-Restrain in our clinics for several years now, and we've used it… Yeah, it's going on five years, I'm pretty sure.

Five years for you now. So you just mentioned you've seen treatments with this with just cold sores, having not only the reduction of cold sores, but fatigue, brain fog.

What patient success stories can you share, or is there one that stands out to you that you've used Q-Restrain? So I've used it for just cold sores and people have had great success.

I've used it for genital herpes and that's a huge relief to people to not have that pain and discomfort. I've used it for Epstein-Barr with good success.

There is not one for herpes type 7 at this point. Herpes type 6 there is. And so that's sort of disheartening sometimes because people will have herpes type 7 and we don't know is that the cause of their fatigue.

Right. I've seen success with every single one of the cure strain that we've used for the herpes family. I will also say though that it is more likely that they'll have improvement if they really have a high sort of viral driven symptom complex.

If they have these undulant fevers and sore throats and exhaustion and they really are like classic Epstein-Barr reactivation, yeah, we're going to see good results.

If they have high viral transcription activity, which basically that means, do they have a positive early antigen on

their test? If early antigen is high, I'm more confident that it's going to work with Epstein-Barr, for example.

They're going to have a better response if they have more immune dysregulation, because it means they need it more. If your immune system is relatively balanced, you probably aren't fatigued because of Epstein-Barr.

You're probably fatigued because you need to optimize your hormones or eat better or get some rest or exercise. And it's multifactorial and that's one of the troubling parts is that people want one answer and there's not one answer for this sort of stuff.

It's biology. It's a combination, but it's remarkable. I can't say enough about how much it's changed people's lives who we couldn't get them better by other means.

Are you typically trying antivirals first and then Q-restraint is a next step? Yeah, I would say for most patients just because like you could get Valtrex or acyclovir covered by your insurance.

I have a number of patients now that I'm starting on tenofovir, which is an antiviral that is not actually FDA approved for herpes viruses. It's FDA approved for hepatitis B and HIV, but it's now available generically.

And so that's worth a try as well. If you have a patient and they're experiencing cold sores and we know that they have herpes and they're complaining of symptoms of fatigue and stuff like that, is your first recommendation cue restraint or is there anything that you would say to a patient or ask a patient to see if this is a good fit for them?

I don't think it's generally my first recommendation just because it's expensive. The reality is if you have some herpes virus that is periodically causing you symptoms, whether it's cold sores or fatigue from herpes type 4 or 5, the first thing you need to do is improve your overall health.

You are the terrain, right? You're the garden. If you're going to grow weeds, it's because you're a garden that's friendly to weeds. So stop being so friendly.

So improve your diet, improve your gut health. Take things like the GDRX Shake program. get better sleep, right? Everybody knows that if they got shingles, it's because they were under stress, right?

Something happened. They had surgery or their mom got sick or they got in a fight with their boyfriend, whatever. And then they got shingles, right? It's so bizarre to me that we see that and it's so obvious with shingles and yet we don't quite pay as much attention with Epstein-Barr or with cytomegalovirus.

So no, step one, get healthier. Do all the things that your integrative physician is talking to you about. Step two, probably take an antiviral. It's relatively affordable.

Take something like lysine, decrease you know, things that are going to stimulate it like caffeine or. I think that's a good point too, is that like, if you're not willing to do some of the things in order to improve your symptoms, so.

CuraStrength could be a good option because you should be doing all of those things as a first step, but there, you know, there's people out there who.

So this is a great point and I'll speak to it this way. I have patients that feel so sick. that they can't do all that stuff I just said. It's just too much.

They're a great candidate for cure a strain early on. And in fact, that's when I first started using it. I would sort of reserve it for my sickest people because they couldn't do anything else.

You ask them to eat healthy and they could barely eat at all. Right. And so I think that there's certainly a time when it is a first line therapy. I don't think it has to be a first line therapy.

I will say this, if it was really inexpensive, well, sure, why not use it as a first line therapy? But it does not replace

you being healthy. And so I really hope people take a big picture, look at this and say, oh, if I can reduce the amount of virus, that's good for me.

If I can also improve my immune system, that's good for me. If I can also improve my nutrients and my signaling molecules, like my hormones or my enzymes, that's good for me.

So I'm going to try to do all of it. It's like in my life, I try to read, I try to exercise, I try to spend some time with my kids, I try to be kind to my wife and talk when we're in bed together about the day.

There's all these things you try to do, but some of them I miss, right? And I don't do it. And if you could just take a vitamin that was like, here, this is the forgiveness vitamin, great, I'll take it, right?

And so in a way, your restraint is that is like, yes, you can you can absolutely use it early. There's no one that should think I don't want to use it yet.

I'm saving it for later. No, use it now. If you have the means do it now. Yeah. But don't ever get better because I can't do it.

Lifestyle Support and When to Consider Q-Restraint

Do all this other stuff first. Yeah, it's personalized. It's up to the practitioner and the patient to understand what their viral load is, what their immune dysfunction is, what the patient is, A, willing to invest in themselves personally.

Like, are you willing to invest your time, energy, and effort into your lifestyle? Or are you willing to invest your money into a cure restraint and lifestyle and things like that?

And your situation can be predictive of whether or not this is a good thing to invest time into, right? Because it's going to be more effective in certain situations.

And that's, I just think that that's prudent and helpful to the patient to say, Oh yeah, you're a good candidate. You could be a marginally good candidate and still be and still say, yeah, let me, let me give it a try.

Right. It's like me trying to learn how to play the piano. I'm not really that musically inclined, but I'm going to try. Yeah, I just had a cold sore, I don't know, two, three weeks ago.

It happens annually to me when the weather changes and stuff like that. It's an irritant. It's annoying, especially when I'm podcasting and stuff and it's like, Oh, look at this.

Yeah, you guys will notice that a few episodes ago. Cool. And for me, I'm doing a lot of lifestyle. I get it once a year, but it's a pain in the butt.

I don't like it. I'll do key restrain. If I don't have to deal with a cold sore twice a year, they're very irritating. And I've had patients that we did this years ago and they're like, you know, they were getting a cold sore, I don't know, two, three times a year.

Yeah. And now four years later, they say, I still have not had a cold sore. This is amazing. This was so worth it. Of course it was worth it. Who wants a cold sore?

They hurt, right? Yeah. So I think it's a great thing to do. I think it should be one of the tools. It's not a cure-all. It's not a panacea, but it's absolutely a very effective tool.

And in specific situations, you should think of it first. If you have genital herpes and your Valtrex isn't keeping your outbreaks down, do this. Yes.

Yes. 100%. And do all the steps too. I've seen Barr. I've heard so many. I've had seen so many stories and

experiences with that particular virus with the fatigue and just how much that can impact somebody's quality of life.

Do it. Well, this is great. Any other questions or thoughts? I don't think so. I think, Dr. Peterson, thank you for breaking all this down in such a clear way.

Herpes family viruses can cause symptoms that linger for years. They impact the immune system. And Q-Restraint gives us a unique personalized tool to reduce viral activity and support long-term healing.

If you're listening and you're dealing with chronic viral symptoms, whether it's HSV, EBV, or CMV, and you want to know if Q restrain might be a good option for you, you can schedule a consultation with our clinic.

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