

Tooth-less in St. Louis, God Forbid - Toothless in Vienna: Fairy Death Tale from Berlin

By Simon Yu, MD

On my way from St. George's Klinik near Munich to International Holistic Medical Days ([IGMEDT](#)) in Vienna - for my lectures and training on acupuncture meridian assessment (AMA) - I visited Dr. Helmut Retzek's clinic in Voecklabruck, Austria for a few days, and I saw some patients for fun. Dr. Retzek announced that I would be visiting his clinic and to sign up for an evaluation for anyone who was interested. He has a large following through his website, www.homeopathy.at, which has extensive high-quality research materials; most of them are in German but some are in English (Google's browser will translate all of them for you).

One of the patients was a 65-year-old man from Berlin with a history of prostate cancer. I did my usual 40-point meridian assessment and told him he needed to take parasite medications and have extensive revision of his dental work. He apparently read my book, *Accidental Cure*, and was excited and eager to take parasite medications based on my recommendations - but he was not happy that a lot of dental work needed to be redone. His expression and demeanor was not a happy face from Berlin. Disgruntled patients are expected when I tell them they need to redo their dental work.

While he was putting on his shoes, he asked me why I was not dead yet! I know I can annoy my patients with my dental revision recommendations, but not do the point of threatening to kill me, at least, not yet. He said he has been following medical politics in the United States and was aware of the many disappearances of integrative/alternative medical doctors by sudden death from suspicious suicide. His last comment was that maybe "they" leave me alone because I was a retired US Army medical officer, and I am not claiming or am discrete about undermining the medical-pharma establishment. To make a long story short, it is like a Fairy Death Tale from Berlin - not well-known in America. By the way, I didn't think he was emotionally ready to do the dental work.

My dental recommendations go from bad to worse, and seem almost cruel to some patients. It is not uncommon for me to recommend a new patient extract an infected tooth rather than have a root canal procedure (or a past root canal redone), bridge work, or a dental implant. It takes a lot of nerve for most people - like you - to lose a tooth, especially when you do not have a horrible toothache, and/or your dentist told you that your root canal is in good shape, and there are no signs of active infection on x-ray.

However, a dental x-ray may not reveal damage until bone destruction has reached the 20-30-40% level, and is finally visible on x-ray. Dental infections often have multiple microorganisms including parasites, fungus, bacteria and viruses. They will migrate to any weak links, especially joints, heart, kidney, breast, sex organs, spinal cords and brain. They also produce biological toxins. I highly recommend reading the work of Swedish neurologist, Patrick Stortebecker, MD, PhD; in the United States, see the work of Boyd Haley, Nick Meyers, and Thomas Levy.

Last year, a 52-year-old engineer with squamous cell carcinoma of the right thumb died after complications of the tragic bungling of dental-medical-oncology-radiation misadventures. When I saw him, his biggest problem was a dental infection at tooth #10, but his dental x-ray did not show any sign of dental infection. I was not able to convince him or his dentist to extract the tooth for over a year. Meanwhile, his tumor was growing rapidly, and the oncologist recommended amputating the whole

thumb and undergoing radiation therapy. Every time I evaluated him, the dental problem was his priority problem, and he and his dentist finally agreed to extract tooth #10 under the condition that he sign a waiver that he would not sue the dentist. As a part of the agreement, a dental DNA test was done to provide forensic evidence of any infection that was not detectable by dental x-ray.

His DNA test finally came back for multiple infections at the normal-looking tooth showing Entamoeba (protozoal parasites), Prevotella, Serratia, Enterobacter, Staphylococcus, Haemophilus, Actinomyces, and Cytomegalovirus. After the tooth extraction, he had radiation therapy, but it was too late. His cancer spread and he eventually died. I may or may not have been able to help him, but without the forensic evidence of the DNA test, we would never have guessed how badly his tooth was infected - well before it would show up visible on x-ray.

Last week, I saw a 36-year-old woman from Hawaii with recurrent cancer of the left breast. She was diagnosed at age 29, and had a mastectomy and chemotherapy. The cancer came back two years ago, it was resected, and it came back a third time and was rapidly growing in size. According to my AMA evaluation, her priority problem was a dental problem, followed by parasite and fungal problems. She had three bad teeth, and tooth #20, a left premolar tooth, corresponds to her left breast where she had recurrent cancer. I told her three teeth need to come out eventually, but tooth #20 should come out first, and she should take parasite and fungal medications as part of rebalancing her meridian system.

She will be flying back home with one tooth less from St. Louis, but her immune system will be much stronger to fight the recurrent breast cancer. I told her that in the airplane, she should tell people that she is from Ozark Mountain – a hillbilly from the Arkansas side (a politically incorrect Missouri state joke) - and it is common to be missing a tooth. She did not appreciate my sense of humor.

Is it better off being one tooth less, or toothless, in St. Louis? In Vienna, the center of fine art and culture in Europe, God forbid, toothless is forbidden! I evaluated many medical doctors from Vienna and they all had dental-root canal and parasite problems. Even a culturally refined, cosmopolitan city like Vienna is not immune to the two most overlooked medical enigmas that keep the medical-dental-pharma industry rolling. The story of death from my Berlin patient may have some truth to it, so let's keep it quiet as if you have never heard of it...

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