One Hundred Years of Solitude, a popular novel written by Colombian author Gabriel Garcia Marquez, who won the Nobel Prize in Literature in 1982, tells of the multi-generational story of the Buendia family in a town called Marcondo, metaphor for Colombia.

Forty years ago, I read this book. I can vaguely remember the story except for a strong impression of the title, One Hundred Years of Solitude. I could barely remember the plot due to the complexity of the story and Latin-Spanish characters.

In the novel, the solitude of the town is representative of the colonial period in Latin American history, where the town is isolated and not interconnected with the world. The Buenddias, an aristocratic, land-owning elite family, grow to be increasingly solitary and selfish. The family squabbles. The jungle takes over Marcondo.

One hundred years is like a symbolic Time Capsule. Over the last one hundred years there have been major scientific breakthroughs in many medical fields, including the development of antibiotics, surgical mastery of organ transplants, breaking genetic codes, genetic-engineering, immuno-therapy, stem cells, and anti-aging regenerative medicine. Yet, despite breakthroughs in medicine, there is a strong sense of dissatisfaction.

With all these scientific achievements, these specialized medical breakthroughs are often not interconnected. They often exist without synergies or collaborative efforts across medical fields. They are competing for their territorial fields, as if professional tribal warfare exists between the pharmaceutical industry, hospitals, insurance, and regulatory institutions, such as the FDA (Food and Drug Administration).

One of the most over looked disconnections is the separation of dentistry and medicine as separate and distinct professions. Recently, I saw a young woman with a diagnosis of chronic fatigue, fibromyalgia, and symptoms of seronegative autoimmune disease. She had seen 29 different medical doctors and famous clinics around the U.S. She told me I was the 30th medical doctor she had seen.

In my evaluation, based on a physical exam and acupuncture meridian assessment, her main problem was coming from an unrecognized dental infection. She could see another 30 different medical doctors but it would be a fruitless effort to find out what is wrong with her because her medical problem originates from a painless dental infection. Hidden dental infections and unrecognized parasites are often the dominant problems why patients are not responding despite all the advancements in diagnostic tests.

When I was deployed ten years ago in Europe in Wurzburg, Germany, at the U.S. Army Combat Support Hospital, I saw a soldier with a severe right shoulder pain. He could not raise his arm at all.

When I was deployed for my U.S. Army active duty, I would bring my portable equipment to test the acupuncture meridian systems. On my evaluation, his problem was coming from a root canal on his right side. I injected lidocaine at the root canal area and instructed him to move his arm. He was afraid to move his arm because of severe pain. I ordered him to raise his right arm.
To his surprise, within a few minutes, he was able to fully raise his arm without any pain. I told him his root canal was causing his shoulder pain. I told him to go to the dental clinic to have the root canal removed as a long term solution for his pain. The book, Root Canal Cover Up, by George Meinig, DDS is must reading for all patients (and dentists) suffering from unexplainable medical symptoms.

Two weeks later, I got a very threatening e-mail by the European Commander, a full Colonel for the Dental Group. He was accusatory that I am only a medical Reservist. He said I was meddling with the finest dental group in the U.S. Army and how could I dare to challenge the care of this well trained dental group. He also forwarded the e-mail to the hospital commander to reprimand my conduct as unprofessional, as a medical doctor challenging the dental care.

I was furious at his hostile accusation and demeaning, threatening letter. I e-mailed him back that the patient does not have a dental problem but a dental related medical problem. I signed my name with my rank as a full Colonel and was hoping this would shut him up. He was using his rank as a full Colonel, Commander of the European Dental Group, to intimidate a medical reservist to the hospital commander who is also a full Colonel. I happened to have been promoted to a full Colonel in the U.S. Army before this deployment. I was able stand my ground, rank for rank. If I was a lower rank, I may have been reprimanded and even punished for recommending the right medical advice.

Command and Control, Obedience to Authority is a part of the military code. It is the way of operation for military organization. But for real civilian life, it may be considered “bullying.” It is time to re-exam the obedience to authority in medical fields by thinking differently.

Game Theory is a mathematical model to describe any situation in which the pay-offs that participants receive from their actions are at least partly determined by the actions of other people. This could apply to politics, hospitals, selecting your mates for marriage, or selecting your doctors. It sounds very much like Quantum Effects at the macro level for Zero-Sum games. The Nobel Prize in economics was awarded numerous times based on Game Theory.

Game Theory Experiments might use our imagination to understand the connection for incurable medical problems that may be originated from hidden dental problems and parasite infections.

Maybe we can come up with a mathematical formulation to prove a new Odontology: dental, periodontal, neck, and cranium are connected to the rest of the body. It might give us a chance to less selfishly connect and collaborate to solve chronic illness from dementia, neurodegenerative disease, chronic fatigue, fibromyalgia, cancer, heart disease and other mysterious diseases.

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