



Occidental Institute Research Foundation

THE BRIDGE

Linking Practitioners of German Biological Medicine

Volume 10, Issue #2, February 2014

Tuesday, 18 February 2014

Dear Colleagues and Friends of OIRF,

➡ **Welcome to Volume 10, Issue #2 of "The Bridge" newsletter for 2014!**

With this Issue *Dr. Simon Yu* has once again submitted two separate articles highlighting his respected experiential expertise. During a recent phone conversation Dr. Yu reminded me that he doesn't want to be known only as the "parasite doctor" and I suspect this explains his reasoning for also including his comments regarding a cancer patient.

Here in this Issue (Volume 10, Issue #2) is a second set of articles in this series about the methods and devices recommended by OIRF with an emphasis on **practical everyday application** – on how you can utilize each particular method in your practice. In this Issue we are once again highlighting the capabilities of the **MORA-Nova BioResonance device** and its practical application within your practice. Another effective adjunct therapy method for both of these practice applications is BioPhoton (Photon Light/Laser) Therapy.

For the March Issue #3, I am once again in the queue for an article. Although I haven't made any definite choices yet, I have found a couple of interesting articles in the German journals that will be put through the translation process over the next few weeks.

➡ All 2014 issues of "The Bridge" newsletter will be sent to you by email and then published on our website. **Access is open to all.** Follow this link to get your PDF print copy of "The Bridge" Volume 10, Issue #2.

➡ **Update: The OIRF 41st Biological Medicine Tour program to Germany!**

Dates are now confirmed for **Tuesday, Oct. 28 through Monday, Nov. 3, 2014.** This program will feature a number of presentations from instrumentation and remedy (test sets!) companies, as well as at least one clinic and – of course – time for you to visit the famous Baden-Baden Medicine Week Congress and exhibits.

Two feature speakers are now confirmed: **Juliane Sacher**, MD (of AIDS/Cancer Research fame – will talk about the connections between the chronic diseases of our time and the increase in vaccinations) and **Olaf Kuhnke**, MD (who will likely give us an overview of the many Biological Medicine methods used in their famous Swiss medical center and then a lecture concerning pain therapy and fibromyalgia).

Follow this link to the [Germany Tour](#) page on our website for itinerary, lecture and activity details as they are finalized and published. I've given you lots of advance time notice – plan now to join us for this educational (and fun) tour program!

I have written a [Germany Tour Report](#) about all the events and activities from the special 40th Anniversary Tour Program and included some of the many pictures taken during our adventures and travels. It has been posted online and should 'whet your whistle' (so to speak) to join us later this year.

➡ As a non-profit organization dedicated to the expansion of Biological Medicine in North America through research, publication, seminar/workshops and sponsorships, we are reliant on your support in order to continue our efforts. Here are a few ways in which you can support Occidental Institute as we move forward into 2014:

- 1) Consider making a donation to OIRF for the newsletter (even though we are offering it freely)
- 2) Be sure that you have purchased copies of the many educational printed and electronic publications and the audio/video training presentations available exclusively through OIRF
- 3) Plan now to attend the various smaller training seminar/workshops sponsored by OIRF to learn more about these methods
- 4) Incorporate sale of the smaller OIRF recommended devices (such as the Medisend Protect, MECOS, the "Little Ludwigs", the AQA 707 water regeneration device, and so on) to your patients – talk to Elaine or Carolyn for quantity discount pricing.
- 5) Make this the year you travel to Germany with us to see Medicine Week
- 6) Consider which of the various devices and methods recommended by OIRF will work in **your** practice and make this the year that you add one or more of them into your office
- 7) Plan to attend the various conferences and conventions where OIRF will sponsor an exhibit booth. This is another opportunity for you to see these methods in action and talk to us personally about how you can incorporate our recommended methods into your practice.

We thank you for your support and look forward to working with each of you during the coming year.

➡ So, here are your newsletter items for this Issue #2 . . .

An **exclusive article** published February 2014
by Occidental Institute Research Foundation . . .

Big Whack Theory: Invasion of Parasites, Bacteria, Virus and Fungus

By Simon Yu, MD

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Have you ever heard of the Big Whack Theory? Most people have heard of the Big Bang Theory to explain the creation of the universe 13.8 billion years ago. The Big Bang Theory was developed in 1929 based on **Edwin Hubble's** observation that the distance far away galaxies were moving away from each other was strongly correlated with their Doppler redshifts. It has been a "darling" scientific achievement, widely accepted within the scientific community and the public.

George Lemaitre, a Belgian physicist and Roman Catholic priest first proposed what became the Big Bang theory. Hubble proved Lemaitre's theory and Hubble got the credit with Hubble's Law about the expansion of the universe. The Hubble telescope was named after him.

But, what is the Big Whack Theory? It is a new theory developed in the 1970s to explain the origin of the Moon. The Big Whack Theory has never been widely known or acknowledged within the scientific community nor by the public, while the Big Bang Theory has been taught at school as a matter of fact.

On September 25, 1997, the Los Angeles Times science section covered the story of the 'Big Whack' Theory of how the Moon was formed. This leading theory of how the moon was created explains that about 4.5 billion years ago a powerful collision of an object more massive than Mars, dubbed the "Big Whack", slammed into the infant Earth so hard that its iron core plunged to the center of our planet.

Some of this rock, the theory goes, went skittering into orbits as extremely hot vapor and other debris. Eventually, the vapor cooled and condensed into a spinning disk and eventually clumped up to form the moon in a very short period of time, as little as a year.

For every theory, there are counter arguments. How can one explain the time before the Big Bang? The Big Bang was preceded by a Big Crunch – another theory – and the

Universe endlessly cycles from one process to the other. **Roger Penrose** of Oxford states that the Big Bang, in which the visible universe began, was not actually the beginning of everything that we know of as our universe. It was merely the latest example of a series of such bangs that renew reality when it is getting tired out. He thinks that the pre-Big Bang past has left an imprint on the present that can be detected and analyzed. For more details, you may read my article, *Disappearance of the Universe as We Know It for WIMPS: What If Cancer Patient Doesn't Really have Cancer?*

Why am I bringing up the Big Whack theory and the Big Bang theory? The Big Whack theory may sound amusing, but it has more scientific evidence than the Big Bang theory. Even more fascinating is that the Big Whack Theory was already documented several thousand years ago in Sumerian clay tablets. **Zecharia Sitchin**, a Russian Jewish scholar who can read ancient Hebrew, Sumerian, and Akkadian, translated Sumerian clay texts in his book, *12th Planet*, offering the explanation of the solar system. How is it possible that ancient Sumerians already knew what modern scientists are just figuring out about our solar system? You can explore this further by reading his book, *12th Planet*.

I have my own idea of the Big Whack Theory. It is not about our solar system, but rather about how to treat parasites. When I give a lecture on parasites and how to treat them, physicians ask why I use such a high dose of parasite medications for a longer period of time. They talk about lots of side effects with much smaller doses of parasite medications and are concerned about high doses.

One of the biggest mistakes using the dose based on PDR (Physicians' Desk Reference) is that it may not be a lethal enough dose to kill parasites. Partially injured parasites start moving around the body looking for a safe place to hide and cause much greater side effects unless you give a high lethal dose to kill them. I call the idea the Big Whack Theory on parasites which is based on my own empirical experiences during my U.S. Army peacekeeping mission in Bolivia in 2001.

Higher doses of combinations of parasite medications often give fewer side effects than using low dose parasite medications. The US Army Combat Casualty Care Course (C4) dictates that, "Superior Fire Power is the Best Preventive Medicine". If you use a low dose of parasite medications, you might be engaged in a "Whack-a-Mole" game of never ending hide and seek.

Spreading and engaged in an asymmetric warfare against mankind, parasites are a global problem. We need to solve parasite problems with an unconventional approach based on **Acupuncture Meridian Assessment** which is based on bio-physics. It is more important to understand why we are overlooking parasite problems by **understanding the environmental toxins and biological terrain** which promote parasites to grow and spread.

The ultimate goal is prevention before parasites become out of control. Invasion of the parasites are already manifesting for many unrecognized hidden epidemic health problems and only a few physicians are aware of the situation. When you can track, monitor, and get rid of parasites with a big whack of high dose parasite medications, it is so much easier to control the bacterial, viral, and fungal problems which accompany parasites. This is my “Big Whack Theory” on the invasion of the parasites, bacteria, virus, and fungus.

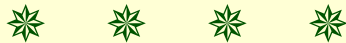
For more articles on alternative medicine as well as patient success stories, and Dr. Yu’s revolutionary health book, *Accidental Cure: Extraordinary Medicine for Extraordinary Patients*, visit his website at www.PreventionAndHealing.com

Simon Yu, M.D.



Prevention and Healing, Inc.
St. Louis, Missouri, USA

*Weaving Internal Medicine
with Alternative Medicine to
Use the Best Each Has to Offer*



Practice Application:

- Standard EAV or MORA Optima assessment capabilities of the **MORA-Nova** allow testing of all physical (high dose allopathic) parasite medications for efficacy and tolerance prior to patient intake. Helps avoid patient reactions because of under- or over-treatment.
- Full EAV assessment software incorporated into MORA-Nova for fast accurate testing and assessment using actual or electronic test sets.
- Current Electronic Test Sets include many parasites and their medications.
- Or, VEGA-type testing capability has been incorporated into the MORA-Nova to allow utilization of available Electronic Test Sets – or of the coveted actual VEGA test set vials.
- For more information and instruction about point and medication testing with EAV see the OIRF: [Medication Testing Report](#) and the [EAV Desk Reference Manuals](#) (both available on disc).
- BioResonance Therapy to :
 - Assist with detoxification and intolerance.
 - Build immune system.



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by Occidental Institute Research Foundation . . .

Cancer is Your Messenger: Early Warning Signs of Cancer

By Simon Yu, MD

© Copyright 2014, Dr. Simon Yu, St. Louis, Missouri, USA

Recently I got a telephone message complaint from my patient's friend. Apparently, I missed the diagnosis of cancer with advanced stage IV abdominal lymphoma for her elderly dear friend. She left the message that the patient is not coming back to see me anymore since I missed the diagnosis of cancer. The message was somewhat accusatory and said I did not touch the patient nor did I palpate looking for cancer during her physical examination. The patient is scheduled to go through chemotherapy.

I was not automatically thinking malpractice but the message was rather unpleasant – more of an accusation. I reviewed her chart to see if I overlooked any clues for the missing diagnosis of lymphoma. I saw her for the first time 3 years ago, with the chief complaints of no energy, forgetfulness with poor memory, and no stamina. She had a history of thyroid problems, depression, and, osteopenia and neck pain. She had been getting physical therapy and chiropractic adjustments.

Her physical examination was unremarkable with no palpable lymph nodes. I noticed she had extensive dental work done. Her **Acupuncture Meridian Assessment** indicated that her biggest problem seemed to originate from dental related problems. Dental X-ray showed five root canals. I told her that her medical conditions might be related to her hidden dental problems and referred her to a biological dentist. She also had very high mercury and lead levels indicated by provocation testing. Therefore, I put her on oral chelation therapy.

She had her dental work done and I saw her on a few occasions since. The last time I saw her was about a year ago. My examination indicated that she still needed more dental work to be done even though she already had gone through extensive dental work.

This is rather common. It is also one of the most difficult situations I see, where the patient has spent a great deal of money to get dental work done, only to be told that the dental work is not complete and requires more dental treatment. At that stage, the patient can be angry with me and with the dentist, as well as skeptical and accusatory that I am in cahoots with the dentist.

Detecting hidden dental problems has been the most daunting task I see as a physician. It is also often the most expensive part of the holistic medical care. I've written many articles on dental related medical problems including case studies. This case is no exception. Most adult cancer patients have multiple risk factors with a long list of potential causative factors for the development of cancer. Hidden dental problems, such as root canals, dental implants, mercury amalgams, and cavitations (jaw bone infections) have often been overlooked as if dental and medical problems are not related as origins of illness.

Cancer doesn't happen overnight. So, what are the early warning signs and symptoms for cancer? Often, there are no warning signs at all. Or it could simply be that an unsuspected, or undiscovered, dental problem, or a myriad of other problems, is the connection to cancer. Here are some common early warning signs and symptoms for cancer that should not be overlooked if the symptoms are persistent.

- Chronic indigestion
- A sore that does not heal within a few weeks
- A change in bowel or bladder habits
- Persistent hoarseness or a cough
- Difficulty in swallowing
- Unexplainable weight loss and fatigue
- Subtle changes in behavior, headaches, and neurological symptoms
- A change in size, color, or discharge in skin or organ systems
- A lump that does not go away

Most of these early signs are subtle and insidious. We often overlook them for many years as just a nuisance or inconvenience while we look for a quick treatment to relieve the symptoms like indigestion with anti-acid medications.

If you need prolonged anti-acid medications, you are blocking the necessary acid production in the stomach that is critical for the breakdown of ingested food into protein, fat, and carbohydrates, as well as for killing bacteria and parasites. TV commercials are saturated with selling anti-acid medications with sleek, misleading information when often taking apple cider vinegar or digestive enzymes might be sufficient for the most common indigestion and acid reflux like symptoms.

It may take many years for the development of cancer as a palpable mass during physical examination. However, it may seem like the whole process happened overnight when, all of a sudden one day, you are able to palpate the lump, or an X-ray or CT scan shows a tumor in your body.

I wish I could tell my patient that “I am sorry I missed the diagnosis for cancer” and recommend re-evaluating her situation but it was too late. She decided for chemotherapy. The good news is that many lymphoma patients do relatively well with chemotherapy. However we still haven’t uncovered her potential causative factors for cancer. She may still have an unresolved dental infection that might be one of the triggering factors for the inflammation and development of lymphoma.

Don’t be frightened by a diagnosis of cancer. Don’t panic if you have some of the early warning signs. It does not mean you have cancer. Cancer diagnosis is not a death sentence. Cancer is your messenger. It is the last messenger telling you to listen to your body and listen to your inner voice.

Cancer is a wakeup call to change your life. A cancer diagnosis gives you the opportunity to re-exam your life value system. You can embrace the messenger with utmost gratitude as a turning point of your life. For more reading on cancer, I recommend reading *Cancer and Cancerous Mind: Cancer as a Turning Point* and *Nutritional Therapies for Cancer* on my website.

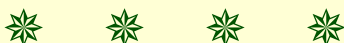
For more articles on alternative medicine as well as patient success stories, and Dr. Yu’s revolutionary health book, *Accidental Cure: Extraordinary Medicine for Extraordinary Patients*, visit his website at www.PreventionAndHealing.com.

Simon Yu, MD is a Board Certified Internist. He practices Internal Medicine with an emphasis on alternative Medicine to use the best each has to offer.



Prevention and Healing, Inc.
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***Weaving Internal Medicine with Alternative Medicine
to Use the Best Each Has to Offer***



- ➡ For a complete [listing of resource materials](#), including publications, reports, books and videos please follow this link to our website. There are full descriptions of all printed and recorded materials online.
- ➡ For a complete [listing of recommended instrumentation](#), including diagnostic, therapeutic and BioResonance devices please follow this link to our website. There are full descriptions of all instrumentation online.

Practice Application:

- Standard EAV or MORA Optima assessment capabilities of the **MORA-Nova**.
- Full EAV assessment software incorporated into MORA-Nova for fast accurate testing and assessment using actual or electronic test sets.
- "Tooth Testing" module for standard currents in the mouth, as well as assessment of dental foci.
- Cancer and Mitochondropathy Electronic Test Sets according to the research of **Dr. Gottfried Cornelissen** for cancer assessment and application.
- Or, VEGA-type testing capability has been incorporated into the MORA-Nova to allow utilization of available Electronic Test Sets – or of the coveted actual VEGA test set vials.



- **BioResonance Therapy** for:
 - Detoxification before and after dental work.
 - Building immune system.
 - Delivery of medication information.
 - Follow this link for [MORA details](#).
- **BioPhoton Therapy** for:
 - Increased cellular communication.
 - Delivery of medication information.
 - Follow this link for [BioPhoton details](#).
- For more information and instruction about point and medication testing with EAV see the OIRF: [Medication Testing Report](#) and the [EAV Desk Reference Manuals](#) (both available on disc).

➡ For those of you who missed that great **MORA Nova training seminar/workshop in St. Louis, MO in June 2013**, high quality professional video recordings of some of the sessions are now available. The guest instructor was **Nuno Ruivo, DO** from Med-Tronik, Germany who is a long time MORA user and one of the technology and software developers of the Nova device. Order the 5 DVDs for \$100 and then deduct it from your MORA Nova order.

➡ Follow this link to our website to see Issue #2 in print/PDF format.

➡ **Conferences and Conventions:** Please watch for announcements of the speakers, venues and details of these exciting OIRF activities and events for the year 2014:

➤ **Med-Tronik BioResonance Distributors' Meeting**, Friesenheim, Germany, April 25-27, 2014: OIRF will be represented by Carolyn Winsor-Sturm at this important meeting.

➤ **Biological Medicine Tour #41 to Germany**, October 28-November 3, 2014 (dates for the 48th Baden-Baden Medicine Week Congress have been confirmed). Join us for our **41st** group tour including the world famous "Medicine Week" Congress in Baden-Baden. Tour program also includes private OIRF English language lectures from renowned German clinicians and researchers as well as pharmacy and clinic visits.

➤ Watch for speaker, venue and date details for a series of seminar/workshops focused on practical application of OIRF recommended diagnostic and therapy methods.

➡ **Updates, Reminders and Announcements:**

➤ Follow this link to the [Germany Tour Report](#) to join us from at home to share some of our adventures and activities on last year's tour program. Dates for this year's Tour #41 have been confirmed for October 28 through November 3, 2014 (Medicine Week Congress dates have also been confirmed).

➤ Watch for Volume 10, Issue #3 of the "The Bridge" newsletter to arrive in your Inbox around mid-February. That issue will feature an article from current German Complementary Medicine journals translated and prepared by your OIRF Director, **Carolyn L. Winsor-Sturm**.

➡ **Updates, Reminders and Announcements** (Continued):



➤ Visit our **Facebook** page – will you be our friend?

I trust you have found much of interest in these pages. We look forward to meeting you during our 2014 activities and programs. As always your comments are welcome. Remember that this is your newsletter – your suggestions, article contributions, critiques, FAQ's and compliments – are gratefully accepted.

Yours in health,

Carolyn

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