

Podcast 24 – Subjects that Bear Repeating

Topics that Bear Repeating...



In this podcast, we cover:

- 02:58 Getting a conventional diagnosis and some examples
- 18:11 Hencing/theorizing: stop trying to answer the whys
- 24:42 Homeopathy and the concept of baking a cake
- 28:21 Neophytes and the study of classical homeopathy
- 34:00 The importance of repetition

You are listening to a podcast from joettecalabrese.com where nationally certified American homeopath, public speaker, and author, Joette Calabrese, shares her passion for helping families stay healthy through homeopathy and nutrient-dense nutrition.

Paola: It's podcast 24 at joettecalabrese.com. Right from the get-go, we want you to know that Joette's podcasts are now available on Google Play, Blubrry, Stitcher, and Tune-in

Radio. We've got a great episode for you. Today, we're going to look at some topics that Joette feels bear repeating. First topic looks at getting a conventional diagnosis and Joette gives us some good examples of what she means. Then the second topic is pretty closely related to the first where Joette is looking at what she calls these 'hencers'. So I have foggy brain and low vitamin D, hence, I need to supplement with vitamin D. So she looks at that more carefully. Finally, the third topic is the concept of knowing when you can use a protocol and knowing when for a chronic condition or even I guess an acute, you should be seeking professional help from a homeopath. So she wants us to know what our limitations may or may not be.

Now, if you've heard these topics before, don't assume that you already understand them. Today's discussion came about because Joette has been receiving repeated questions in relation to these subjects. So you may think you get them but hopefully today's episode will prove useful for you as you gain a deeper understanding of them. Okay, so here we go.

Hi, I'm here with Joette. How are you, Joette?

Joette: I'm well, Paola. Nice to be here with you.

Paola: We've just been brainstorming and planning today's podcast and we've got a real great one for you guys today. It is going to be on things we've said before, topics that bear repeating that Joette has talked about over and over again. We think it is a great time to remind you guys about some important subjects. We have three that we're thinking of.

Joette: Yes, sometimes things need bear repeating. As we learn, we think we understand and then a year later, we didn't embody it fully. We have to go back and think it through again and commit it to our thinking structure.

Paola: Well, homeschooling classical world, we have grammar, dialectic, and rhetoric. The grammar stage is when you're first understanding the concept and you're getting the vocabulary down and just the very basics. The dialectic is where you're starting to ask questions about it and like you said starting to embody it. Then rhetoric is where you can really teach it and talk about it and have an authoritative position. I think the only way you get through those three levels is to repeat it and to hear it again and again.

Joette: Well repetition is the mother of knowledge. Really, that's just what it boils down to.

Getting a conventional diagnosis

Paola: So here we go. We have three topics we want to cover. The first one is the topic of getting a conventional diagnosis for any condition that you were trying to use homeopathy with.

Joette: Yes. This is a hard and fast rule but there are always exceptions to every rule. So, if you get sore throats consistently and you've gone to the doctor many times and the doctor reports, "Yes, indeed, it's strep," do you need a diagnosis every single time you get a sore throat? Well, after a while, it's pretty clear. It's a strep throat. But if you've never had a sore throat and wondering if it's strep, then it might be a good idea to get someone's opinion who sees this consistently. Now, if you've seen it consistently, I would say you're a pretty good measure. But if you haven't then go to someone perhaps who has.

Paola: Right. We've talked about before, getting those rapid strep tests from Amazon. That might be a good try.

Joette: Love it, love it. Yes, yes, same thing with urinary tract infections. Those can be dangerous. So if you've never had one before, it might be a good idea to find out if indeed it is a urinary tract infection. Sometimes it's just

obvious as can be. So, I've gone without seeing conventional doctors for many years. I know what's happening generally speaking but sometimes I don't. Sometimes I have no idea what's going on. So I really do need someone who has more expertise than I do in that particular area. So you have to weigh it out.

Paola: I think a good example for me at least is skin conditions. I feel like sometimes red rashy skin looks like a red rashy skin. I don't know is it rosacea. I mean, hives are pretty obvious, right? But is it rosacea? I mean, I was just helping a friend of mine. We're doing a protocol for her eczema. Then suddenly, she got this terrible rash all over her. I thought, "Oh my gosh. What is it?" So I said, "Go to the doctor. Get a diagnosis." I mean probably Antimonium crud but I just want to know. She came back and it was impetigo. That helped so much, giving a nice, firm diagnosis.

Joette: Right, right. Yes, it's good to know that. Sometimes dermatologists and doctors in general don't know what certain conditions are. Sometimes we give them a hard time for it but to be honest, it can be hard to determine what this or that is sometimes. That precludes, actually maybe that leads us into that section that you and I were talking about today and getting too much information.

Paola: Oh yes.

Joette: Sometimes too much information can bog us down. In using the Banerji Protocols, we forego all of the naturopathic ways of looking at health. Instead of assuming that the liver must be sluggish or it's got to be this meridian or that meridian, no, no, no. I'm not saying that's wrong but if you're using the Banerji Protocols, generally speaking, we're using conventional diagnostics. So from a doctor's point of view, what is this called. Not from a naturopath, not from a clinical ecologist, not from a

functional MD, they look at it much differently. Again, I'm going to say there's nothing wrong with that necessarily but it will throw you into a different way of thinking. In a way, you have to choose which method you want. Which camp are you in, the homeopathic method, the naturopathic method, the conventional medicine method? It doesn't mean you can't cross over from time to time but you have to decide, identify yourself to a certain degree.

Paola: Okay, so let's run through a couple of examples just to kind of yes, no, Joette. Is this a good diagnosis that you're looking for or is this too deep of the diagnosis, so the MTHFR gene.

Joette: Too deep.

Paola: Too deep, okay.

Joette: Too deep. Why, because that's not a diagnosis. That's a theory as to why you have this inability to resolve toxins. It has to do with why you're not methylating your B vitamins. That's meaningless in homeopathy used in this method.

Paola: Basically if you suddenly have uptake better B vitamins, will your condition go away? We don't know. For that purpose, it's more of a theorizing and not a firm conventional diagnosis that we can case.

Joette: Yes, so if you're not methylating your B vitamins properly and you're not really seeing your toxins, so now what? What doctors who believe in this method of investigation will tell you is that you need more B vitamins but these are better methylating B vitamins. What homeopathy says is how do we even know that it's only the B vitamins. It could be vitamin R that nobody's discovered yet, in addition to the B vitamins. Why are we going down that rabbit hole? What are the symptoms? What's the diagnosis and what are the symptoms? That's what we hang our head on.

Paola: Yes. So it's not necessarily that the B vitamins hold the cure. It's perhaps just a side effect, let's say, of this that you're having.

Joette: It could be. Sure.

Paola: If we fix the disease, let's say all that gets back to normal again like it used to be or whatever.

Joette: Right, right. Well, when somebody tells me they're not methylating their B vitamins, they're often bloated and they have constipation. They might have some skin condition. So symptoms never lie. Let's start with that. Let's actually make that our foundation. Symptoms never lie. The only time symptoms lie is when someone's taking a medication. Then what we're reading are not symptoms but rather side effects.

Paola: Side effects.

Joette: But you can still separate those two. Once you get better at this, you'll be able to figure out what's a side effect and what is a true genuine symptom.

Paola: If you're dealing with side effects, the goal then is to address the illness that you're taking the drugs for so that you can wean off the drugs and therefore eliminate the side effects.

Joette: Hopefully, hopefully, depending on the disease. If it's a really serious disease and we're talking about diabetes, we're not going to tell somebody to get off their insulin. They may never get off of their insulin, for example.

Paola: Right. Typically, I would think that there are not a lot of diseases where you will say that.

Joette: It depends on who you are. I mean I work with a lot of people who have very serious illnesses.

Paola: Okay. Sometimes it's okay.

Joette: And their age, it depends on their age. What if they're 87 years old?

Paola: Right, right.

Joette: Do you say, "We got to get you off of these drugs." Well, kind of late. I'm not saying it's for everyone. It doesn't mean we can't ever get anyone off of their medications but something, let's say blood pressure meds that they've been taking for the last 45 years, that's going to take some effort and time. Do we have that much time?

Paola: Let's go back to some examples of diagnosis. What about gluten intolerance?

Joette: Gluten intolerance, it only gives us one bit of information, that the person can't tolerate gluten. It's all it tells us. It doesn't tell us how it's presenting. How is it presenting? "Oh, you have colitis. Oh, okay." Now, there's a diagnosis.

Paola: There we go.

Joette: Where is the colitis from? Okay, the colitis is as a result of eating gluten. So, I don't eat gluten because otherwise, I get colitis. There you go. Now, we use a homeopathic protocol, medicines specific for colitis.

Paola: Right.

Joette: That's what we're looking for. What is the name of the disease that comes from this gluten intolerance? I'll tell you. I've worked with many, many people who say, "I'm gluten intolerant and I have colitis." So if you eat gluten, the colitis gets really bad, yes. What if you don't eat gluten? I still have colitis but it's not so bad. So then, it's not gluten intolerance that's the cause, is it, because that would mean that by stopping the gluten, that'd be the

end of it.

Paola: Like people with celiac disease.

Joette: That's not the answer, is it? The answer is not what's going in, it's what's happening once it goes in or once anything goes in because I meet with people. They're gluten intolerant. They're dairy intolerant. They're shellfish intolerant. We go on and on, all the intolerances. I know because I've been there personally myself. They eliminate and eliminate and eliminate. As they get more and more narrow and go down this funnel, what occurs is they're still sick but now they can't figure out what food it is. Well, that's because in my estimation, more often than not, it's not actually the food. It's not the raw materials going into the factory, it's the factory.

Paola: Right.

Joette: It was just the bat in the works.

Paola: Right.

Joette: It's the factory that needs to be corrected, not the food eliminated. If you think in terms of eliminating food and you call yourself gluten intolerant, dairy intolerant, et cetera, et cetera intolerant, then you're going down a rabbit hole for which you will likely never come out of until you find, in my estimation, until you find homeopathy.

Paola: It's not necessarily that we don't address the gluten intolerance with perhaps Bovista or something like that. It's that we also need to look at the underlying disease that is the factory basically, what is not working.

Joette: Bovista, it will help with the underlying condition that there is any intolerance in the first place.

Paola: Right.

Joette: But now we have to see, "What do you mean by that? Oh, colitis. Oh bloating. Okay, got it." Now, we address it with the correct homeopathic protocols that are specific for how it presents because not everyone has gluten intolerance or dairy intolerance in the same way. So then it doesn't tell us, not with anything.

Paola: You're right. For a long time, I never even had digestive issues with gluten. My bladder would bleed. Some people have no digestive issues but they have fibromyalgia.

Joette: Exactly, or depression if they have gluten, or fatigue, or their hair falls, or their thyroid becomes hypothyroidism. Yes, it depends on the person. What is your weak link? Look back. It's whatever your weakest link is in your family. That, more often than not, not always but more often than not will give you the indicator of what organ is going to break down when you use something, a substance that needs to be not eliminated but the action corrected around it.

Paola: The action corrected around it. That's an interesting point because for me, for example with my bladder condition which is now pretty much cured, we never even did Bovista for my gluten intolerance until recently. We addressed all the factory problems first. You know what I mean? It wasn't until recently that you and I decided, "Okay. Well, let's go ahead and try this Bovista too to finish some things up." I think that's an interesting point. Be careful when you're looking at gluten intolerance that you're not ignoring (I like that analogy a lot) the factory itself, not just the input that's going in.

We'll here's another example then, liver detox. I have a toxic liver versus elevated liver enzymes. There's a difference.

Joette: There's a difference, big difference.

Paola: Walk us through that.

Joette: There are practitioners out there and books that you can read that will tell you that you are toxic. In fact, more often than not, that is the spiel. You're toxic. You're toxic. You have parasites. You have heavy metals. You have yeast. That's the mantra I hear all the time. Well, I know that intimately because I personally was told that. What I was reading back 35 or even longer than that, years ago that it must be that I'm toxic.

Now, what it does is two things. It again throws people down rabbit holes. But meanwhile, they're freaking, absolutely freaking over the fact that they're toxic, every little thing that happens. I'm sweating, so that must mean I'm getting the toxins out. I'm eating kale so that's a good thing. Everything is myopic around the topic of toxins because it's a scary "diagnosis." I don't believe that it is a diagnosis unless you can show that, unless your liver enzymes are elevated, unless you've had blood test and it shows that you have heavy metals, that you have lead. Even then, tell me what the symptoms are. If the liver is tender or the liver enzymes are elevated, now we have a conventional (and I'm going to say it again and again), a conventional diagnosis is what we're looking for. Now, we know how to address that.

Paola: It's not that the liver isn't toxic. I mean, they may very well be true or it may very well be true that you have the MTHFR gene or heavy metals.

Joette: First of all, it's subjective. Let me just interrupt for a second.

Paola: Okay.

Joette: It's a very subjective statement. What do you mean it's toxic? Show me a liver that isn't toxic.

Paola: Right. That's what they do, right?

Joette: Yes. And so, what is the level that you consider toxic because it changes from decade to decade, from modality to modality. Which one is toxic? If it is toxic, does that mean the person is sick? Sometimes people have so-called toxic livers and they're not even sick.

Paola: They're fine, yes.

Joette: Right.

Paola: What it comes down to is the language of Joette's practical homeopathy is this: The difference between theorizing a toxic liver and having a conventional diagnosis where you have blood work that shows elevated liver enzymes, you have the beige stool, the pain in the liver right under your ribs, those are different from theorizing that you need to detox to your liver or any of the other subjects that we talked about.

Joette: That's right, absolutely. I talked to so many people who have been on detoxing programs again and again and again and again. I say, "So, how is it working?" Some people swear by it. They say, "Yes, it's helped me." Other people say, "I never saw any change."

Paola: Right, if it helped then great.

Joette: Yes, great. But if it's not, you are going down a path that will lead you to be thinking, in my estimation, in the wrong way.

Paola: Well, it just comes down to if there's an easier way that is possibly even safer because some of these detoxes are pretty intense. So if there's an easier way that is possibly safer, why wouldn't you do that first, I guess.

Joette: Right, right.

Hencing/theorizing: stop trying to answer the whys

Paola: Yes, alright. Let's go on to our second topic here on our subject of topics that bear repeating. The next topic we're calling hence. My skin is dry. Hence, I must not be drinking enough water. My stools are not frequent enough. Hence, I must be eating too much meat. Tell us about hence, Joette.

Joette: Well, I think that we, as humans are hencers.

Paola: Kind of a new word.

Joette: We have problems with hencing because we want answers. We're all looking for an answer. "Why am I so sick?" That's why I like timelines. I do like people to lay out a timeline of the conditions that they've experienced from the time they started to get sick (let's say it's a chronic condition or even an acute) and lay out what preceded that. "Oh, I had pneumonia." Okay, so what did you do of the pneumonia? "Oh, I took antibiotics. Before that, I had impetigo." What did you do for that? "I took antibiotics," et cetera, et cetera. That will give us a clear picture, give you a clear picture of what's going on in your system.

But when we make the assumption that it must be this because I've done that, it's too simplified. I also talk to people who say, "Well, I drink a lot of water, so the hence doesn't work. My skin is still dry." What I love about homeopathy is if you're going to be logical, be logical. Start out with that. Well, maybe if you're not drinking any water, it might be a good idea. But don't start pounding down a gallon a day. I think that's irreverent of the body's natural understanding of thirst. Instead, if the skin is truly itchy and dry and worse in winter, et cetera, et cetera, and cracking, why not just use a homeopathic medicine for it and correct it once and for all, which is Petroleum 200 for

example.

Paola: Well, this hails back to the first subject, too. I mean, the reason we picked these three is they're interconnected. It goes back to theorizing sometimes. I can't focus. Hence, my doctor says that my vitamin D levels are low. Therefore, hence, I guess that's where you put it in.

Joette: Right.

Paola: Hence I take vitamin D.

Joette: Hence I take vitamin D, synthetic vitamin D.

Paola: It goes back to that again.

Joette: Well then, my question is, "So, you're not utilizing your vitamin D?" Are you eating meat? Are you eating liver? Do you take cod liver oil? Do you go out in the sun? Do you wear sunscreen? Those are important questions. Because if you are blocking the ability of your body to utilize those nutrients such as the sun or eating liver, et cetera, et cetera, from absorbing and utilizing vitamin D and making vitamin D, then yes, you might need vitamin D. But what if you're already doing all of those? What if you're already in the sun? What if you live in Florida and you don't wear sunscreen, and you golf, and you take cod liver oil from time to time, and you eat liver, and you eat butter and lard and tallow, et cetera, where vitamin D is naturally found? Vitamin A and E is already in concert with vitamin D vitamins. Then how does that fit? If you take synthetic vitamin D, now you're just getting a synthetic version of the vitamin. My question would be what are the symptoms? If the symptoms tell us what's going on then we just use the homeopathic medicine that is specific for how it's presenting, not why it's presenting necessarily.

Paola: Well, something you said about this. There's actually

a danger with theorizing too much and saying hence too often. You said when we're planning, not only does it make you neurotic, which isn't good, you don't want that added stress, you already have enough stress, you have your condition, but also these assumptions slowly solidify into facts. That's not good.

Joette: No. They'd solidify into facts in our brains. They concretize. There's no doubt about it.

Paola: When they're not the facts that we're looking for.

Joette: Right.

Paola: Yes. And so, you think about anything in our lives, in our world. If we believe that that's the truth and you're completely off base, wow, what a waste of time.

Joette: Yes, absolutely. What that means is that then you follow this thinking down a certain path that is erroneous. You have to be open for other ideas here. You may think that you're not drinking enough water in spite of the fact that you're drinking almost a gallon a day because you're reading sites that say you should be drinking a gallon a day. I can't seem to pound that down. I can't get it all in. That's got to be the reason. It's me. I've done it wrong. I'm theorizing that I'm not drinking enough.

Paola: Right.

Joette: That's a mistake.

Paola: Right. It's just the solution is simply if you have X illness -.

Joette: If you have a condition and you're surmising that it's from not drinking enough water or whatever and you know the condition, why not just use the homeopathic medicine that corrects the condition once and for all? Then you drink water according to your thirst.

Paola: Right, exactly. Okay, to conclude the second point, Joette, you're saying stop trying to answer the whys. You'll never figure out the why and neither will your doctor. Let it go and just treat the condition that has been diagnosed conventionally.

Joette: Yes. I like that answer or that conclusion. But I will also say that I do believe in people asking why so that they can learn from their mistakes. "Oh, now I have eczema after having taken antibiotics." What do you know? You can make some assumptions based on your timeline. But that still doesn't give us necessarily a method for treatment because now we're in the eczema stage. So we have to go with how to use these homeopathic medicines for the eczema.

Paola: Right. I mean, so it's important to know what a high-quality diet is. It's important to know how dangerous antibiotics and steroids and other medications are. So those whys are important but it doesn't necessarily lead to the answer of how to fix it.

Joette: Yes.

Homeopathy and the concept of baking a cake

Paola: The third point. Let's move on to the third point. That is homeopathy and the concept of cooking a recipe for dinner. Do tell us about that.

Joette: I would love to say that homeopathy is formulaic. This is the condition, this is the remedy. Many times we can and that's what I try very hard to teach in my courses and on my blog and on these podcasts. If it's a simple solution, I'm there to hand it out to you. I want you to have it. However, it's not always like that especially for many chronic conditions. If we're baking a cake and you're winging it. You've never made a cake before and you say, "Well, I know there must be flour in here. I'm pretty sure there's butter in cakes. I think there are eggs, too. Let's

say let's just throw some sugar in there to make its taste sweet." You throw it all together. You might end up with a decent cake, you might not.

With essential oils, it's very formulaic. If you've got a cold, you use this. If you've got a cold, you use lavender or whatever. If you've got a dental issue, you use clove oil, et cetera. It's pretty formulaic. It's often pretty formulaic when it comes to herbs as well. That's why I believe essential oils have made such in-roads in our world today, at least in the US. It's that it's super-easy. If I've got this, I use that. Homeopathy can do some of that with the Banerji protocols. But I will also tell you there are many, many, many conditions that humans suffer and animals suffer that are not necessarily readily available through my teachings and even through sometimes the Banerjis. Sometimes we have to revert to classical homeopathy. That is what the Banerji Protocols are based on in the first place. If you know anything about classical, they are classical homeopaths. They have just found certain protocols work exquisitely fast or exquisitely well with these specific protocols in large percentage of the population.

Paola: Right. They've studied a pattern with that protocol and that condition that makes it very scientific for them to rely on that protocol.

Joette: Because there's data and plenty of it. Their data show that if you have itching, Antimonium crud is very likely to help with that. In approximately 80% of those who have itching, rashes, Antimonium crud is likely to help. Now, let's say it doesn't. Well, that means you go to the second protocol. That might cover another 10% or 15% of the population. But it may get to the point where you still have itching and you've used protocol 1, protocol 2. And if there's a third protocol, that one as well. At that point, we do have to consider going to classical homeopathy.

Paola: Who gets to help you through that if it's a chronic condition?

Joette: Many of our students are seasoned homeopaths. Many of them are moms who've been using homeopathy for 40 years and they have repertories. They own a repertory where they can actually crack open the book and start repertorizing, which is a process. It is a complex process. I hate to take it out of the hands of neophytes but it is a complex process that has to be studied and learned. For those who are new and you're stumped, it's best to see a homeopath.

Neophytes and the study of classical homeopathy

Paola: Let's define who is new. Let's talk about me. I love homeopathy. I live and breathe it. I own tons of books, I mean dozens of books. I have hundreds of remedies. I love it. I help people all the time with protocols. I've helped my friend. She no longer has ulcerative colitis. I've done eczema with people. I've done this and that. Do I get to go to my repertory? I have Kent's repertory. Do I get to go to that and fix someone's chronic disease using classical skills because none of the protocols work?

Joette: If you are educated in using a repertory.

Paola: I'm not.

Joette: Then you would not be able to necessarily count on it.

Paola: Educated meaning I went to homeopathy school.

Joette: Yes. Using a repertory is complex. Yes.

Paola: Not a one-hour lecture here and there.

Joette: That's right. That's right. Yes. You really do need to study it further.

Paola: I just think that's such an important point to make because I hear people talking, "Well, I might use some Silica for my eczema." No, you're not allowed to do that. No. Walk away. Not allowed. You're supposed to do the protocols.

Joette: Either use the protocol or really know classical homeopathy and have repertorized it. Really know it. Really know it.

Paola: Classical homeopathy is not a recipe like the Banerji Protocol.

Joette: No, it is not. It is not.

Paola: It's very deep. I'm an English teacher. We were talking about how I get these questions from my students. This is probably why a lot of people hate English class because, "Okay, how long does my essay have to be?" You're killing me. I can't answer that question. "What is a good essay?" We've got diction. We've got voice. We have word choice. We have research. We have facts. We have organization.

Joette: Yes, who is it being submitted to? What are the needs of the publication? Do you know their requirements? Is it a publication or is it an English teacher in college?

Paola: Who is the audience? Right.

Joette: Who's the audience? Who you're speaking to? What rhetoric do you use for a specific audience? If you're writing to children then you got to speak differently than if you're writing to scientists.

Paola: Right, exactly. So, it's like you can't answer that question. I think homeopathy, classical homeopathy is very much the same way. "What potency do I use for this condition?" It's like asking me, "What's a good essay?"

Joette: Right.

Paola: It's so deep. You don't even know what you're talking about.

Joette: Well, when we're asking about what potency and how frequently, that is called the study of posology, P-O-S-O-L-O-G-Y. It is a study that I studied for a year. How do you know which potency and how frequently? First, you go into the repertory if you have learned how to use that. You find out which homeopathic medicine is most likely to fit this person and this person's condition. Then you're going to several rubrics. Well, the way I learned it, it was all jotted down. Now, there are programs. But I would write that all down. I would write it down on a legal pad. It would take a good, at least 40 minutes to write them all down, look them all up, my three-legged stool, my three most important conditions that needed to be considered. Then I would jot down the most valuable homeopathic medicines that I thought were most -. Again, it's very subjective. Now, I have to go to the materia medica and study those, say five homeopathic medicines that kept coming to the fore. Once I've studied those and I've made a determination. Okay, it's Phosphorous. I know it's Phosphorous. Now, what potency? Oh well, let's see. I've used 200 in the past or maybe also, it's been helpful in a 30. Kent says to use it in a 200 or 1M, now what potency? Now, I decide on my potency. Okay, how frequently? That's the study of posology. If you don't have that, you better stick with the Banerji Protocols.

Paola: Right. I think it's important for people to appreciate that's a year of your life that you studied that subject.

Joette: Yes.

Paola: So you're not going to figure it out. I mean, you might accidentally figure it out but that's an accident.

Good for you, if it is an accident. But this is what you are up against. Just a little example, I remember when I had a lot of my chronic bladder stuff, we would use at one point, only the Cantharis 200 would work for my chronic bladder pain. The 30 wouldn't work. It was 200. Then later on as I had healed a lot and I no longer really had the chronic stuff but I got an acute bladder infection, only the Cantharis 30 would work. The 200 wouldn't touch me. That's just a wonderful example of how the potency really matters. We're so lucky to have these protocols that the work is done for us.

Joette: That's right. The cake recipe is all put out. It tells us exactly how many eggs, how much sugar, how much vanilla, how much flour.

Paola: The interesting thing is you can still mess up the recipe. How many times have you cooked something, Joette and you messed it up because you didn't read the directions properly? That alone, reading the directions properly is hard enough. You got to slow down and pay attention. I know there are different Facebook groups on homeopathy. You have your students of Joette Calabrese. It's really important that you just don't take someone's word for it when they give you a protocol. "Oh, yes. This is the protocol for that." You got to make sure that – you're assuming, they've read the recipe right and digesting it and giving it to you right, too. You got to go take the classes and know for yourself that you're doing it right. I think that's a big deal.

The importance of repetition

Joette: Yes, it is. Speaking of the importance of repetition, when folks use the blog or they take a course, I see questions that come in and it's clear to me they have not read it. They've not read the blog thoroughly. It's very clear. It's all there. It's as obvious as can be, yet they

still ask questions. No, no, no, no. Go back and read it again. If you have to read it five times, read it again. If you're taking one of our courses and you're not sure what to do, go back and take the course again. It really takes that much effort. This is very concentrated tight information that I'm trying. I try to explain that in the beginning of these classes that these are very intense, very intense information.

So, I don't expect you to just go to page 57 and say, "Okay. So what do I take now for this eczema?" No, no, no, no, no. You start from the beginning because now that you've taken it, now what do you do after you've been taking it for a few weeks and it's partially gone? Those are the questions we often get. What do I do now? Well apparently, you didn't study the course well enough because it tells you exactly what you have to do the second time. How do you observe? How do you interpret what you're observing?

Paola: I really like the classical model of homeschooling. It hails back to that concept of grammar, dialectic, and rhetoric. If you review it and review it and review it, you move through those stages and you can't fast forward. You can't go from grammar to rhetoric. You can't. You got to work through all these three stages.

Joette: Right. Well, it's the same thing as we said earlier as playing the piano. Someone says, "Well, I really would like to be able to play a Tchaikovsky concerto." Well, great. Do you know where middle C is?

Paola: Yes. Twinkle, twinkle little star, my friend. Here we go.

Joette: I know. Let's see. You have to learn. You have to start when you're four and study and study and study and repeat and repeat and practice two hours a day. Someday, you may be able to play a Tchaikovsky concerto.

Paola: This is not just advice for anyone that's new to homeopathy. I think you, yourself, Joette, take this advice because I remember you said when you went to the Banerjis to study with them, you wouldn't ask questions. You would sit and observe and study and listen and observe and study and listen. You even said now that you've gone back so many times. You're starting to ask a few more questions. Is that similar to why you're trying to grasp the information?

Joette: Yes. I'm trying to absorb. Here's the reason. I know why they're using specific remedies because the remedies that they're using are medicines that I've used for exactly those same conditions. But for them, they have exact potency, exact frequency and it's all laid out. What I would have done, I might have gone to the same homeopathic medicine as they did but I might not have used it in a 6X, twice a day or say, a month. If I would ask them, "Why do you use this remedy in a 6X, twice a day for a month?" Do you know what their answer would be?

Paola: It works?

Joette: Yes. That's the answer. So, why would I ask them a question that I know the answer to already? Just keep quiet, Joette and just observe and record. I've got books and books and books of all my observations and recordings.

Paola: It's cool because I think you can start seeing patterns.

Joette: Oh, absolutely.

Paola: As to like a Belladonna 6 is for pain. We have head pain. We have different pains but it's always at lower potencies. Maybe a Belladonna in a higher potency does something else. So you can learn those patterns. But sometimes when you ask pointblank, it's hard to answer. When you observe it and you see kind of the constellation appear to you, you start picking up on that pattern yourself and

you internalize it.

Joette: Exactly.

Paola: Okay. Well, those are our three points, our three topics that bear repeating.

Joette: Good. I think we did it.

Paola: Yes, I think we did. I hope you guys liked it. I hope that this helps because sometimes you feel like you're missing something and you're not sure what you're missing. Then you want to know what it is. Well, this is something that we pulled together between Lara and people in the office, in your social media.

Joette: The questions that we get on a regular basis. Yes.

Paola: Exactly. This is a big deal. Thank you so much, Joette for your time.

Joette: Oh, it's my pleasure. It's always fun, Paola.

Paola: Awesome. Thank you so much. Well, see you later.

Joette: Okay.

Thank you for listening to this podcast with Joette Calabrese. If you liked it, please share it with your friends. To learn more and find out if homeopathy is a good fit in your health strategy, visit joettecalabrese.com and schedule a free 15-minute conversation.