

Podcast 133 – The Intriguing Story of Georgie and *Bryonia*



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Kate:

This is the Practical Homeopathy® Podcast, episode number 133, with Joette Calabrese.

Joette:

Hi, I'm Joette Calabrese, and I welcome you to *our* health care movement – yours, mine and the countless men and women across the globe who have re-taken control of their families' health with Practical Homeopathy®.

So, for the next few minutes, let's link our arms as I demystify homeopathy – what was once considered an esoteric paradigm – into an understandable, reproducible, safe and effective health care solution available to all.

This is the medicine you've been searching for – my unique brand of homeopathy, *PRACTICAL* Homeopathy®.

INTRODUCTION TO THE STORY OF GEORGIE

Kate: (01:00)

Hi, I am Kate, and I want to welcome you to the podcast. We're so glad that you're here with us today. I want to thank you for taking the initiative to learn about homeopathy, which will have a big impact on your life.

So, if you are new here today, we want to welcome you, and we're so glad that you've joined us.

On today's podcast, I'm joined by Joette. Hi, Joette!

Joette:

Hi Kate.

Kate:

Hi. And you have a story to tell us today, and I'm excited to hear it. So, let's just dive right in and hear about the story of Georgie.

Joette:

Yes, this is a story about Georgie. This is not my story. This is Dr. James Compton Burnett's story. He's the author of a number of books, but one book that I have read chapter by chapter over the past year or so to [Joette's Mighty Members](#). And that's something you folks might want to consider joining because you'll hear me teaching and teaching and teaching there.

So, I read this book chapter by chapter, and one of the first chapters from this book: "Fifty Reasons for Being a Homeopath." Dr. Compton – James Compton Burnett – authored this book back in the 1800s. And he was a medical doctor – conventionally trained medical doctor – in London and the area around London.

And so, he worked in a large hospital, and he describes how – before he became a homeopathic physician, and he was still conventional – he worked in this large hospital. And there were a lot of people that were dying around that time from – I think it was around ... it was in winter. There were some beds that were no longer available.

And so, there was a young man who worked in the hospital. My guess is he was the equivalent of an orderly. His name was Georgie, and he described him as a waif, I think ... pretty sure that was the word he used – and that he was just a “fixture” in the hospital. And he actually lived in the hospital because he didn’t have a home. And it was the benevolence, of course, of the administration and Dr. James Compton Burnett, that Georgie was able to live there and work there, and he was fed and taken care of.

Dr. Compton Burnett was in his office when he saw somebody – another orderly – pushing a gurney past his desk and he said, “Oh my goodness. Who is it now? Who just passed away?”

The man who was pushing the gurney along said, “Sir, I’m sorry. It’s Georgie.” And he had a tear in his eye because this man, Georgie, was quite loved by the staff at the hospital.

And it touched Dr. Compton Burnett deeply because of course he knew him and was fond of him.

Years later, after learning homeopathy, he recognized that the reason that – likely – that Georgie passed away – got very sick with pneumonia and passed away – was because he – Dr. Compton Burnett – had told Georgie that he couldn’t stay in *this* room because they needed the beds. He had to stay in *that* room.

And *this* room was warm and cozy in the cold, damp winter of London. And *that* room, where Georgie had to stay, was drafty.

And he realized later that it was the draft in which he caught cold and ended up with pneumonia in short order.

And he reminisced – is it “reminisced” the word? I guess he suffered from his decision – from not having known that Georgie could have stayed in that drafty room – but once he got sick, he should have been given a specific homeopathic medicine.

WHICH SPECIFIC HOMEOPATHIC MEDICINE WOULD HAVE HELPED?

Joette: (04:35)

Now, he didn't talk about this medicine right away – the one I'm going to mention – but he did talk about *Bryonia*.

Now, the first medicine I would think of is [Aconitum 200](#) because it's from a draft.

Kate:

Right. Yeah, that's what you would expect.

Joette:

I would expect it too ... that it was a quick onset. It was from a draft: cold, dry air. Cold, even damp air. And I would've thought of *Aconitum*.

Now, he didn't say that though. He was thinking – Dr. Compton Burnett – was that the medicine was likely *Bryonia*. And had he given Georgie *Bryonia* – had he been trained in homeopathy – then he would've likely saved young Georgie's life.

So, here's the story. This is what I want you to know about *Bryonia* – and also *Aconitum*, for that matter.

Aconitum is the first step towards a quick onset of a cold – a chest cold, especially bronchitis or pneumonia, pleurisy,

et cetera. Upper respiratory, lower respiratory infections, we think of *Aconitum* first, and then we can also use *Bryonia*.

Now, Dr. Compton Burnett didn't include *Aconitum* because he was emphasizing the importance of knowing how to use *Bryonia*. The Banerji's have a protocol, which is *Aconitum* 200 mixed with *Bryonia* 30 for exactly this kind of a situation. And Dr. Compton Burnett was unfamiliar, of course, with the Banerji protocols. So, he would have used simply *Bryonia*.

So, there are a couple of points that I want to make with his story. One is what the uses of *Bryonia* and *Aconitum* are, and two, but there are many ways to skin a cat. We needn't go with only one way, or that Dr. Burnett's way was wrong, and the Banerjis were right, or vice versa. But rather, these protocols and these methods of using our medicines are developed by the use of these medicines and developed from the need for the medicine.

ACONITUM NAPELLUS AND BRYONIA ALBA

Joette: (06:44)

So, for *Aconitum*, I want you to remember a quick onset – at the moment, the first moment of an illness. By the time Dr. Burnett may have gotten to Georgie, it may have been he'd already developed pneumonia, perhaps *Aconitum* might've been secondary. I still think of it as primary, but he might've seen it as secondary. And the primary medicine was *Bryonia*.

So, here's a description of *Bryonia*. It is especially right-sided in the lungs. So, pneumonia on the right side, and the person finds that they must lay very still because any movement can cause coughing if it's in the lungs.

If *Bryonia* is needed for a headache, any movement of the head can cause more pain. So, it's worse from movement. The

need for *Bryonia* informs us that the person is suffering anytime they move. They're better if they lay on the painful side. And I think that what that does is that perhaps the reason is because it holds the person in place and movement is less likely because they're firmly placed in that position.

Worse from taking a deep breath. Why? Because it's movement of sorts. So, the person may breathe in a shallow fashion to avoid inspiring too much air and making the movement too grand. So, it is a medicine that is specific for a cough that is worse from movement. The person moves a little bit in the bed, and that causes coughing.

And I'm focusing mostly on respiratory because I'm hoping that we get this information out during the winter months, and my guess is we're going to be doing that. So, I want you to remember *Bryonia* as a wonderful remedy for chest infections.

And often when the cold travels to the chest, and the person actually has a cold travel to the chest, and the person perhaps has a history of that "Every time I get a cold, it goes to my chest." Often that is a call for *Bryonia*.

ARE THESE MEDICINES ALWAYS USED IN COMBINATION?

Kate: (08:56)

So, we're talking about *Bryonia*. We talked about *Aconite* and the Banerji Protocol of *Aconite* and *Bryonia*.

So, I'm curious, Joette, if a person has a cough or something that's developed into a cough and something in the lungs, would you employ the Banerji protocol of *Aconite* and *Bryonia*, or are there times where you simply use *Bryonia* alone?

Joette:

I'm glad you asked that because I hinted on it a moment ago, but I didn't fully explain it.

I think that the reason Dr. Compton Burnett did not consider *Aconitum* and *Bryonia* is because it had already developed. *Aconitum* is for the *onset* of a cough, at the *onset* of pneumonia, at the *onset* of a cold that feels like perhaps it's going to travel down to the chest.

But *Bryonia* is when it's a little more ripened. So, if it was days later that the person got the cold, then turned into the sore throat, then it went into the chest, turned into a cough, hence, developed into bronchitis or pneumonia, then I would lean a little more towards what Dr. Compton Burnett suggested, and that is simply using *Bryonia*.

Whereas if Georgie had said to Dr. Compton Burnett, "You know what? I got a chill from sleeping last night in that drafty room, I don't feel so well today." That would be, my sense, a good time to use *Aconitum* either alone or in conjunction with *Bryonia* as the Banerjis would use.

Kate:

Okay, that's helpful. But I'm still curious because I know there's been times where you've mentioned go back to *Aconite* and *Bryonia* together, even when the person has been sick for a while. And I have actually found that useful when you've said that. Because like you just mentioned, I think of *Aconite* and *Bryonia* for the *onset* of an illness.

So, then when it's developed, and it's maybe four days into something, I tend to abandon the *Aconite* and *Bryonia* and go with maybe something else. But you've said, "No, go back to the *Aconite* and *Bryonia*."

So, I'm curious, when would you go back to the *Aconite* and *Bryonia*?

Joette:

Well, for one thing, *Bryonia* – let me just say this for a moment – *Bryonia* can have anxiety, but *Aconite* has *tremendous* anxiety. So, if the person is really anxious, fearful of getting pneumonia, fearful of the illness growing bigger, fearful of dying, or thinking that this will be their demise – they've been through this before; they know what this is like, and they're pretty frightened – that would establish a tighter need for *Aconitum*. That's one.

The other is if the illness came on with a quick onset, and yet it's four days into the ripening of the illness, I might still consider using *Aconitum* mixed with *Bryonia*.

So, I don't know that I can give a hard and fast rule, but it's how the person is experiencing the disease. How the person is emotionally, physically; how long it's been; how fast it came on.

Quick onset is a very important key in determining homeopathic medicine – whether it's a slow onset or a quick. If it's quick onset, then I automatically think of *Aconitum*, especially if there's anxiety – a great deal of anxiety.

Belladonna is another great medicine for quick onset, but that usually develops into a fever – those kinds of ... hot and high temperature.

But for cold or something like that, I might still revert back to *Aconitum*. It certainly won't do any harm, let's put it that way, by including *Aconitum* with *Bryonia* four days into the disease.

Kate:

Well, what's interesting is I seem to remember from reading about *Bryonia*, that *Bryonia* is usually something that comes on slowly.

Joette:

Slower. Right.

Kate:

Isn't that funny?

Joette:

Yeah, they almost contradict each other sometimes. That's what works best. Yeah, those combinations can work like that.

BRYONIA IS MORE VALUABLE THAN PEOPLE OFTEN REALIZE

Kate: (12:53)

I know when we were talking earlier, you had said that *Bryonia* is an underutilized medicine. Why did you say that?

Joette:

Because I don't think that enough people know that it's such a great medicine for a cold that goes to the chest. I don't think they realize how valuable it can be for bronchitis, pleurisy, pneumonia, chest infections. That it's such a great remedy for acutes such as that.

I don't think people think about it because of its characteristic of worse from movement that they don't think about it as a medicine specific for a broken bone. I mean, if you break your tibia and you move, that pain can be excruciating. That's *Bryonia*. And we would use *Bryonia* in, perhaps, conjunction with *Symphytum* for broken bone or *Arnica* for the injury itself and the pain.

We might add other medicines, but when we see that it's worse from movement: a headache, that is worse from ... what kind of movement? Just moving the head the tiniest bit can

be very painful. Or just moving the eyes when someone has a headache can be an indication for the use of *Bryonia*.

So, I do think it's underused because people are just not as aware of it. It's a good medicine to have in your repertoire.

Kate:

Alright. When you're talking about using [*Bryonia*](#) alone, would you use it in a 30th potency, a 200, a 6?

Joette:

Well, I would use it in a 30, most likely, for a cold or a cough. But I also would use it if it were a broken bone or a headache. If it's for a broken bone, then I might consider using it in a 200.

So, how often do we use these potencies, these medicines?

Well, it depends, of course. If it's something that is not very serious or is not plaguing the person at this moment in time, we might use it twice daily.

But at the onset of a cold or, let's say, that someone is developing pneumonia – they feel it coming on – I might use it more than twice a day. I might use it two, three times a day, maybe even four times in the very beginning. And then, as the next day progresses, if we see a little shift, then we might back off. Instead of three or four times a day, go to twice a day and then stay at that until it's finished.

BE GRATEFUL FOR THE OCCASIONAL COLD

Kate: (15:12)

I know you say that colds can often be tricky, and we want them to move along quickly and be finished quickly. But it's often one of the more difficult things to have come to a

full resolution in a short amount of time, especially if we don't catch it at the beginning. Do you find that to be true?

Joette:

I not only find it to be true, but I'm grateful for it. And this is what I mean.

I think that we have to understand, as humans, that we're supposed to get these kinds of things. We need to detoxify. And when the body is sneezing, it's getting rid of something that is unnecessary, or that is necessary to get rid of.

The nose is running, the throat is creating a lot of mucus. There's coughing to bring up the mucus that's in the chest.

Yes, there may be aches and pains and fatigue, but that's a sign that we need to do something different than what we were doing. And that is ... we need to pay attention and rest. Just let it go. Let it roll off your back. It's not a, "Oh no! I'm sick!"

No, no.

"Oh, yeah. Okay. I could use a few days or so a week, maybe, to rid myself of something, to cleanse my body of something and then rejuvenate."

And I noticed frequently – not only in my own children but in my clients and students who report this to me – that when their children get sick ...

Let's say, it's a seven-year-old, and everyone in the neighborhood's able to ride their bike. But this child can't seem to ride a bike, can't get the balance right. They can't ride. If everybody else is riding ... can't ride, can't ride.

And so, then they get sick – the child gets sick. And shortly after being sick, the child has a developmental

leap. Watch for it, mothers and grandmothers, and you will see this happen time and again. After the illness, there's a shift that seems as though it's necessary that they got sick in order to get to the next level of development. And now, after being sick, they can get on the bike and ride it.

Or "I can't read these paragraphs," says the third-grade child. "I can only read one sentence. I can't get through a whole paragraph."

The child gets sick – whatever sick is – ear infection, conjunctivitis, strep throat, lung infection, whatever it might be ... a fever. We actually expect and want these developmental shifts to occur as a result of simply leaving that child alone and letting the child get the illness.

And what I mean by that is we don't want to give them Tylenol and aspirin and steroids and antibiotics and all the other things – all the newfangled, synthetic, patented stuff that comes from industry to suppress the symptoms.

Instead, we can use homeopathy, decent food (if the child or the person is even hungry. They may not even be hungry, and that's perfectly fine). But we want to keep them hydrated with good bone stock broth that you've made at home or some fresh lemonade that you've made with fresh lemons, et cetera, or just salted water.

And allow the child to – or the adult to – simply finish the work of being a human ready to jump into the next developmental shift. And after that amount of time – after they've been sick – you will find that that child will have an awakening with being able to read. Now, the child can read a whole paragraph comfortably.

So, if this happens to children, might this also be happening to adults?

I think it does. I think we have shifts that occur when we

allow ourselves to just take it easy and know that this is intended to happen. We're cleansing, and we're moving to the next level.

REST IS IMPORTANT

Kate: (19:07)

I also like what you said about rest, Joette. I hear your voice in the back of my head. Every time someone comes down with something that is affecting their lungs, and you say, "The lungs require rest. In order for the lungs to heal, you really need to rest."

And I've shared that with a lot of people because I think we as humans tend to just go, go, go – like you were insinuating – even though we're sick. But our bodies need this slowdown time in order to recover.

Joette:

Well, I've found time and again that if somebody has, say, a stomach upset from some bad food or they get an ear infection, and when it's over, they can pretty much resume their activities. Even though they may not be a hundred percent. They might be a little shaky in the stomach or their ear's a little bit uncomfortable (remains that way), and there's still some symptoms that linger on.

But when it comes to a lung infection, my friends, I can't urge you enough to know that you must stay down. Must stay down. Because just because you're feeling better within a day of taking the medicines doesn't mean, "Okay, I'm done. It's over." Because that's when, more often than not, if the person is not really ready to get up and get onto their daily tasks, the condition will recur, and sometimes it gets worse.

I will also say that's not only the same with lung

infections, it's also the same with breast infections. So, a breast infection is also something we do not ignore. We take it easy and use the homeopathic medicines for it.

So, yeah, there are some commonsense ways to live, and we have to expect that we are going to be down sometimes. Yes.

And it's an opportunity to sleep, ponder, pray, listen to great music: Mendelssohn, Beethoven. That's the time to go for the lofty. Sit in the sun. If you're up north, then you sit in the window, and you just take it easy. Fire in the fireplace. There's a nice little simmering sound on the stove with the bone stock simmering away. Take it easy and take stock of what is really important in life.

Kate:

Joette, thank you so much for that information. It was very helpful.

LISTEN TO THE MASTERS

Joette: (21:26)

Well, I just want to add one more statement, and that is that when we learn these medicines – especially when we have protocols – it gives us the sense that there's a certain order to life, a certain order to medicine. That there's a design that was determined before us. That these protocols – for example, *Aconite* and *Bryonia* – is a protocol that has been used clinically for well over a hundred years by the Banerjis. And so, the great minds, the decades of experience can be very calming.

Once you have a number of these protocols that you can press to service, it will give you a sense of confidence that only comes from something that's well-designed and well-ordered.

Thank you, listeners. It's great to have you here. I do want

you to spread the word. Make sure that you are using this and learning as much as you can and teach others, and I'll see you next time.

Thanks, Kate.

It's my honor to share many lessons on this simple method of using homeopathy for free –without affiliates or advertising – here in my podcasts, but also my [blog posts](#) and [Monday Night Lives](#).

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