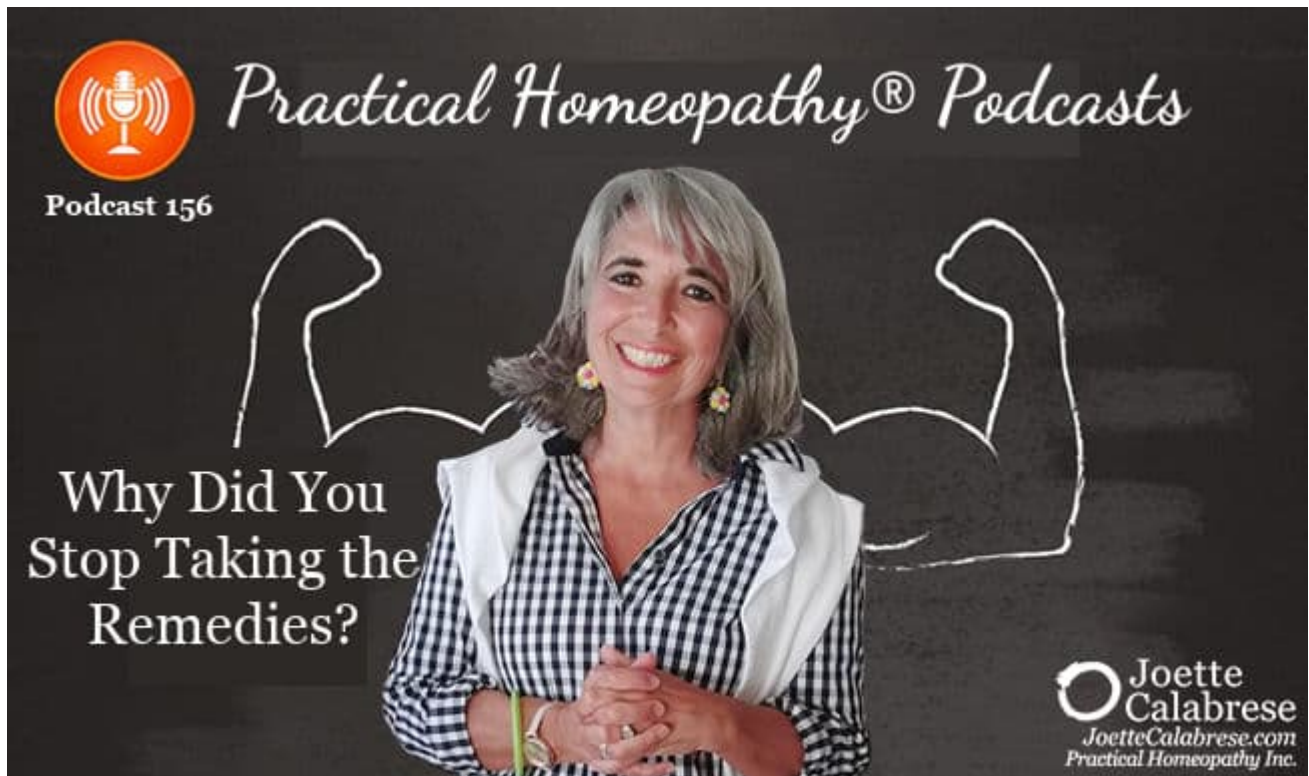


Podcast 156 – Why Did You Stop Taking the Remedies?



In This Podcast, We Cover:

- 01:00 Introduction: Why Did You Stop Taking the Remedies?
- 03:28 Falling Back Into the Status Quo
- 05:04 When the Symptoms Return
- 06:36 “Maybe I’ll Try Another Modality.” (Shiny Object Syndrome)
- 08:58 Staying on Track With Homeopathy

[Joette’s Learning Center](#) (Protocol courses)

[Gateway to Practical Homeopathy®: A Guided Study Group Curriculum](#)

[The Academy of Practical Homeopathy®](#)

13:20 It's All About Keeping Notes

15:47 What Is Our Goal?

17:15 Closing Advice

Additional Resources:

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Kate:

This is the Practical Homeopathy® Podcast, episode number 156, 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 retaken 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: Why Did You Stop Taking the

Remedies?

Kate: (01:00)

Hello and welcome back to the Practical Homeopathy® Podcast with Joette.

I'm Kate, and whether you are a longtime listener or joining us for the first time, we're so glad that you're here.

Today's episode is one I think many of us can relate to, especially those of us who've been using homeopathy and have seen results either for ourselves or our loved ones. So, today we're asking the question: Why do people stop taking the homeopathic medicines that are helping them, and what's going on when something is clearly working, and yet we drop it?

So, Joette is going to help us shed some light on this mystery in today's episode. Whether it's forgetfulness, skepticism, or just falling back into old habits, we'll be talking about what's behind this and, more importantly, how to stay on track with homeopathy.

Hi, Joette.

Joette:

Hi, Kate. I think this is a compelling subject. It's super-common that people kind of lose track of what they're doing. Working with clients for all of these years, I find that many of them are really tight to their schedule, and they stay true to it – the schedule of remedies, two remedies or maybe, sometimes, even three remedies.

And others, when I meet with them, they're not doing so well. And the first question I have to ask is, "Well, have you been taking the remedies since the last time we met?"

And I get a variety of answers to that question, but one of the most common is that "No, I stopped taking that because I

just wasn't sure," or "I ran out," or "I forgot."

This is so common. I think it's just part of human nature.

Most people don't even like to take pills at all – even though these are not the usual pills. They're not the big fat purple pill, and they're certainly palatable. But when you're feeling better, you're not thinking about, "I need to do something about not feeling better," because you've improved.

Kate:

Right? And you can stop taking the remedies when you are feeling better.

I think the question is – the reason we brought this up, Joette – is because I have a friend that I've noticed that when they stop taking the homeopathic medicine, then they fall into the same ... symptoms start reappearing, and they don't even notice it.

And then I ask the question, "Well, are you taking the homeopathic medicine?" And they say, "Oh, no, I forgot," because they were better for a period of time.

But now it's crept in a little bit again, and so they need to start taking it again. But they didn't realize it. And so, that's what we were talking about when this question came up, and ...

Falling Back Into the Status Quo

Joette: (03:28)

Well, what happens is they fall back into the status quo, and they say, "Well," when you say ...

So, if you were to ask them, "How long have you had those joint pains?"

And they might say, "Oh, my goodness, for 25 years."

But what we really are asking is the comparison from the last time we met with that person (and we try to keep up with meeting with them every couple of months, if we're talking about clients).

But even if we're talking about friends, what we want to know is "You were doing well"

"Yes."

(You have to put together a timeline of essence.)

"Yes."

"You were doing well while you were taking the medicine?"

"Yes, that's correct."

"And then you felt well enough that you could back off."

"That's correct."

All good stuff. This is exactly where we want to go.

But then it came back again. And what returns to their thinking often ... and *I've* had this. I shouldn't say "they" because I'm included in this, too. We're all ...

Kate:

Right, me too.

Joette:

This is just human behavior.

But what folks are thinking is that "Oh yeah. Well, that's back again, and that's what I've always had for ... I've had it for 20 years."

And it's easy to forget that you had such improvement while taking the medicine, and even after having taken it for a

while and having stopped. The goal is ... I'm sure one of the questions is going to be, "So, does this mean we have to take these homeopathic medicines forever for the rest of our lives?"

No, that's not what we're looking for. We really are looking for it to start softening, minimizing, becoming less intense, showing up only occasionally. But it does take some awareness – self-awareness – which is sometimes hard to do, especially when it comes to our own health. Some self-awareness that it *was* better, and now it's not doing so well.

And what changed?

"Well, I stopped using the medicine."

When the Symptoms Return

Kate: (05:04)

Right. And it could also be that now the person is thinking, "Oh, I'm going to try X, Y, Z therapy, or I'm going to try something else."

Joette:

Yeah, start taking supplements now. "I think I'll take supplements, or I'll go for acupuncture."

I think acupuncture can be very valuable. And chiropractic. Valuable. Supplements? I'm ... generally speaking, I am not a supporter of supplements. But of course, it depends on what people mean by supplements.

I don't like vitamins because supplements can often be synthetic. But if we're going to use supplements, then I'd like to think of something like, okay, apple cider vinegar. Could you call that a supplement? Could cod liver be considered a supplement?

I suppose I think of those more as foods, but I digress a little bit too much there because what I really want to say is that what you brought up, and that is that people say, “Well, you know, I’ll try this for a while,” and then they forget about using homeopathy.

So, when it comes to chronic conditions and depending on what they are, it may take a while –quite a while – before things really shift.

And so, when there’s improvement – a great improvement, let’s start with that ...

There’s great improvement. Then, we *do* want to stop using the medicine. This is *not* something we want to use the rest of our lives. We want to assume that the medicine has acted.

But if it returns – that condition returns – then that is our indicator. That is our red flag that tells us, “Okay, back to the medicine again.” Maybe for as long a period of time, but maybe not. Maybe as frequently, but maybe not.

The only way to know is to start it up again and see how it goes.

“Maybe I’ll Try Another Modality.” (Shiny Object Syndrome)

Kate: (06:36)

So, Joette, getting back to what you were saying just a bit ago about different modalities, which again, they can be useful. But sometimes, we think of that as what you often call the “shiny object syndrome,” right?

We’re seeing the new thing, or someone’s telling us about something new that might help. So, explain that a little bit.

Joette:

Particularly given the vastness of the internet, if what you've been looking at are subjects around health, automatically, it's going to set up your feed to be talking about health. And it could be bringing up, as I said, vitamins, podcasts on physical therapy, et cetera. I mean, it's going to cover the whole gamut, which is interesting.

And I'm not saying that we shouldn't be watching all of that, but if you've had a success with a modality, then I would say don't tinker with it. Stick with it. Whether that's homeopathy or it's chiropractic or it's botanical or it's diet, I would stick with it.

And by "sticking with it" doesn't mean that you're going to be taking this medicine, as I said, forevermore. It means stick with the paradigm. And then note when you could back off because you're feeling so much better, and when to take it up again because the condition is starting to return. And then back off again as you find that the improvement has been realized again.

Kate:

Or at a minimum, don't introduce new paradigms while you're just starting to see if a medicine is acting, especially in a chronic condition. Because then, how do you know what it is that's helping?

Joette:

And we do need to know that. People think, "Well, whatever it takes, I just have to get rid of this."

And I understand when somebody's in a real bind and the suffering is grand. But to stay with one paradigm gives a lot better information.

And someone might be thinking, "I don't care about information; I just want a resolution to this problem."

If that is the course that the person is taking, we want to try to minimize those other modalities as much as possible because we *do* need to know where we're going in the future. We *do* need to understand that this medicine *was* acting, or it was *not* acting.

What do we do in a month from now, two months from now, six months from now, a year from now? We have to have our pathway cleared, and the best way to do that is to not add shiny new objects here and there and throughout those days, weeks and months.

Staying on Track With Homeopathy

Kate: (08:58)

Okay. Let's talk about how do we figure out what's working and when we might need to go back to the homeopathic medicine that was working.

Let's talk about some of the ways that we can stay on track. One of them I wanted to mention briefly – Joette, I know you have several of them – because I'm so passionate about study groups, is having a study buddy: Someone that you're close to that can help you remind you that “Hey, you were feeling better. That hip pain was gone, and now it's back. And did you stop taking the homeopathic medicines?”

So, one of the ways that you can do that is joining a [Gateway to Practical Homeopathy®](#) study group, and you have these people that you're studying together with, and they can help you and remind you of the things that you were doing that did work at one point.

But I know there are some other things. Joette, what might those be?

Joette:

Well, what you've brought to the fore, Kate, is that sometimes

we need to depend on others. And so, whether that means that your phone's set up with a timer or on your calendar, whether you have your spouse reminding you or asking the questions.

Let's say we're talking about you and *your* suffering, your personal ... not about your child at this point – but probably the most valuable is to track and to keep notes. That's what I teach in my courses – in [the protocol courses](#) – and in [The Academy](#) is you have to keep good notes.

I teach a very specific method of keeping notes, where there's a margin on the far left that puts it into a specific category. So, if you're having hip pain, you're going to say on the left margin "hip."

And then on the right side, you're going to describe what's happening and what has occurred and to what degree it's improved. Actually, to start with, what the pain number is. We have to assign a value – a pain value – to it so that in six months from now, you can go through those notes and find – instead of reading everything you've written, which would be tremendously laborious – you can go right to that set of notes.

Look down the left side of the column of the way you've structured it, look in that little cell, and it says "hip." Now you can read, "Oh my goodness, that hip pain was happening every day as I got out of bed. and I couldn't sit on the floor with my cat, and I couldn't move if it was cold out, and it was every day, and the pain was the whopping 7."

Now, two months later, when I'm reading this, I'm saying, "Oh my goodness, that's improved greatly." You want to jot that down.

How has it improved? "Well, it's no longer every day."

How else has it improved? "Well, it's no longer a 7; it's now a 3."

How else has it improved? "It doesn't last as long, and I find myself on the floor with the cat more often."

So, we have to make a note of that.

And then how do we relate that to the medicine that was used?

Well, you have to go back and look at "What did I take two months earlier when I was in more pain? Oh, I took *Symphytum*. Oh, my goodness. Yeah, I took *Symphytum* 200 with *Calc phos*."

And let's see, when did I stop? Oh, wow. I ran out of it about three weeks ago, and it was all right for the first week without it and the second week. But you know, in the last week, it really is painful. Again, not as painful," (because parenthetically, we might say that that's because the medicine was still acting, and we're at a better place now). "But I think I need to take that medicine again and start right up where I left off."

That's how we do it.

Keep notes and keep them like a ledger so that on the left side of the page, whether you do this digitally or on a sheet of paper and keep it in a file, the left side of the page tells you what part of the body you're concerned with or that has been a problem, and now, what has happened with it. And so, then, you can scroll down with your finger or with your mouse and see what has improved and what has not.

Kate:

I like Joette also how you talk about writing down the medicines that you use at the top of the paper, and then I like to write notes. "This helped whatever condition," because six months, a year from now, I might think, "Okay, I had this nagging cough. What remedy was it that I used when I had that nagging cough?"

And I can, like you said, go back to that page and right there

at the top, it says, whatever homeopathic medicine helped this type of cough, and it's easy for me to, then, employ that medicine.

It's All About Keeping Notes

Joette: (13:20)

Well, unless you have an extraordinary memory – an ability to remember details like that – pretty much most people are not going to remember what they took, what potency, what frequency, and how quickly it changed.

And having that information readily at hand – just by opening the file and looking at what was used last time for that cough – will give you, in your darkest moments ... if a cough has returned three years later, you will have at your fingertips precisely what you used last time.

Now, I'm not going to say that it's an absolute, and that it will work because it acted last time, that it will act this time. But let's use that as a springboard. Let's start with what we know as successful in the past and then move forward to other possibilities. Then also, what you used those years ago for that cough, what other medicines had you tried that were useful or *not* useful, but didn't take it perhaps all the way to the end of the problem?

But you need those notes. I urge you to use the method that the system that I'm discussing, and that's keeping margins on the left for each subject of each part of the body. And if you have a repertory, and hopefully you do – if you have a repertory, open up the beginning of the repertory and look at the list of the parts of the body so that you can lay yours out in the same fashion, as long as it's useful. (As long as it's *pertinent* is what I mean to say.)

In other words, if you look in the repertory, you're going to see "Mind." And so, if you're talking about or you're feeling

very blue, you're going to write "Mind" on the left side of that column and then describe how blue you are. You're feeling like life is not worth moving forward in, et cetera, et cetera. On a scale of 1 to 10, it feels like a whopping 9.

Okay, now, you can go down to the neck. Okay, what about the head? "Nothing about the head."

Okay, what about the throat? "Oh, I have mucus in my throat."

What about the shoulders? Nothing in the torso? Okay, then you can skip right down over that.

But if you have that repertory lineup as your template, even if you don't fill out all of those areas of the body – and of course, you wouldn't because it's not ... everything in the body is not falling to pieces, only certain areas are problematic that need some effort.

If you follow that, you will have a very nice layout so that you can return to it at a later date. A month from now, two years from now, 10 years from now. I actually have files for my family and even some of my clients that are 25, 30 years old ... even older than that.

What Is Our Goal?

Kate: (15:47)

So, what is our goal, Joette, and how can we achieve great health?

Joette:

Well, the goal is not perfection. Let's start with that.

Not only not perfection in experiencing good health, but in addressing how to go about doing this. What's important in working towards this method of keeping notes is consistency and keeping on track with your remedies.

Again, I want to reiterate: It does not mean that you take these medicines forevermore. You do indeed often stop once the condition is much improved.

The other goal is to empower you so that you can empower yourself and to recognize what's working.

You can't recognize what's working or be empowered if you don't know what you've done, and you don't stick with it when you find out that that is indeed what was aiding the condition.

The last thought that I have is that we don't need to find another solution often. That doesn't mean we *never* do. No, I think diet's very important. Again, I say chiropractic is a really wonderful tool. Physical therapy's great. There are many wonderful tools out there. But I would not add them while you're also adding or starting with homeopathy because you won't know at the end of the line (whether that's a week from now or two months from now) what has done the work. And so, you will not be able to repeat what you had done previously that brought you to that success.

Closing Advice

Kate: (17:15)

This has been very helpful. Joette, what would you like to say in closing?

Joette:

Something that needs to be considered at all times, and it's so different than what we're trained to think in society. We are trained to think that the body is always on the way to falling apart. Aging, things are going wrong.

When instead, I believe that our default is *good* health, but it just needs some intelligent prodding: better diet, using the homeopathic medicine, according to the needs of this issue

or that.

And then what that medicine does: It gently prods the body to get back to its homeostasis and back to good health. And if we remember that our default is good health, then we can be more optimistic about it and look at the possibility that all that's needed is a little tweak – a little tweak of this, a little tweak of that. Maybe eliminate *this* in your life or add *that* to your life.

And then, for most people, we can enjoy pretty good health if we pay attention.

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](#).

But it's *critical* that you learn how to use these medicines properly. These podcasts should serve as only the *beginning* of your training. Peruse [JoettesLearningCenter.com](#) to find fun study group opportunities and in-depth courses developed by subject.

So, with the proper training, you can join the thousands of students before you in developing the confidence and competence to protect the health of your family and loved ones with my brand of homeopathy, Practical Homeopathy®.

Kate:

You just listened to a podcast from internationally acclaimed homeopath, public speaker and author, the founder of [The Academy of Practical Homeopathy®](#), Joette Calabrese. Joette's podcasts are available on all your favorite podcast apps.

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