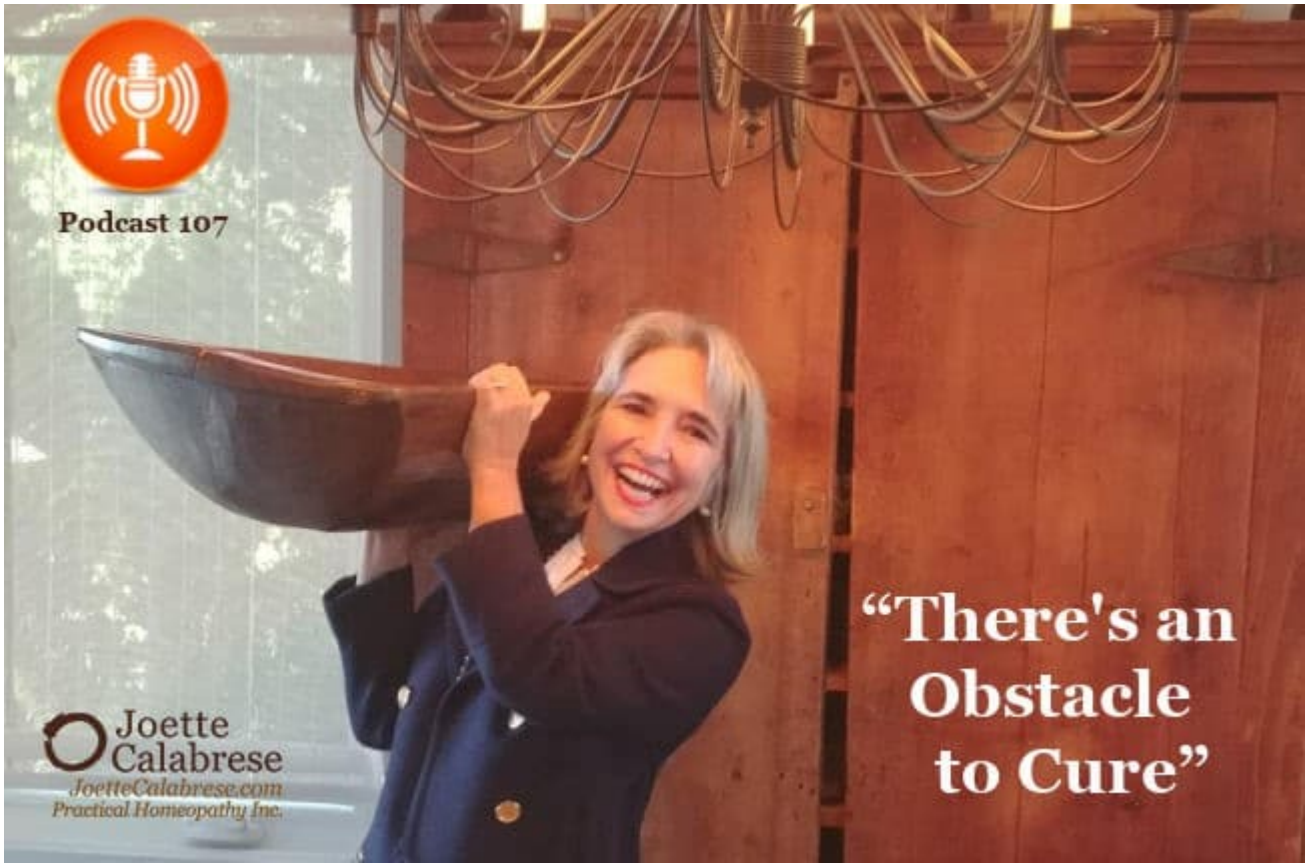
Podcast 107 – “There’s an Obstacle to Cure”



IN THIS PODCAST, WE COVER:

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22:09 **Sobering** Effects from Drugs

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LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Podcast 23 – Moms with Moxie: Snap! Broken Bone. (the x-ray

referred to in this podcast)

Feminopathy: How You Can Correct Female Ailments Using Safe, Inexpensive and Effective Homeopathy

My blog, podcasts, Facebook Live events and courses

Gateway to Homeopathy: A Guided Study Group Curriculum

Joette's Mighty Members 'Want to take a slightly deeper dive and discuss topics that risk censorship on Facebook? – join me on my Mighty Membership site. Hosted safely on a private server away from Social Media and public membership site's prying ears.

Kate: This is the Practical Homeopathy® Podcast Episode Number 107 with Joette Calabrese.

Joette: This is Joette Calabrese, and I'd like to welcome you to the Practical Homeopathy® Podcast. Women and men worldwide are taking back control of their families' health and learning how to heal their bodies naturally, safely and effectively.

So, if you're hungry to learn more, you've come to the right place. Stay tuned as we give you the tools – and the inspiration – you need as I share my decades of experience and knowledge using this powerful medicine we call homeopathy.

Kate: Hi, this is Kate. I want to welcome you back to the

Practical Homeopathy® podcast. I'm here today with Joette. We are going to talk about regaining wellness with homeopathy.

But how do we get started? And it's not what you might think.

I feel like I say that often, Joette: "But it's not what you might think."

We're going to put a little twist on that today and take a step back and look at the whole picture. Tell us what that means, Joette? What are we going to talk about today?

Side Effects of Supplements, Vitamins and Medications

Joette: Well, the biggest picture that I would like to look at today is the side effects of supplements and vitamins and medications, of course, and how they reveal more than we think they do. If we're paying attention, we can see aspects of our health diminishing as a result of them.

Kate: In fact, that might be the very thing that's standing in the way, and so to speak, "blocking" us from progressing in our healing.

Joette: You bet. In homeopathy, we have a phrase called, “There’s an obstacle to cure.” I’ve seen it happen far too many times with medications, but I don’t know that people think much about vitamins and certain supplements.

Now, not all supplements. Let me also say that if the supplement is made up of 100% … I don’t know … honey, or made from some ground-up dehydrated vegetables, we’re not talking about that. I’m talking about supplements that have synthetics in them and ingredients that are difficult to pronounce. *That’s* when I pull back and say, “That’s not such a good idea.”

First, let me say that we can start with meds.

There’s no such thing as a conventional drug without side effects.

Just because you’ve become accustomed to it doesn’t mean there are no side effects. I’m going to say it again: there is no such thing as a conventional drug without side effects. There *must* be side effects. Otherwise, the drug will not act.

Now, that sounds maybe like it’s flying in the face of logic. But if you’re using something that is of gross substance (meaning it’s not diluted such as homeopathy and then succussed and diluted and succussed and diluted and

diluted, et cetera) what remains in the original substance *has* to have a downside to its upside.

It doesn't mean that conventional drugs don't have value. It just means you have to kind of weigh it out. Because if you have surgery coming up, you're going to have to have, perhaps, general anesthesia. I don't think *I'd* want surgery without general anesthesia, but there's a downside.

The downside is you might have headaches; you might have long term brain fog.

Kate: Nausea.

Joette: Nausea, neuropathy, there are many side effects that are associated with general anesthesia. But if you need that surgery, then you just have to accept it.

That's where I say let's save those meds for those times – because you don't know what's forthcoming.

You don't know if you're going to have an accident. You don't know if you're going to fall off a cliff or get hit by a Zamboni. You don't know what's going to happen in your life … fall off a horse, like you did, and break your arm in two places, et cetera, et cetera. You don't know when that's going to happen, so you want to save – if you possibly can – the use of conventional drugs for those times in which they're *truly needed*.

What I find, however, is that folks use drugs and take them every day for chronic conditions – sometimes conditions that aren't even medical, as far as I'm concerned, such as high cholesterol.

I'm sorry, I don't buy that high cholesterol is a disease. It's based on the lipid theory, and the keyword here is "*theory*." These statin drugs have caused … and from what I have read, and what I've observed (and I observe it frequently; I have a very busy practice and a lot of students). I will tell you that what I observe is that folks suffer from these statin drugs just to keep a cholesterol number down.

How do they suffer?

Well, for men, it ruins their ability in the bedroom. For women, it makes them goofy – because we need the cholesterol that our bodies make and good food produces in our brain and in the reproductive organs.

Also, I find (not so much women, I find it in men), they get leg cramps and pains in their legs and weakness in their legs. Many times, they end up in wheelchairs because they can't function.

If you check what they're taking on a day-to-day basis, you find out, indeed, often (not always, often), they've been

taking statin drugs for years.

So, when I take a case or when I teach folks how to take a case, I always urge them, and I remember myself, to look at the entire picture – the entire case. Not just "what do we do for this condition, what remedy do we use?" Then we just use that remedy, and that's all there is to it.

No, we have to look at the drugs the person's taking because the drug might be the cause of the condition. If that's the case, then a more prudent way to approach this is to halt the use of the drug.

Kate: When you say "drug," Joette, I think there are times when people don't think of it as a drug, but it is, indeed, altering their chemistry. Maybe give us an example of that situation.

Joette: Yes, it's good point. Because some people don't think of taking a lozenge, for example, that has estrogen and progesterone in it. They're thinking of it more as something that you just suck on a couple times a day. But it is designed to affect the estrogen and progesterone amounts in a woman's body.

Kate: Or what about like that cream that you applied when you were younger?

Joette: Yes, yes. Yes, well, because it's applied to the

skin. Years ago, when that whole estrogen-progesterone thing came out on the market, I had a friend who was very involved in studying how we can use estrogen or progesterone as we enter menopause.

I was pretty pre-menopausal. It was good 26-27 years ago when she was studying this. We were all in a group together, studying together. We were studying homeopathy and other modalities. And she came to the group with this information.

She was a physician's assistant for a naturopathic doctor. She was very excited about this breakthrough of using estrogen or progesterone. It was touted as natural – perfectly natural.

We all took tests, we took saliva tests, and it showed that … it was so long ago, to be honest, I don't remember exactly what it showed. But I believe, as I recall, it showed that I was too low in progesterone.

So, I ordered the cream through her – through the doctor. It was supposed to be rubbed on the skin, so I did that. I used it for, I think, two or three days, and I went into severe depression.

Now, all of us have experienced depression from time to time. But no, this was different.

This was, "Oh, my gosh!" I couldn't think; I couldn't do. I had a small child. I didn't make meals for two or three

days. I didn’t get dressed. In the morning, I didn’t eat. I had a rocking chair in my kitchen, and I sat in the rocking chair.

Thankfully, my parents live next door. My mother came over and said, “What’s going on?”

I said, “I don’t know mom, something really strange. I want to die. I don’t want to be here anymore. I just have to get out of here. I just have to get out of the state of being.”

And it came on pretty quickly – within two or three days.

My mother said, “What? Did you take something? Did you to eat something funny?”

I said, “Well, I put this cream, this progesterone cream on my abdomen.”

She said, “Get upstairs right now. Go shower it off.”

My mother, who never went to college, was a very wise woman. She knew the answers to many things – as many women do, who don’t necessarily go to college.

I went upstairs, and I showered it off. By the time I came downstairs, I felt improved. Now, I wasn’t myself yet. I would say improved maybe, I don’t know, 20% or something like that. But there was improvement.

I said, “Yes, I feel better.”

She said, “Okay, now wash your hands again. Let’s wash even though you just showered. Let’s wash your hands again.”

I washed my hands in the sink, and I kept washing and washing and washing.

Then a few hours later she said, “Go back upstairs, wash it off again. Take a shower, get a washcloth and really scrub it off”.

So, I did it again. I came downstairs and there was an additional improvement.

The word is, it was “natural.”

What’s natural progesterone? I mean, I don’t even know what that is. “Natural progesterone” to me means that it’s got progesterone qualities, or it’s progesterone.

If it’s progesterone or estrogen qualities, then you could say that’s perhaps wild yam or those kinds of plants.

But it’s not *actually* the substance. It’s not from a plant. It’s synthetically derived. It’s chemically made in a pharmaceutical industry’s laboratory. So, that’s a lot different than natural, at least most people’s understanding of natural.

Back in the ’70s, they were using progesterone (or was it estrogen? Now I can’t remember which one it was), and they actually got it from pregnant mares. They would harvest that and use that in medicine. And then it stopped. I don’t know what happened. So, that would have been natural progesterone or estrogen because it was from an animal.

But if I had not had my mother there, or I had not figured it out, I would have called myself suicidal. If I had gone to a medical doctor, the doctor would have said, “You’re suicidal? Okay, here take this psychotropic drug.”

Kate: Right.

Joette: I would have had another drug on top of the first drug. Then the second drug would have caused more side effects.

I, maybe, would have started to gain weight. Then, they would have checked my thyroid and said, “Look at this, your thyroid is low.”

Then I would have had another synthetic drug on top of the second and the third drug, and we would have kept going and going and going.

It’s only when we know enough to step outside of the box and say, “Well, what is that I’m taking?”

I mean, I’m working with someone right now who has very severe psoriasis. One of the drugs that she’s taking, the first side effect is psoriasis.

She said, “But I have, I’ve had psoriasis for a lot longer than I’ve been taking the drug. That’s not uncommon to hear that, but never to that degree.

What drugs do is they get what you’ve already got – your weakest link – and drive it to a deeper state.

Now, the psoriasis, instead of being a tiny patch is blanketing her entire scalp. It’s maddening. It’s itchy. It’s embarrassing. It’s uncomfortable. It’s unsightly.

The drug that she’s taking, I believe, is superfluous.

But I am not a medical doctor. I don’t ever tell people, “Get off your drugs.”

What I do instead is educate them like I’m doing now. Saying, first of all, “If you’re not on a drug, try to stay

away from it."

When I say try, I don't mean, "Gee, I don't want to take that, but I'll take it because there's no other choice." But rather, "*Gee, I don't want to take that, let's find a solution. I will find the alternative.*"

If there's anything I've learned in life, there's *always* an alternative. No matter what it is!

Even though it's presented to us as, "this is the only way," that's just an opinion! I believe that there is *always* an alternative.

All we have to do is *know* that, understand that, and then seek it.

It might mean suffering for a while, but it might be worth it. Because once you step onto that conveyor belt of drug, synthetic drug, synthetic drug, after drug, after drug, it's very hard to turn that around.

It can be done! I've seen it done. It can be done. But it takes a long time. It takes some not just time, it takes a *reset* in our thinking. With that reset might, also come the fact that that person has to find another doctor.

Kate: I was just going to say that, that we should talk about how you want to find somebody that's going to be in your corner and really willing to sit down and take a look at all those things with you, right?

Joette: Yes, so what you're doing is when I discuss this with clients, I tell them, "It would behoove you to work with your doctor to see if you can get off of this medication because now the homeopathy is acting, and it's taking up the cause. As the homeopathy continues to act, then you can back off of that medication, but you need to be working with your doctor."

But if the doctor believes deeply in that modality, that's going to be a hard thing to convince him or her. So, now, the client or student needs to disassociate themselves with that particular doctor and find a new one. We're asking a lot of that person. That's really asking an awful lot of them.

That's why for those of you who are not taking drugs or have only been taking one drug, let me give this to you as a warning: that it's better off not to start in the first place – because it's not as sweeping a shift in your thinking and lifestyle and way of experiencing life.

But in the long run, the difference between being drugged – taking drugs on a day-to-day basis – and not is night and day. You can see it in someone. You can see it by their activity level. You can see it by the sparkle in their eye. You can see it in their ability to think.

You can see those people. If your eye is educated, you can often see who is drugged and who is not. And it's a travesty.

I hate to see that it's happened to so many people. It's happened to many of my relatives. That's, of course, when it hurts most – when it's someone close to you.

Have More Than a Doctor on Your Team

Joette: We were also talking Kate, because you had that pretty traumatic experience when your horse fell on you.

Is that what he did, or she did? Rolled on you and broke your arm?

Kate: She stepped on my arm.

Joette: Oh, my goodness. If you folks could just see this X-ray.

Kate: It's on podcast, you can see the X-ray right there.

Joette: That's right. That's right. It is. Yeah, it was pretty severe.

Then I mentioned to you – and practically simultaneously with you mentioning to me – that you need to have more than a doctor. You need to have a chiropractor in my estimation. You need people in your court. Then the other person that I think is really valuable is to have a pharmacist on your team.

Kate: Absolutely! Because the pharmacists are the ones that know about these medications.

The doctors don't have the time to do all the research about every medication. You had said earlier, Joette, when we were talking, that these drugs … there's new ones coming out all the time. How can they possibly see their patients and know everything about all the side effects of the drugs?

So, I have several pharmacists, actually, that I call *whenever*! For instance, my mom might be possibly needing to

start a medication for, say, seizures. (Well, we know there's homeopathy. But you know, we have to work at these things, little by little.)

So, I have pharmacists that are in my corner that I know that I can contact and say, "Tell me all of the side effects."

But I can look those up myself, too. You have some tips for the listeners on how to do that. What would you tell them?

Joette: Well, I do have tips. But we still have one hand tied behind our back with this because we don't have the database available to us that pharmacists have. They have everything all put together, and they can look it up. And they know – they talk to the patients who walk into the pharmacy. If it's a small enough pharmacy, then it's likely that they've gotten to know what the side effects are just by observation.

But here's my one tip, and that is when you get a new drug, don't throw that insert out. Get a micro… (I was going to say a microscope). Get a magnifying glass. (I happen to have one with a light on it. You flick it on, and it's nice and bright, and it's got the magnification.) And read the side effects.

The reason you need that magnifying glass and light is because there are so *many* side effects. They're tiny. The print is very minute. That font is practically illegible.

That's one place to start. Don't ever throw that out. You keep that.

The other is that you go online, and you don't look up what are the side effects of my statin drug. No, no, no. Instead, you look at what are you experiencing.

Let's say you're experiencing pain in the legs. You wonder,

“Could it be from a drug or is this just because I’m getting old?”

(Everyone thinks it’s because they’re getting old, but that’s not necessarily so.)

You look up online: “leg pain” or “cramps in calves” or “tendon pain”, et cetera, “caused by statin drugs.”

Now, if you go to the first page, those first entries are going to be the pharmaceutical entries. They have trolls who go through this and lead you to believe that that’s what you’re going to be looking up, and then when you get to the body of the article or the discussion, it has nothing to do with that title.

You’re going to have to go to page two, page three, page four, more likely page four or five and then start looking.

I don’t hear people talking about chatrooms anymore, but *that’s* the page that’s valuable with people talking about their experience with that particular drug, or with that particular condition related to drugs. *That’s* where you’re going to get the information.

It’s anecdotal. No doubt about it.

It’s so fascinating because modern medicine loves to disregard anecdotes. But I’m afraid that doesn’t make any sense to me.

Anecdotes are very valuable.

I mean, I know that if I put the key in my car and turn it, it starts it up. That’s an anecdote. That tells me, “Oh, my gosh, look, I’m going to be able to drive.”

Did I need a double-blind test to prove to me that by putting the key in my car, I’ll be able to start it up and drive? Of course not.

Life is all anecdotes.

Are double-blind studies valuable? Of course, they are – because that's what homeopathy is based on is double blind studies. That's what provings are.

But on a day-to-day basis, if you're not willing to read up on the provings of each of these homeopathic medicines, but you use this drug, or you use this homeopathic medicine, you see the results. After a while, if you can step outside of the box – the box usually is your doctor knows best, and this is the drug for you, and off you go. That's the box we want you to step outside of.

Instead, I want you to think, "The doctor has prescribed this. What other alternative do I have, and how bad is this drug?"

Or, if you are already taking the drug: "I have this condition and now it's time to find out whether or not it's actually a side effect of a drug that I've been taking."

So, you're looking under "leg pain", "leg cramps", "pain in calves"; you're looking for synonyms – "caused by" then the name of your drug.

Kate: Joette, you have a list – some examples in front of you, I think (at least last time that we talked). And you could tell some other examples of some side effects from some drugs that people usually don't see.

Sobering Effects from Drugs

Joette: Well, this one everyone saw back when I was a child and earlier. But I'm going to start out with it because it is the most infamous of all drugs that cause such serious problems.

The drug is thalidomide.

If you're from the '40s or the '50s or the '60s, you might remember that this was a drug that was given to pregnant women for nausea. It was when they also had anxiety, or they felt down during their pregnancy.

What it did was, they delivered babies that had deformed limbs. Some of them had no limbs. Or their hand was attached to their shoulder, and there was no arm. It was often multi-limbed, so that it was perhaps all four limbs, or just two of them were deformed.

I've known people who were babies of this drug. So – thalidomide. Of course, they assured these mothers that this was safe. But how do we know that it's safe until it's been used for a few years or so?

Kate: Right.

Joette: But then there's Accutane. That's a name that many folks might, and that was for acne. That caused birth defects as well. That was a pretty dangerous drug, and it was yanked off the market.

Then there are fluoroquinolones, and that's Cipro. It's an antibiotic, and it was used like candy.

"Oh, you got an ear infection. Here you go." (Instead of thinking about *Hepar sulph* or *Chamomilla* or something like that.) "Here, take this."

And that caused tendon ruptures.

I had one particular client that I remember – and others as well, but one in particular. It was a young priest who came to me with tremendous pain in his tendons. He couldn't wear shoes. He could only wear sandals because the pain was so severe in his feet, but mostly it was in his legs. He was suspicious that it was a tendon.

And later on, we found out that he had taken fluoroquinolones, and at that time, they were just becoming suspect in rupturing tendons especially of the legs.

Tendon ruptures – because he had a urinary tract infection. Instead of taking *Cantharis,* he took something that caused his tendons to rupture.

Then there is Viox which was for arthritis. That's V–I–O–X, and that caused strokes and death.

Let's see, balance that out.

Arthritis on one hand, stroke and death on the other hand!

These are extremes. These are not what I would call side effects, folks. I would call these *sobering* effects. Because each of these conditions were not that dangerous to start with that these drugs were treating, and instead the outcomes were much more severe.

How about Raptiva? That was for psoriasis, and that caused fatal brain infections. Who has brain infections? That's not very common, but Raptiva caused that.

Then there was Zelnorm, and that was for constipation. It caused 500,000 strokes in … I don't know if it was North America, I don't know where that was totally … but 500,000 regardless of where that is, that's a lot.

Kate: Right. But you didn't have the constipation anymore?

Joette: No.

Kate: Oh, my gosh. It's just maddening!

Joette: I know. Constipation. So, *prunes*! I mean, if you don't know anything about homeopathy.

How about *Nux vomica* 30 for constipation? How about *Mag phos* 6? How about *Plumbum*? How about *Lycopodium*? There are so

many beautiful homeopathic medicines that correct constipation.

Then there's my all-time favorite: Depo-Provera. What that is – is an injection that was given and still is given, only now, it's not exactly Depo-Provera. They have offshoots of it, where you get an injection, and then for one year, you don't get your period.

Can you imagine that? You don't get your period for an entire year because of a synthetic progesterone.

It keeps you from getting pregnant: the one thing that women are really great at! I mean, men aren't any good at it. This is a woman thing. It is a very important thing in many women's lives. Also, the menses is also very important.

Kate: I guess you better not change your mind during that year.

Joette: Oops, yes. Maybe I want to get pregnant and no – no go. I've had lots of stories about Depo-Provera shots. But there was one in particular where a young woman came into my office – I was telling you about this earlier, Kate. She was about 32 years old, and she had this tremendous lower back pain.

She'd been to chiropractors and urologists and neurosurgeons, and no one could figure out what the problem was. But the pain was constant and pretty severe. She had not had any injuries. She had no problems with her spine. There was no spine deformation or anything like that. When I take a case, I always ask folks, "What medications are you taking?"

Now, she hadn't thought of this as a medication because it was a shot she had gotten a year ago – just about a year ago.

I said, “So, how are your periods?” (That’s a very important question to ask a young woman.)

She said, “Oh, I don’t get them.”

“Why don’t you get them?” I asked.

She said, “Well, because I got the Depo-Provera shot, and it keeps me from getting my period.”

Of course, you know, I’m flabbergasted by that – every time I hear this kind of thing. I don’t show that to the client.

She was sold a bill of goods in my estimation. Her doctor was a woman, and her doctor said, “This stuff is great, you don’t get periods.” The doc said, “I do it, too. I get that shot myself! Who wants to get a period?”

To me, that’s a very strange way of looking at life. But at any rate, that was her story.

One of the main medicines that we know – and I teach a lot about this in Feminopathy, my course Feminopathy, but you can learn about this on my blog as well. This main medicine that we teach that deals with hormones that have been tinkered with. Whether it means a mom who’s just had a lot of kids – and that’s not tinkering. That just means the hormones have been utilized heavily recently. Or for a woman who’s been on birth control pills for many years and has problems as a result of it, or who has had a suppressed menses.

Now, Depo-Provera shots suppress the menses. The remedy is *Sepia,* and it’s a great medicine. We use it in a 200 potency.

She was just at the end of that first year and was about to go back to the doctor and get her next shot of Depo-Provera and decided, indeed, she was not going to do that once I explained to her how this works. And so, she didn’t.

She started using *Sepia,* and the backache was gone in very short order. As I recall, when I met with her in about six weeks, the pain was completely gone.

When we step outside of what Mother Nature has planned for us – when we tinker with the human body – we are playing with fire. We think we know more. You *think* you know Nemo, but you don't!

We think we know more than what the human body knows, but the body has innate intelligence. And it comes from our Maker! There's no two ways about it as far as I'm concerned. So, that's another example.

But I can give you a lot more. We won't go too far with them, but I will tell you this. This is one that is more common. (Not everyone gets Depo-Provera shots. Thankfully, they're not even used that often so much anymore.)

But Tylenol. How about Tylenol and ibuprofen?

Tylenol, folks don't know this already. It's been published many, many times. You should always know whatever you're putting in your mouth on a day-to-day basis … what it causes.

Tylenol causes liver damage.

And haven't we eaten or taken enough toxins in our lives to maybe want to protect our liver? It's very important that we do that.

The very same people who will only buy organic, because they don't want the toxins often are the ones who will take Tylenol if they have a headache. There's kind of disconnect, and I'm encouraging people to make that connection – to make sure that whatever you decide you want in your life that you take it to the fullest.

Then one last one, and that is ibuprofen. This one

particularly because it causes such a sobering condition *especially* in children.

Ibuprofen has been shown to cause asthma in adults and children but particularly in children. It doesn't take a lot. I've actually had cases come to me where the mother gave the child ibuprofen – maybe a day or two of it – for a fever or cold or aches and pains or whatever it might have been. After the third day of taking ibuprofen, the child developed asthma for the first time in his life.

That is horrible.

Asthma is a chronic disease, and it's a frightening disease if it gets very severe. I've had asthma in my life, and I can tell you it's not nice. And so, I would rather see a child live through a cold or flu, or aches and pains, or fever for a *short* period of time than to have a long-standing chronic disease.

Dr. Samuel Hahnemann, the Father of Homeopathy, when he studied and worked on this back in the late 1700s, early 1800s, he noted that when we treat symptoms – when we suppress symptoms by using something that just addresses the outward expression of the condition – it often causes a deeper condition to arise.

As we suppress that cold or fever or menses or nausea during pregnancy or skin conditions/ acne or that urinary tract infection, it releases the weakest link in the person's physiology. Even if that person has had some of those conditions in the past – a milder version – you can pretty much be guaranteed that the drug is going to get that condition and drive it to a much, much deeper state.

That is one of our main aphorisms in the Organon that Dr. Samuel Hahnemann put together for all of eternity, as far as I'm concerned, and for those who are astute and interested in learning how to address disease using homeopathy.

In a Nutshell

Kate: We've covered a lot, Joette, a lot to think about and a lot of homework for some of us to do on what we might be taking in and what side effects that might be causing.

Why don't you just kind of reiterate to us the main points of what we've covered so we can lock it in?

Joette: Well, the first thing I would urge you to do is to go online and figure out whether or not any of the conditions that you have might be related to the drugs you're taking.

Then if your doctor argues with you, that's time to find a new doctor.

The way you find a good doctor is you start asking around. You don't want the guy that's *necessarily* done all the publishing at the university. You want the guy who is open-minded and has lots of clinical experience.

The way that I have found doctors and dentists, et cetera, is to go to my local health food store and ask people there. Ask the owner if they have anyone. Then I might go to my co-op. And if I have a chiro-specialist, my chiropractor, et cetera.

You want to work with a doctor who has a reputation for looking at health in a more holistic manner.

Then I would say, enlist the help of a good pharmacist. Make banana bread and take it to your pharmacist and make that pharmacist your friend. Don't ask them questions at their busy time … you know, at five o'clock, six o'clock when everybody is there picking up their medications. Go to the pharmacist when he or she is not so busy. Maybe call, you know, around 11 o'clock at night when they're all alone.

In essence, it means you have to do research. You have to do a little extra work because, to be honest, there's no one out there who's going to do this but you.

This is not the doctor's problem. This is *your* problem.

This is not the chiropractor's problem, it's yours.

They may be there to try to help. But in the end, you're the one who goes home with the pain. You're the one who goes home with the asthma. You're the one who goes home with the breathlessness, et cetera.

So, it's up to you. It's up to each of us to do our homework.

I guess I would say the last point is to step outside of the box. Whatever they're telling you on television, do the opposite. Whatever they're telling you in women's magazines, well, first of all, close that women's magazine. Don't even go there because it's all advertisement for the industry and so are all the commercials on television.

For the younger listeners here, who don't even use television – they don't even go to them, they just go online – be careful of what you're reading. And make sure you trust who is telling you what. And go deeper and deeper until you find the true answers for yourself and your families. You will be a much healthier and much happier person in the long run and much more independent.

Joette: As I hope you know by now, on my blog, podcasts and Facebook Live, I offer as many protocols for simple conditions as I can – for free, without affiliates or advertising. And when I want to take a slightly deeper dive and discuss topics that risk censorship on Facebook join me in my Mighty Membership site. Hosted safely on a private server away from Social Media and public membership ship site prying eyes.

But let me be clear. When it comes to more complex conditions, it's *key* that you learn how to use these medicines properly. I want you to be well-trained. So, I save discussions of the more involved methods for my courses in which I walk students through each method with step-by-step training.

I hope listening to this podcast has inspired you to follow in their footsteps. With the proper training, you, too, can nurture and protect the health of your family and loved ones with Practical Homeopathy®.

Kate: You just listened to a podcast from PracticalHomeopathy.com where nationally certified homeopath, public speaker, and author, Joette Calabrese shares her passion for helping families stay strong through homeopathy. Joette's podcasts are available on Apple Podcasts, iTunes, Google Play, Blueberry, Pandora, Stitcher, TuneIn, Spotify, and iHeartRadio.

Thank you for listening to this podcast with Joette Calabrese. To learn more and find out if homeopathy is a good fit for your health strategy, visit PracticalHomeopathy.com.