

Podcast 146 – Absolutely Anyone Can Lead a Study Group: Let's Peek Inside The Gateway to Practical Homeopathy®



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[Joette Calabrese on YouTube](#) (Monday Night Lives)

[The Academy of Practical Homeopathy®](#)

[PracticalHomeopathy.com](#)

[Joette's Study Group, Find Your New Study Group Friends](#)

[Joette's Mighty Members](#)

Kate:

This is the Practical Homeopathy® Podcast, episode number 146, 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: Absolutely anyone can lead a study group

Kate: (01:00)

Hi, I am Kate. Welcome to the podcast. Hi, Joette and Michelle.

Joette:

Hi Kate, Michele.

Michele:

Hi Kate. Hi Joette.

Kate:

It's good to be here together with you guys.

Today we're doing something a little bit different. Today, we are going to share a sneak peek into the contents of Joette's [Gateway to Practical Homeopathy® I.](#) And Joette's going to share some of her insights along the way.

So, you may have listened to podcast number 142, where Michelle and I talked about leading a Gateway study group. And we asked the question, "Can anyone lead a Gateway to Practical Homeopathy® study group?"

And Michelle, what was your answer? What did we determine by the end of that?

Michele:

Absolutely anyone can lead a study group.

Kate:

Yes, yes.

So today, we're going to go deeper into what exactly is in the Gateway study group. So, if you've participated in or led a Gateway study group, you'll want to share this with other people, who you might know, who might be interested.

And you'll still want to listen in because we're going to share some insights – well, actually, Joette is. So, this might be some new information to you.

And if you're new, this is a great place for you to start.

So, with that, I wanted to explain just a little bit about what the Gateway to Practical Homeopathy® entails ... and it's a physical book. You can purchase that book on Joette's Learning

Center. It's JoettesLearningCenter.com.

And there's also special access online to some additional information, and we'll get into that a bit later.

But Michelle, do you want to explain a little bit more about what they can find on the website that goes along with the book?

A website complementing The Gateway to Practical Homeopathy® study guide

Michele: (02:35)

Sure. In the Learning Center, you're going to find that there are great resources in there to go along with your study guide.

You're going to have videos to study, and also, as you go through each lesson, you'll find the homework in there that you need for each lesson there as well.

You'll also find valuable additional, supplemental blogs and information for each of the lessons for those of you who'd like to study further.

Joette's creative vision for the Gateway study group program

Kate: (02:59)

Okay, great. As we get started, Joette, I would love to hear your vision. Well, I've heard it, but so many people haven't. What was your vision for the Gateway study guide?

Joette:

Okay, well, first of all, hi friends! It's great to know that there are people interested in this because there was a time when I would be talking about this subject, and no one was listening.

So, now it's happening. It's happening in a very exciting way. Many, many, many people – tens of thousands of people – are now following this information, this Practical Homeopathy® that we're teaching.

So, my vision was based on what I had done when I was first learning homeopathy. And at the time, I had one small child. He's now 37. And then, I had two subsequent children after that. But that first child ... I knew that I didn't want to depend on a pediatrician. I didn't want to depend on antibiotics, should he get otitis media or strep throat or conjunctivitis or something.

And so, I looked around and asked a few friends to see if there was anyone else who was interested in learning an alternative way to treat these kinds of conditions.

And at the time, I had just been introduced to homeopathy. That's a whole 'nother story. I won't go into that story now because it was as a result of [taking my son to a well-baby checkup](#). And I learned my lesson thoroughly. I already knew what the lesson was, but I learned it more thoroughly by him having gotten something that I didn't want him to get, having taken him into the pediatrician's office. So, my focus was on – at that moment in time – my baby.

And so, I gathered my friends, I said, "Let's study together."

And so, we got a book, and we started to study. We met in my living room and other people's living rooms here and there as well. But we studied together every Thursday night for four years. It was an absolute, we would never miss it.

If someone had a sick child, they just left the child home with their husband. Or if I had a conflict, it simply wasn't going to happen. My focus was on meeting with these friends because we studied, and we studied rigorously. We really challenged ourselves in this study.

And so, what occurred from that – even though we were all mothers of young children and even babies at the time – what we learned ... what I learned was that this was much bigger than just treating colds and flus and ear infections and strep throats.

We realized that there was more to be had here, that homeopathy had an ability to deal with even chronic conditions and conditions of our parents, our husbands, our pets, our dog, our cat, livestock, even wildlife. We had no idea the depth and breadth of the medicine until we started to learn more.

And so, not only did we have that realization together, but we also were then able to treat those everyday conditions that children have without depending on synthetic drugs of commerce or a pediatrician, who seemed almost always in the ready to push some kind of product.

But we also learned that we could deal with chronic conditions, too, occasionally. We were not very poised to do that, and that's how this came about.

But the other aspect of this that was absolutely huge was that that was 36 years ago, and I'm still in touch with those friends. They became lifelong friends. And that camaraderie, that sense of mother-to-mother ... Later on, a couple of other people joined in, and they were grandmothers. Mother-to-grandmother, grandmother-to-grandmother was something that was unexpected.

We helped each other in all of our situations. When one person had problems, the other two were there when the third person had a condition that she didn't know how to handle, we were always in the ready.

Now, at those days, there was no internet; there were no cell phones. So, we would just pick up the phone and dial and help each other.

And we also happened to live in a somewhat proximitous neighborhood, but those friends were really my pediatrician. Those friends were my go-tos. Those friends were my father's cardiologist. I mean, that's how it happened. That's how I learned much of what I learned.

And so, the thought of that just dying away and not sharing that with other like-minded people seemed like a travesty. So, I said, "I've got to get a book out and encourage folks to join a study group or start a study group and see if they can get going in the same fashion that I did."

And what I've found is that not only could they, but they are. Tens of thousands of students using this book that I have authored and meeting with each other have come together. Not all in one 10,000 group of people, but each group. Sometimes, the group has five people, sometimes it has 15, some groups have had as many as 50 or even 80 in a study group.

And what we've learned from this is that once these folks get to know each other – and it's usually done on Zoom, if it's not in your own living room or your church basement or the school cafeteria or wherever you decide to do it in a brick-and-mortar setting – what we've learned is that it takes a little while to get to know each other and to start trusting each other and then being open with each other.

And then after a while, the bonds are very powerful. It's probably not only because we're sharing – you are sharing; everyone is sharing their sufferings, their family's sufferings, asking for help from each other – but it's also you've shared *yours*; you're now vulnerable. They share theirs; *they're* now vulnerable. And that vulnerability really creates an incredible bond.

But also, we count on each other. This mom who's in this group, who has four daughters, knows all about menarchy and young female issues. And this mom has seven boys, and she

knows all about injuries. And this woman has goats and chickens. So, she knows all about livestock.

And so, that coming together of those “meeting of the minds” of people of often similar situations, but sometimes just enough variety that it really makes it fascinating and interesting.

So, if you ask why, that’s the reason why,

Kate:

Oh, that’s a good story. I love it that it’s happening, Joette. We see so many of these groups, and these connections made through these study groups ... that it’s spreading out into the world as you envisioned it. So that’s very exciting.

A virtual tour of [The Gateway to Practical Homeopathy®](#) study guide

Kate: (09:59)

So, I think what we should do now is let’s walk through the study guide together. So, we’re going to give you a verbal tour of the Gateway study guide.

The first chapter is the introduction. And in the introduction, there are instructions on setting up your study group and action points to take before your first study group meeting. So, the introduction covers everything that you need to know to set up your study group, including even an example of an email that you can send out to study group members explaining what they need to know to prepare for their first meeting.

Michele:

And there’s also, Kate, an addendum at the back of the book, specifically for study group leaders with all the information you need to lead your study group. And just so you know, even

if you aren't currently leading a study group, you're going to want to take a look at this information in this section. Who knows? It may inspire you to get out there and lead a group.

Kate:

People ask me all the time about leading a study group, and I say, "You don't have to have experience. You can just do it. The book has everything that you need."

So, Joette, I think you've tried to think of everything that someone who's new to homeopathy might need to lead this study group. Right? What would you say about facilitating a group?

Joette:

Well, I have experience as a homeschooling mom, and so do you, Michelle and Kate. And so, if we have learned anything, we learned that in the land of the blind, the one-eyed man is king.

And so, all you need is a little information just before the meeting. That's all laid out for you. And that's exactly what we've done. You're not pretending to be an expert. You're simply being a friend who says, "Look, I'm going to read this, and I'm going to see where we need to go with this."

And then everything is laid out so that there's no room for, "I wonder if I can do this?" It's all laid out word by word by word, just like in a homeschool study guide for the parent (that I so rarely really used after a while).

Lesson One: Basic principles and a few medicines

Kate: (11:52)

Right.

Okay. So, let's talk about Lesson One. Lesson One is a bit about the history of homeopathy and some basic homeopathic

principles. It includes how homeopathic medicines are made, classical versus Practical Homeopathy®.

Each of these lessons, by the way, in this study guide includes remedies or protocols that you can use for various conditions. And we'll go through those as we go along. But Lesson One focuses on three medicines: *Aconitum napellus*, *Belladonna* and *Chamomilla*.

And at the end of that lesson, there is a "Discuss, Ask, and Share" section to guide you and your study group into certain questions and even some answers. And it directs you where to go to look for those answers if you don't know them, and everything that you need for a successful study group. And that's at the end of every lesson in this book ... there's a section that you can use as a guide for your discussion with your study group.

Lesson Two: The top homeopathic medicines and case-taking

Michele: (12:52)

In Lesson Two: You are going to learn about the top 41 homeopathic medicines to have on hand. This is so valuable for you to have; just a great tool.

Also, you're going to learn about instructions on the care and handling of the medicines, how to administer them, how often to repeat the medicines, the difference between acute and chronic conditions, along with some examples.

You're going to learn how to keep records on the medicines you've used, how to choose a homeopathic medicine.

And there's valuable information on fevers and some of the top remedies to use for fevers.

Kate:

Yeah, that's a very interesting section.

Michele:

It is.

Kate:

And Joette, you have some great resources to go along with that. In fact, you talk about a book that is a reference for this study guide. And do you remember the name of the book?

Joette:

Do I remember the name? It's on my desk at all times! I refer to it because I think this doctor was brilliant. He was a pediatrician. His name was Dr. Robert Mendelsohn, just like the composer. (I don't think they were connected.)

He passed away some time ago, and he had no knowledge as far as I could see – because I've read all of his books and followed all of his works for some time – of homeopathy. But what he *did* know is common sense.

He was a pediatrician who understood that pediatrics is a discipline in medicine that has often scared the wits out of mothers and leads mothers to fall into line and do what the pharmaceutical industry would prefer that they do, rather than what he believes they ought to do.

And that is to use common sense and to calm down and take it easy. And that – here's the bottom line – that childhood illnesses are not to be afraid of. They're just common childhood illnesses. And today's world has led moms to believe that they're very dangerous, and he gives a completely different take on it.

So, "[How to Raise a Healthy Child... In Spite of Your Doctor](#)," by Dr. Robert Mendelsohn, a wonderful pediatrician. You can also find him on YouTube should you be interested. He used to

be on the Phil Donahue Show and many other programs. So, you'll find little bits and pieces of him online.

Kate:

Yes, great information in that chapter on fevers, especially for new moms.

Lesson Three: First aid situations

Kate: (15:04)

Alright, going on to Lesson Three. Lesson Three is all about how to use homeopathy for first aid situations for people and animals, too. It includes a brief *materia medica* for first aid.

So, I thought we could take just a minute, Joette, and explain what is a *materia medica* for those who may not be familiar with the term.

Joette:

Well, homeopathy depends on Latin. So, the names of our medicines are in Latin. We don't have made-up names like "Lunesta." We don't have fake names; we don't have marketing names. So, not only are the medicines named in their original, real botanical and medical names, actually, the books are named in that same fashion.

So, "*materia medica*" means the materials of the medicines.

So, what that really means on a day-to-day, practical sense is that it is an anthology in alphabetical order of homeopathic medicines, and what a description is of each of the medicines, and how they act – what we're looking for to match the medicine with the condition.

You'll lose yourself in these books. There are many of the many different authors, but we have a *materia medica* in this,

as well, in this guide. But there are many different authors of *materia medicas*, and they have slightly different takes on how the medicine can be interpreted.

But I try to give you the easiest and the simplest, best way to get started so that when you look up *Arnica montana*, for example, in your *materia medica*, it will make sense to you because you know it's for injuries, soft tissue injuries, head injuries, bleeding, pain, et cetera. And that's what the *materia medica* is going to describe ... all of those keynotes related to each of the medicines.

Kate:

And can you give us an example of using one of the medicines in the Gateway, one in a first aid situation? I could just read off the medicines, and maybe you can pick one and tell us about a great use for that medicine and first aid.

There's *Aconitum*, *Arnica*, *Arsenicum*, *Bryonia*, *Calendula*, *Cantharis*, *Hypericum*, *Ignatia*, *Ledum*, Mag phos, *Ocillococtinum*, *Nux vomica* and *Rhus tox*.

Joette:

That's a mouthful if ou don't know homeopathy ...

Kate:

Oh, I know! How can you pick just one to talk about? Right?

Aconitum napellus

Joette: (17:22)

But I can choose one; I can choose my favorite.

My favorite used to be *Arnica montana*. And I used to keep it in my purse at all times because my children were young, and they were often falling or tripping or injuring themselves. And so, I kept *Arnica montana* in my purse at all times.

But now, my favorite is [Aconitum](#). So don't tell *Arnica* I said this, but ... Just don't tell her.

So now *Aconite* is my favorite, and I'll tell you why: because I don't have children who are falling and tripping, and I don't fall and trip. But *Aconitum* is an excellent medicine for an anxiety attack, for when someone has gone through an automobile accident.

So, I keep it in my purse if I should get into an accident, or I see an accident, that shock that hits us immediately after being exposed to something shocking, something unexpected.

There's *Aconitum*.

It's also great for the onset of a cold. You're in the car; you're driving. You've got another 30 minutes before you get home, and you say to yourself, "Uh-oh! I know this feeling. I can feel this in my chest. I feel as though I'm going to be sick."

And I can feel as though ... sometimes you say, "It's going to be a real doozy." Rummage in my purse; get the *Aconitum* out and take a dose of it. And it often will abort the whole condition right then and there. Other times, it tamps it down and makes it more comfortable.

And then if you take the next dose and the next dose, you can see you're going to shorten the version of this onset of a cold.

So, *Aconite* is one of my favorites. It's also ... I used it for cardiac conditions in my father and vascular conditions in my mother. They're no longer with me, but that's when I really started to carry *Aconite* in my purse.

And so, it's an excellent medicine for anytime something comes on with a rapid onset.

Automobile accident, you're driving along and everything's

fine, and then BAM! Accident.

You're driving along and all of a sudden, BAM! You feel a chest cold coming on. *Aconitum*.

A child is in the backseat of the car, and they're fine. They're playing, but all of a sudden, BAM! They've got a sore throat. *Aconitum*.

Anytime you see a fast-approaching condition – really fast – always think *Aconitum* first. I keep it in a 200C in my purse, but 30 would work just as well.

Own the homeopathic medicines; better yet, own a kit

Kate: (19:41)

Good. And with that, we're talking about emergency first aid situations. In the book, you discuss owning a kit. And so that's really important. Right, Joette? Because if you don't have the remedies, how can you use them?

And by the way, Michelle, we are sworn to secrecy and not telling *Arnica* about Joette's story about *Aconite*. So, we ...

Michele:

For sure. My lips are sealed!

Kate:

So, okay. It's important to own your remedies. Whether it's a kit or the medicines individually, definitely have those on hand.

And you'll know which remedies because you can just go through the Gateway to Practical Homeopathy® study guide and write down all of the remedies in there.

And then those are the ones you purchase to get you started.

Joette:

Or simply, Kate, let me just say that's why people buy a kit. Because when you buy the top "X" number – 29 remedies, the top 30, the top 50 – these pharmacies – these homeopathic pharmacies that we give a list of in The Gateway – these pharmacies already know in advance what you need – what most families need – because they know exactly the common conditions that most families suffer.

So, you don't have to buy each one individually, and it does make it much less expensive to buy them en masse.

Joette's time with the Banerjis

Kate: (20:55)

All right. Let's go on to Lesson Four. Michelle, will you tell us a little bit about the fourth lesson?

Michele:

Sure. The fourth lesson, Joette, is about the Banerjis and the Banerji clinic. And I would actually love for you to share about how the Banerjis shaped your practice, and how they came up with the protocols.

How much time did you spend in the clinic in India? I know a lot of people want to know that.

Joette:

Well, we were there seven years and eight times over those seven years. So, one year we went twice.

And so, the first time I was there, it was 13 weeks, and I was there every day at the clinic side-by-side. In the first year, I sat next to Dr. Prasanta Banerji and observed and recorded everything. I saw 13 weeks of that.

And when I got home, I collated, organized it, and decided I'd

better teach some of this because none of this was being taught in the U.S. or in Europe.

So, then the next time I went, we went back again, and this time I went 11 weeks.

This time, I spent time with Dr. Prasanta Banerji, the father, the elder, but I spent more time with Dr. Pratip Banerji, and I sat by his side and observed and recorded everything I saw. I worked every day.

Now a second year, also, I worked with them partially on Sundays, as well. Because by that time, I got to know them well enough, and my husband, Perry and I were invited into their home on Sundays. And we had Sunday dinner with them, or we went out to restaurants with them, and homeopathy was discussed consistently.

We didn't take cases, we didn't observe patients, but we did talk about homeopathy. So that was the 11 weeks.

The following year, we went back again and went for nine weeks. And from that time forward is about nine weeks, except for that last year. And so, what I did is I observed and recorded – handwritten recording.

I didn't record on a tape recorder or on my phone. I hand-recorded 7,560 cases. I think I've got that number right. I have not recalled it in quite some time, but it was close to 8,000 cases, all told.

And each time I got back home in Buffalo, New York, I collated, organized and put it – and categorized – because when I was seeing and witnessing these cases, they didn't come in all nice and tidy: These are all gastrointestinal cases; these are all kidney cases; these are all OB-GYN cases.

No, they were all random cases, one after another, one after another. And so, I had to organize it and put it together so

that I could then teach it according to each condition or each category – medical category.

And so, it was a lot of work, but it was joyful work. I loved every minute of doing it. So, once I put them all together, it really made sense that I organize it and try to teach it in as many venues as I possibly could.

So that's why I do it on the blog. We record it in podcasts; we discuss these medicines, these Banerji protocols, in many different venues so that the information can get out.

Now, I want to say one other thing that many people are fascinated by. When I sat with Dr. Prasanta Banerji the first year and Dr. Pratip Banerji the second year, and then Dr. Pratip year after year after year, what we did in one day was we observed and recorded 100 patients per day.

And there were 12 doctors in the clinic at that time. And each doctor could not leave until they had each seen and prescribed to 100 patients per day. So that meant there were 12 doctors (actually, in many cases, were 13).

Let's say it was 12 doctors each seeing a hundred patients per day. That's 1,200 patients per day, total ... 7,200 patients at the end of a week. And the Banerjis have been doing this through their family. So, it's the grandfather, the great-grandfather, the great-uncle, the great-great-uncle, et cetera, for over 120 years.

This is their paradigm.

So, what does that leave us with? It leaves us with patterns. When you see that you use *Arnica, montana*, for example, for a hematoma on the thigh. And you use that in a 200C, and you recommend to the patient that they take it every six hours and then come back in a few days and report. And then they come back a week later, and it's gone. The hematoma is gone. The pain was gone after the second day. They've reported it's

much, much improved.

So, then the next patient that comes in that has a hematoma. This one might be on the tibia, and now there's a hematoma there. And so, what do you do? You don't foolishly think of another medicine. The first medicine you think of, of course, is *Arnica*: [Arnica montana 200C](#), every six hours or whatever, depending on the severity of the pain.

And then you find out from that patient.

And so, over the last 120 years, it has been established – not just by the Banerjis, but by many doctors throughout the world who've been using homeopathy efficaciously – that *Arnica montana* is an excellent medicine for hematomas.

Now, we can do that with many conditions – all conditions for that matter and homeopathic medicines. Hence, what the Banerjis shared with me were their protocols.

And a protocol means that this is the name of the condition; this is the medicine that's used; this is the potency that we use the medicine in; and this is the frequency with which we use it. That's a protocol, and it's all put together in a formula of sorts.

And so, I had never seen anything quite like this in homeopathy. So that's why I went to India because I knew that I was going to be learning these Banerji Protocols because they are gold, my friends. Gold.

And the reason I say that is if you get involved in homeopathy or in those of you who may have already been involved in homeopathy through the years and have been frustrated by it, it's because there were no protocols.

So, these protocols have made this like a recipe. Here's the condition; here's the medicine that's used in 80% of the time. Here's the potency, and here's the frequency.

And now, we can go on to the next case. It can be often that simple. So, that's what I bring back from the largess of the Banerjis, spending those years with them to share with you.

Kate:

So, one of the examples in the book that you use is an example of a Banerji protocol for anxiety, grief or insomnia. And you saw the Banerjis use it all the time. And that's [*Ignatia 200C*](#), twice daily for those conditions. So, that's just one of the examples.

But I love that quote that you have in the book, that a protocol is not a layman's guess, right? It's founded in many years of study and records that the Banerjis have collected over that 120 years.

So, Joette, I thought of a question that I would love for you to answer. When you were at the Banerji clinic, were there lots of other people coming in to study from the U.S. or other countries under the Banerjis? Was it just you, or how did that work?

Joette:

Well, I was actually pretty surprised that there weren't. I'm not saying that there were none at all. I met a wonderful medical doctor, who I've actually interviewed in our Academy, Dr. Claudina from Spain. And so, I met her the first year, and then there ... she was there with me the second year. And then I think she came the fourth year I was there again. So, she was pretty much a regular, just as I was.

Then there was another doctor, Andre from Portugal. I met him the third year. And then I saw him there again; I think it was the fourth or fifth year.

So, people did come to the clinic and observe and record – not for any length of time. They were there during their few weeks

that they were able to get away. They both had practices.

I had a practice, too. But to be honest, my focus at that time in my life was I really wanted to learn every single one of these protocols that I could possibly gather up so that I could teach them.

Once in a while, I'd meet a doctor there who would spend a couple days. Met one from Switzerland. He was interested, but he was there for three days. I don't know how you could get enough information after observing for three days.

There was another doctor from South Africa. He came for a short period of time, too.

All very respectful, very interested, but they didn't stay. Even, there were some doctors from India who came, and they would take photographs and watch a little bit of what was going on in the clinic, but they didn't stay and observe and do what I did.

And so, this is a world-class clinic. These were world-class doctors. They had traveled the world. They'd taught their protocols at Anderson Cancer Institute in the U.S., and they taught at the NIH. They taught at world-class cancer institute, Roswell Cancer Institute. They presented in Switzerland and Portugal and Spain and Italy and Germany every year.

And those doctors were very interested there. But again, I was surprised that they didn't come to the clinic and sit and watch and observe ... record.

Kate:

Okay. Well, that gives us good insight into the Banerjis and their clinic and your time spent with them.

Lesson Four: Protocols, diagnoses and acute conditions

Kate: (30:04)

Let's talk now about Lesson Four. We have a couple more lessons to go through very quickly. Lesson Four. Michelle, do you want to go through Lesson Four?

Michele:

Sure. In Lesson Four, we talk about what constitutes a diagnosis. We talk about practical protocols for some acute conditions such as sinus infections, hay fever, sore throats, strep throat, measles.

I remember one time, we actually had someone in our study group, Kate, her child had the measles in the beginning of the group. Do you remember that? She actually came every week, and she used the protocol, and that child got better by the end of the study group lessons. It was so exciting to see that hard journey for them, but it was really great to see a protocol in action.

So, we also cover onset of cold with achy and chilly symptoms, gastrointestinal bugs, ear infections, influenza and conjunctivitis. That's all in Lesson Four. It is really packed.

Lesson Five: Chronic conditions (and a bit more on diagnoses) and case management

Kate: (31:28)

It is.

And then Lesson Five is just addressing chronic conditions with Practical Homeopathy®. So, now we talked about acute in Lesson Four, and Lesson Five is about chronic.

So, one of the things I wanted to have you bring up, Joette, is just that chronic conditions are a little bit different than acute ... because you talk about how a diagnosis is important and that the protocols are based on specific conditions. Do you want to elaborate on that at all?

Joette:

Yes. Let me say that one of the times when a diagnosis can be very important is when someone says, "I have a sensation in my throat, and I'm really feeling as though maybe I have – I dunno – a nodule in my throat, a thyroid nodule."

And so, because they've read about thyroid or maybe their sister has hypothyroidism, they're assuming that that's probably a thyroid condition, never considering that it could be something esophageal.

So, if she takes – and I've had this happen a number of times – if she decides that that's probably what it is, she takes the homeopathic medicine for nodules in the throat that are thyroid nodules, and it's not right. They're not right.

The problem with that thinking is that people misunderstand what homeopathy is. It's not a supplement; it's not a vitamin; it's not a "Oh, gee, maybe I should just take some vitamin C and some vitamin D because, oh, just in case."

No. Homeopathy is *actual medicine*.

These are specific medicines. And when they're very specific in their protocols, we must know what it is we're treating in order to carry on for now.

In that case, it would behoove her to have a diagnosis and know that that's what it was. That it was *not* a nodule on the thyroid, but perhaps it was an esophageal nodule or something like that.

On the other hand, if the baby is pulling at her ear and she

starts to cry because there's pain, and mom takes the baby to the pediatrician, and the pediatrician declares – with the otoscope to diagnose it – that indeed there is otitis media and ear infection, then the mom knows, "Okay, I know what to use." And then she uses homeopathic medicine for it.

Let's say two months later, the baby gets another sensation in the ear, and the baby starts pulling again and starts to cry and has a fever.

Does the mom have to take the baby to the pediatrician for the otoscope to expose that indeed is an ear infection? No, we don't have to know that that's what it is!

Common sense tells us same conditions, same response, same tugging at the ear, same kind of fever. It most likely is going to be an ear infection.

So, whether it's a chronic or an acute, there is some common sense involved in this. So, in that case, the mom simply uses the medicine that's specific for the ear pain, and she's probably correct.

It's a measuring It's a weighing out of how far we need to go as to what the exact diagnosis is.

Kate:

Alright.

And in Lesson Five, it also talks about selecting an appropriate remedy, the improvement time, what to expect, what to do once there's improvement, and if there's no improvement.

And protocols for chronic conditions like teenage acne, cystic acne, acid reflux, chronic gastrointestinal bloating, a protocol for before and after surgery, and some common symptoms that may present after surgery, chronic diarrhea, yeast infection, morning sickness, allergic rashes, chronic stuffy nose, gum infection, itching, neck and back muscles,

TMG pain. (Oh, I said “TMG.” Too Much Goodness.) *TMJ* pain, a fractious child crying or screaming, baby gingivitis, anemia, and much more.

But we wanted to give you an idea of everything that’s in this Gateway study guide.

Michele:

Yeah, and Kate, remember, there’s also information in that section on how to obtain discounts on Joette’s courses by coordinating or participating in a group purchase for more courses.

Kate:

Oh, yeah. That’s a great benefit.

Michele:

That’s the protocol ... yeah, the protocol-based courses.

Kate:

Yeah, like [Good Gut, Bad Gut](#), [Feminopathy](#) ... those kinds of things.

Michele:

Right.

Lesson Six: Q&A with Joette

Kate: (35:48)

And then, we finish up with Lesson Six. And Michelle, do you want to just talk a little bit about that?

Michele:

Sure! Lesson Six is a Q&A with Joette. So, there is a video of a live Q&A in this session of the Learning Center, along with

some podcasts about some study groups.

But the exciting thing is that you'll have the opportunity to join Joette in a *live* Q&A with your study group leader. These special Q&As are coordinated by your leader with Joette, along with several other study groups. So, you learn, I mean, they're just packed with information, aren't they, Joette?

Joette:

Well, I love the groups when they're large because that means they are a lot more questions and a more variety of questions. We have people from Europe and Australia, Canada, and the U.S. That really makes it very interesting.

Closing thoughts

Kate: (36:37)

Well, let's finish up, Joette. And you had a couple of things that you wanted to be sure to share with people.

Now that we've gone through what is in The Gateway to Practical Homeopathy® study guide I, you wanted to talk a little bit about how easy this is for students to do, and the good place to start your journey on homeopathy.

Joette:

Well, let me start with this ... that when you are on the path of learning something that is separate from what the rest of the world knows or is learning, you want someone that you can travel with on this pathway. And I can't think of a better choice of people than your best friend, your mother, your daughter-in-law, your sister-in-law, your neighbor, your churchmate, your friend who's also homeschooling her children. These are the people that your circle is made up of.

And if you have a conversation about homeopathy with them and they seem interested, what a great way to solidify the

relationship even further. What a great way to have something that is a bonding between you. It's a very powerful thing. I said that earlier.

It's a very powerful bond when you have something new and exciting to share with someone, and they are equally as excited. Or maybe not yet ... maybe you're going to give them the excitement, but then it turns into excitement for them. It's something that is very special between you.

Then, you add another friend to that circle and another friend to that circle, and now you have helpmeets throughout the rest of your life. And when I say the rest of your life, I'm not overstating this. Oftentimes, folks who meet in these study groups become lifelong friends. I know it because I hear about it all the time.

As a matter of fact, I think it happened between Kate and Michelle.

Kate:

Yes, we met in a study group, and we've been together ever since as far as doing life together, really. We talk on the phone a lot, and now we work together. And yeah, we've supported each other for many years.

And we hear that over and over again from the people that we've gone through study groups with. So, it's very exciting.

I am so thankful that you shared all this information with us today, Joette, and I hope it's helped some of you to know a little bit more about the [Gateway to Homeopathy](#) study group, but a little bit more also about what is in it for you as someone who is learning more about homeopathy.

Whether you are new or you've studied homeopathy for a while, this really benefits you. Michelle and I learn something every time we go through this study, so I just encourage you to take

a look at it and consider starting or joining a study group of your own.

Michele:

Absolutely. Absolutely.

Joette:

Thanks, Kate. Thanks, Michelle. Really fun.

Michele:

Thank you, Joette.

Kate:

Bye.

Michele:

Bye.

Joette:

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.

To learn more and find out if homeopathy is a good fit for your health strategy, visit PracticalHomeopathy.com.