

Podcast 172 – Broken Bones Are No Match for the Intelligent, Orderly Action of Well-Chosen Homeopathic Remedies



In this podcast, we cover:

01:00 Introduction: Broken Bones Are No Match for the Intelligent, Orderly Action of Well-Chosen Homeopathic Remedies

01:23 Be prepared in case of emergency

02:03 What is homeopathy and *Practical Homeopathy®*?

06:35 What homeopathic medicines might we use over the next

few days?

10:25 After the bone has been set and it's healing

12:02 Addressing the emotional component of physical injury

13:33 If surgery is required

17:35 Case management

19:46 Closing Advice

PracticalHomeopathy.com

Additional resources:

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

[Joette's Learning Center](#)

[The Academy of Practical Homeopathy®](#)

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

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

[Joette's Mighty Members](#)

[FindAPracticalHomeopath.com](#)

Kate:

This is the Practical Homeopathy® Podcast, episode number 172, 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: Broken Bones Are No Match for the Intelligent, Orderly Action of Well-Chosen Homeopathic Remedies

Kate: (01:00)

Welcome back to the podcast, everyone. Today we have another jaw-dropping, bone-shattering episode with Joette.

We're going to hear from Joette about her decades of experience with broken bones – how she's handled those situations and the details – broken all the way down for you, even case management.

Hi, Joette.

Joette:

Hi, Kate.

Kate:

Where do we start with this topic?

Be prepared in case of emergency

Joette: (01:23)

Yeah, no one wants a broken bone, right? And it's always so shocking and scary when it happens, especially at that moment. You're wondering if that bone will ever be the same.

It's a very scary thing, and it can be for any age. But

especially as people age, it's even more important.

So, we need to know what to do and own the medicines and have them on hand. That's important.

It's one thing to know what to use and not have them on hand. In the end, it becomes very frustrating.

Kate:

I know we take our remedies – our homeopathic medicines for emergencies – with us when we're on the go because that's the definition of an emergency. You just don't know when it's going to happen.

Joette:

That's right.

What is homeopathy and *Practical* Homeopathy®?

Joette: (02:03)

So, I want to take a step back first and start at the very beginning. Since you're listening to this podcast, you might already know what homeopathy is, but for those who are new to homeopathy and listening for the first time, I want to explain what it is.

It's often confused with the general term natural medicine or naturopathy, et cetera, referring to kind of a broad category: modalities such as herbs, essential oils, supplements, vitamins, et cetera.

Kate:

Yeah. We hear that all the time, don't we?

"Oh yes, I know what homeopathy is."

And come to find out they think it's other things.

Joette:

They think it's vitamins or nutrients or something.

Kate:

Yeah.

Joette:

But that's not the case.

So, homeopathy – let's give you a definition – is a system, a very specific system of medicine that is fundamentally different from allopathic medicine, which is the conventional method and also other natural healing modalities.

So, let's start with allopathic medicine, which is conventional. It tends to focus heavily on *suppressing* symptoms – just getting rid of the pain at the cost of something else, perhaps.

But in contrast, homeopathy seeks to stimulate the body's own healing mechanism because it's always looking to correct the problem (that's what fever's about; that's what pain and swelling is about) and correct that underlying imbalance that causes the symptoms in the first place.

So, symptoms are not worthy of being removed. They're worthy of the underlying problem being corrected, so the symptoms are no longer needed.

And now *Practical* Homeopathy®, which is what I teach, is the method of using homeopathy in a more straightforward, protocol-driven – so *formulaic* – way for families (especially mothers and grandmothers because they take that so seriously) to confidently heal their families at home, even in conjunction with modern medicine.

Kate:

It's pretty exciting because you've trained actually hundreds of homeopaths through your Academy of Practical Homeopathy®, and they're helping people all over the world with this method.

Joette:

Yes.

But if you're a mom and you want to treat your own family –or grandmother – this is your place.

So, let's get back to broken bones, shall we? Right.

What do we do immediately after a bone break?

Joette: (04:17)

What do we use after the accident happens? Right after it's happened. You discover there's a broken bone, or you don't even know if it's broken yet. You just think, "Uh-oh." You might feel disoriented. You don't know where to go from here.

What do you do next?

So, let's start with some homeopathic medicines that help with the severe pain and even the initial shock. And you want to have these on hand, friends. I can't reiterate it enough.

There are three medicines: *Aconitum* (*Aconitum napellus*), *Arnica* (*Arnica montana*) and *Hypericum* (*Hypericum perforatum*).

So, I like to use these generally. I like to have them in a 200 potency. Or sometimes we own higher potencies, too. *Arnica* or *Hypericum* can easily be used in a 1M. So, you might want to have that on hand for when the trauma is pretty noteworthy.

So, what do we do with those three medicines?

Well, I like to call it "toggling."

We toggle these medicines back and forth when the accident first happens for the first, say, hour or two, or even after that.

And we begin to space them out, as the use of the medicines become less and less needy.

So, at first, you might perhaps alternate them every five to 10 minutes. *Aconite, Arnica, Hypericum*. Then, the next one.

Now you're *not* using them all simultaneously in the mouth all at once. You're toggling them so that there's time in between them – maybe five, 10 minutes or so.

And you use that over the first hour or two, and then you would take them less and less frequently *as the symptoms determine*.

Now we're not treating symptoms, remember. We're using the symptoms to determine how often these medicines should be used.

And what are the symptoms? The shockiness, the shakiness, the anxiety, the pain, the disorientation.

We're using these medicines to see how these things move along ... how these symptoms move along.

Kate:

Now, you're not saying don't go to the hospital if you know you have a broken bone.

Joette:

No. I'm not saying that. No, you're on the way to the hospital.

In fact, if you've got someone in your family who knows how to use this (because perhaps you've trained your children how to do this), they're driving, and maybe someone else is in the

car administering the medicines to you (if it's you who has the broken bone or potential broken bone).

What homeopathic medicines might we use over the next few days?

Kate: (06:35)

Okay. So that's the first few hours. Now what about the rest of the day and the following day, once you've received the proper medical attention that is needed, what would you do next?

Joette:

Well, we might continue using *Aconitum* a few times every day, especially if it's that shocky feeling. Again, *Aconitum* is for that sense of being overtaken by something big like this. And you can use that in the next few days.

But usually, we stop that medicine because that shocky, that shaky feeling, that core feeling like something big has happened starts to go away. And what replaces it – or is in conjunction with it – is the pain.

The pain of a broken bone can be really noteworthy. So, then we would continue perhaps with *Arnica montana* and *Hypericum* – toggling them.

And, as we use these medicines, I want you to take note. "Wow, every time I take that *Hypericum*, I do feel a little bit of relief. *Arnica* sort of helps, but *Hypericum* is really the one that ..." Okay. Now we're going to concentrate more on *Hypericum* and maybe back off of *Arnica*.

Or it might be the other way around. It might be that *Hypericum* is not acting as well as *Arnica* is. So, then we pull away from using *Hypericum* as frequently, and we drop any that we don't need.

But always, my friends, we're keeping in mind that you may not need it now, but in six hours, 12 hours, a day later, "Oh my gosh! I think I need that Arnica again."

Or "I think that *Hypericum* really was helping."

Reinstate it back in again. Don't assume that what's happening is that that medicine is no longer correct. No, we're going to adjust accordingly.

Kate:

Talk about how we can maybe go down in potency as well. Maybe we're using it in the 1M potency at first, but we could start to see as the pain gets less and less that maybe, now, we don't need it in the 1M potency anymore, and we go down to 200.

Joette:

Yes. And that could be ... maybe.

It's too complex at this point in time if you're not experienced with doing this. But yes, we adjust. We adjust accordingly.

If we start with *Hypericum* in a very high potency, like a 1M because the pain is extraordinary, and we're finding that it's acting, then we might go down a little bit. We might go to a 200, but I don't know that it's as necessary as you might think. We might just stay with *Hypericum* 1M and just use it less frequently.

You'll get the hang of it after a while, and the more accidents that you treat broken bones, et cetera, the more likely.

Or maybe it's not even a broken ... maybe it's a bruised bone. We don't know that until you get into the hospital and get those X-rays.

Once we've got that extraordinary first few minutes, that first day under our belt, then we can start thinking about another medicine, and that medicine is *Bryonia* (*Bryonia alba*).

It's for that pain that is worse from movement, especially if it's significantly worse from movement. It's kind of a dull and aching and bruised pain. Sometimes it might have something more stabbing (pain), but it is generally known for its bruised and aching pain.

And so, people who end up needing to use *Bryonia* usually want to be completely still – at least in that bone, that area of the body – and rest. Or they want to apply a little bit of pressure to it to help hold it in place and give it a little more comfort just to have that gentle pressure applied.

There's your indication that *Bryonia alba* is the medicine you want to start using.

Kate:

Okay, great.

So, to recap, the first-line medicines that we might think of are *Aconite*, *Arnica* and *Hypericum*. And then we transition to *Bryonia* if the pain continues and we feel like something else is needed to help with that.

Joette:

Especially if there's elements from movement. Yes.

After the bone has been set and it's healing

Kate: (10:25)

Okay. So, what about after the bone has been set? We know what to do for the pain. It's getting better. What is next?

Joette:

The next place to go is you can still employ some of these pain medicines should they be needed, but they may not at some point. Depends on the person and the location, et cetera.

Then we start thinking about a combination medicine of *Symphytum officinale* – *Symphytum* 200 and taken with *Calc phos* 3. (Now, sometimes people don't have *Calc phos* 3. They only have 6. I would call them both very valuable.)

Sometimes they're mixed together: you can mix them together in the mouth and put them in simultaneously. Sometimes, they're toggled also: *Symphytum* 200 and then a few minutes later, *Calc phos* 3 or 6.

These two medicines are specific for bone injuries and especially for *knitting* the bone. And the reason that I emphasize the word "knitting" is because before we start knitting, we have to make sure that the bone is in its proper place.

So, if there's a chance that this bone could get out of place, and it has to be ... and the doctor is assuming that it's going to be many, many weeks before they're going to even look at placement again. No, no. You want to make sure that you're using this medicine ONLY if the bone is absolutely in its place, because no one expects this medicine to work as quickly as it does – except for homeopaths.

So, the doctor will not know this. It's important that you do not use this medicine until the bone is absolutely in its proper place.

Addressing the emotional component of physical injury

Kate: (12:02)

Along with these physical injuries, there can be excessive worry. The ongoing stress of this accident happening, maybe

even infection, the “what-if” questions: “What if this doesn’t heal correctly?”

What would you use for those kinds of thoughts?

Joette:

Well, the biggest one that I always think of is *Ignatia* (*Ignatia amara*) 200C.

See, fixing the bone is great, but sometimes the trauma of the accident happening or the body going through surgery (which could happen ... could result in surgery) in a kind of unsteady mind.

That is completely normal and real, but don’t use *Ignatia* if it’s not necessary ... if the person doesn’t have these feelings. But if they do and they’re plagued, by all means, *Ignatia* 200, twice daily, is a great medicine for this.

So, you’ve most likely seen this through a lot: emotional pain because of the trauma of an accident happening or a physical pain or trauma of a bone being broken. All that goes with this: the bruising, the blood loss, having the bone reset, et cetera. And not to mention if the person needs surgery, the body is then subjected to a bunch of drugs and anesthesia.

Now, all of this can be hard on the body and the mind. So, in a case where, after we’ve experienced all of this, this whole cacophony of your life after such a condition or a situation, things are then left constantly worrying. I would definitely choose *Ignatia* 200, say, twice daily.

If surgery is required

Kate: (13:33)

That’s great, Joette.

Now, what about surgery? Because sometimes we have to go in

and have that surgery to correct that fracture.

Joette:

Surgery: We're going to be looking at the use of *Arnica montana*, which you might've already been using. We might use *Arnica montana* just before the surgery, which helps protect against bleeding and infection, et cetera.

But what might even precede that is the angst of surgery. Now, not everyone feels angst over surgery. Many people feel nothing about it. Don't give it a second thought. They've never had surgery. They don't realize what a big deal it can be. It's not always ... what it can be.

And that's when we use a medicine named *Gelsemium*. So, we don't ever want to overlook this because *Gelsemium* is the medicine for courage, and it really does act. It's amazing how often we might want to use that for the angst that precedes or starts boiling to the surface when we know that surgery is forthcoming.

So, before they wheel their loved ones into the operating room, *Gelsemium* is a quiet hero for those facing that ordeal: the dread, the trembling or that heavy anxious feeling – feeling like the knees go weak and the mind gets foggy with anticipation.

So, it's especially useful for someone who feels overwhelmed by the thought of the anesthesia, the incisions, or all of those little details that keep piling up on their thought process.

And sometimes those people who get to this point and have such angst that they even can get chills or even diarrhea from that nerve-wracking thought of forthcoming surgery.

So, then I suggest *Gelsemium* 30 taken every, maybe, two or three times the day leading up to the surgery and maybe the

morning of if needed.

And I find time and again – I've used it myself – it calms the nervous system. I've actually used it before I go into a dentist's office. It doesn't dull the mind like psychotropic drugs do, like synthetic drugs do in the allopathic world. But instead, just helps the body go into the procedure in a more relaxed state.

And it doesn't force relaxation; it simply puts you back to yourself. And then, I think it helps lead to a smoother recovery afterward.

Kate:

Okay. So, before we talk about case management, what if the person has had things like screws or plates put in the body during surgery? Is there anything else that we might need to know about maybe an infection or possibility?

Joette:

Yeah, let's talk about one more medicine, shall we? And that's *Staphysagria*.

Staphysagria, usually in a 30 or a 200 potency, my friends, is especially important when surgery is involved. And it is specific for the incision at the site of the screws, the plates, the pins holding that bone together. *Staphysagria* is the go-to medicine for when there is a clean surgical wound.

And that's not *before*. Generally, we're going to use it *afterward*.

It's remarkable for that sharp, stinging, cutting pain that lingers after the surgeon's knife, and it helps the tissues heal smoothly around foreign objects like hardware, metal hardware.

So, we give it once or twice a day. This is after the surgery,

shortly after, within a day or so, and then tapering as the incision calms and the pain eases.

So, we watch for that typical *Staphysagria* picture: The person may be oversensitive to pain or feel as though the wound is still fresh even many days after.

You might not realize that this should be used until many days after. Because when it's used, it prevents excessive scar tissue, reduces the deep soreness around the screws and those incisions, and it keeps the body from building into an infection and allowing the body to accept the hardware without ongoing inflammation.

Case management

Kate: (17:35)

Great. Now we're going to talk a little bit about case management.

Once you've gone through these things, and you're on your way to healing, can you tell us how to know which medicines are working and how to know when to stop using the medicines or maybe start another one again?

Joette:

This is one of the most common questions, and it's a good one.

Let's talk a moment about proper case management. This is huge, friends, because this is where so many people miss the real power of Practical Homeopathy®.

Once you've chosen your medicine, whether it's *Arnica*, *Calc phos*, *Symphytum*, *Gelsemium* or a combination, your job now is really to focus on the case like a hawk.

You want to look for shifts in pain – I mentioned that earlier. A reduction in swelling, changes in bruising, color,

and probably most importantly, the improvements in the person's overall energy, their appetite and sleep, because those are satellite aspects of being human are all the other conditions that seem irrelevant, but they are quite relevant.

Now, in the first few days, you may need to repeat the remedy more frequently – or the remedies – sometimes three to four times a day, but as soon as clear improvement sets in, and you'll know this because your skills, your observational skills will have been honed by then, you back off perhaps to say twice a day, then even once as needed.

So, we don't want to overtreat a condition that's improving. If something stalls or a new symptom picture emerges, you might layer in a complementary remedy or switch to repeating the remedy more frequently, or even, as you become more nimble at doing this, switch the potency.

And this is a responsive approach. It requires thoughtfulness and is what turns a simple bone break into a more swift and better, stronger recovery instead of a long painful ordeal. This is where the art of Practical Homeopathy® is at its finest, my friends.

Closing advice

Kate: (19:46)

Joette, this has been a lot of great information. I'm sure everyone has been taking notes during this. But also, you can go to JoetteCalabrese.com or PracticalHomeopathy.com and look up the transcript from this podcast, and all of it will be right there for you.

Can you kind of wrap this up and give us some additional wisdom as we finish this podcast?

Joette:

Well, let me just say this, because if you happen to look at

the X-ray of the broken bone, it looks really dramatic. But that X-ray is no match for what I consider the intelligent, orderly action of well-chosen homeopathic medicines.

So, from shock to pre- or post-surgery, nourishing the bones, or simply pain management, Practical Homeopathy® has been quietly and reliably doing this work for over 200 years.

But remember, it's not just about grabbing a remedy and hoping for the best. That's where proper case management makes all the difference in the world.

So, watch. Watch the case. Note the changes in pain, the swelling, the bruising, and especially the person's energy, their sleep and their overall well-being or lack of it.

Sometimes we repeat the frequency in the early days and then space it out as improvement sets in.

Other times we may need to layer in a second medicine if something lingers on.

Kate:

This has been so great, Joette. I think everyone will benefit from hearing your words of wisdom on broken bones. Is there anything you want to leave us with today?

Joette:

Well, I've seen it time and time again in my practice, with my students, in their families, and even in my own family: The child who was back on the soccer field within weeks ... earlier than expected. The grandmother whose hip fracture healed with far less pain and dependency. Even the, say, athlete who regained full strength without that lingering weakness so many suffer.

This is the real medicine, my friends. This is God's medicine. It's gentle, it's deep acting and without the side effects

that often come with conventional approaches.

So, keep your kits stocked, your powder dry, your notebooks handy, and your confidence intact. You don't have to live in fear of every fall or every accident. You, my friends, now have tools that work with the body's own wisdom instead of against it.

So, I say, if you want to go deeper into bone healing, trauma protocols or any methods I teach, head over to my website or join us in one of our ongoing courses.

And so, I guess I'd say until next time, stay close to Practical Homeopathy®, trust the process and remember you were made to heal.

So, we'll see you next episode. Thanks, Kate.

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

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](https://practicalhomeopathy.com).