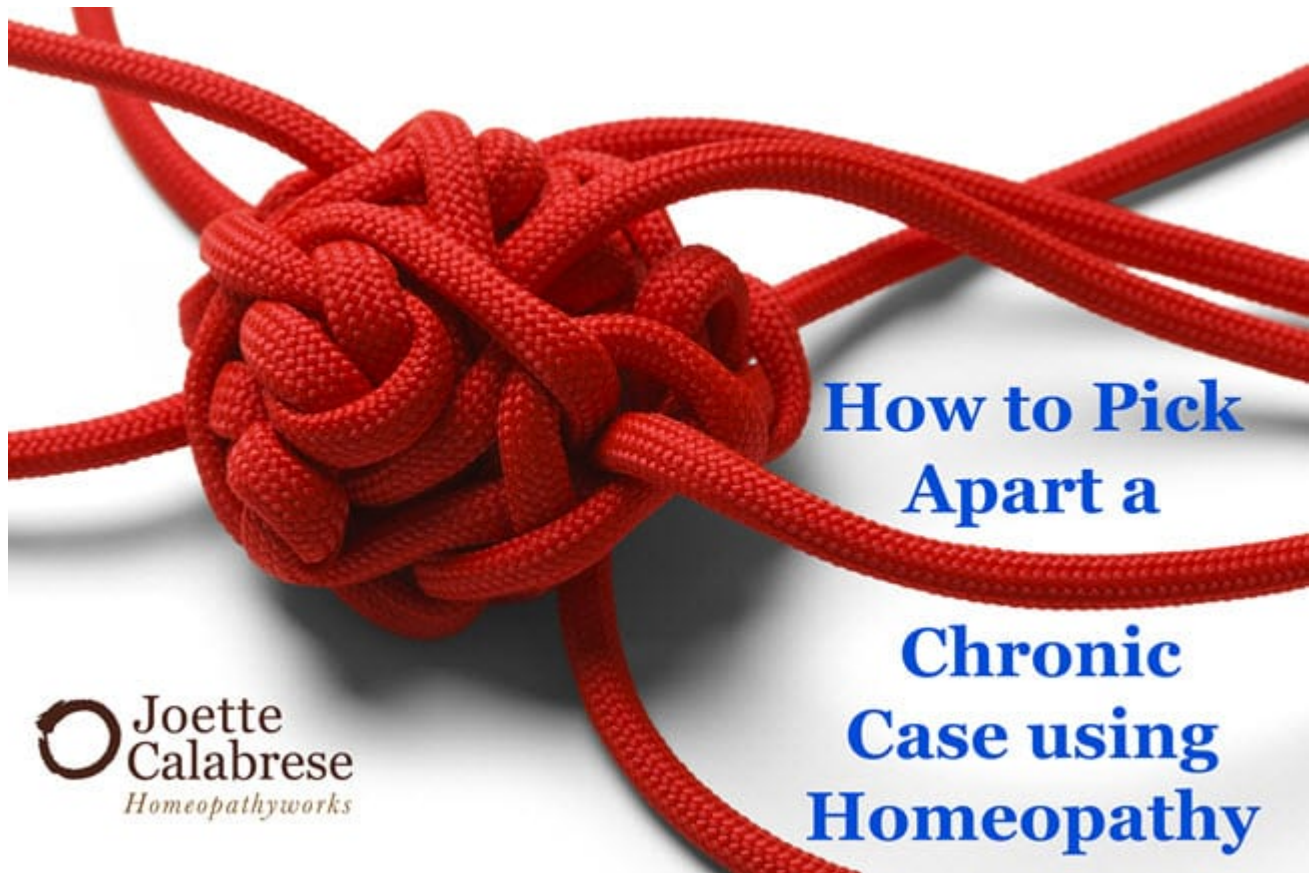


Podcast 22 – Picking Apart a Chronic Case



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Paola: It's podcast number 22 at joettecalabrese.com. Here's what's coming up.

Joette: Dig around a little bit but if it doesn't come up, don't theorize. "Oh well, then it must be mercury. Oh well, you still have amalgams in your teeth. It's got to be that." Not really, it could be a gazillion thing and then you listen more. I have joint pain, all of those things you want to actually jot down but at the top of the page, you're jotting down the ideas of the medicines that come to mind. The message is that homeopathy transcends the other methods of medicine.

Paola: The goal of today's podcast is to walk you through the case taking process for a chronic condition. At the time of this recording, Joette is in the middle of teaching the Allergic?! course and this podcast is turning out to be a homework assignment for the students taking that class. But this podcast really also benefits all of Joette's listeners.

So, the steps we'll explore begin with listening to the case and taking notes on the person's ailments. She emphasizes that it's important to even write some of the exact verbiage that the person uses to describe their ailments. Joette recommends that we write down to what degree the person is suffering like on a scale of 1 to 10. Then as you're listening to the person express themselves, you may think of protocols that might fit their conditions. So, while you're hearing them and while you're taking notes on the case, in the corner of the page, you're supposed to be writing down what protocols might apply to them. So this is a brainstorming process. Then after you've completed taking the case, you take some time to look at those potential protocols and edit them down to the most important ones that you want to prioritize. Finally, once you've set around four

protocols for that person, you need to commit to them to them for six to eight weeks. So that's the Reader's Digest version of what we're going to discuss in today's podcast. Joette is going to really take some time to tease apart each of those steps so that we can understand them more deeply.

You are listening to a podcast from joettecalabrese.com where nationally certified American homeopath, public speaker, and author, Joette Calabrese, shares her passion for helping families stay healthy through homeopathy and nutrient-dense nutrition.

All right, here we go. Hi Joette. How are you?

Joette: Hi Paola. I'm doing well.

Paola: For those of us who signed up for your Allergic?! Course, we're well into it, I think past the halfway point.

Joette: Yes.

Paola: It's been a fascinating course. I have pages and pages of notes.

Joette: Oh good girl, Paola.

Paola: Yes, I love it. But you've been giving us some homework for that course, the last podcast's homework and this podcast tonight is some homework for the students. But you were saying that this would apply to just anyone and the Allergic?! students as well.

Joette: Yes. This is the fundamental information that's so useful when dealing with a chronic case. We're going to touch a little bit on acutes too but particularly chronic. So yes, this is for anyone who wants to go that far in homeopathy in dealing with chronic conditions.

Paola: Yes. For those of you who've already taken her courses, I think it's a really important reminder, if you've

taken Good Gut, Bad Gut or others. The topic of this podcast is what you like to call editing down a case. So I'm an English major. I know what it's like to edit an essay when you have all the information there. But what do you mean by editing down a case? This is chronic, right?

Writing down information and fine-tuning them

Joette: Yes, yes. We're talking about a chronic case. So that means something like for example, for this course that we're doing right now on Allergic?!, when someone says, "Well, I have joint pains," and if you know anything about homeopathy, the first thing you're thinking of is oh my gosh. That must be or it could be *Rhus tox*. It could be *Arnica*. So you jot that down as soon as you hear it. Then you listen more.

I have joint pains that are worse on first movement. It's better when I limber up. It's rare that they say it quite like this but most people don't give you the answer that clearly. But let's say that's what comes of it. Now, you can cross off *Arnica* because *Arnica* doesn't have that. So while you're taking the case, you're jotting down not the whole sentence necessarily, although you're taking the case in a full sentence as the person is giving it to you but you're also at the top of the page. You're writing down the names of the medicines that are coming to mind.

When you finish taking the case, now you find out that the person has terrible allergies and if they eat wheat, their joints ache. If they eat wheat, they have bloating. Oh bloating, wait, wait, wait. I know what bloating is. Hold on. You write down *Lycopodium* is bloating. So you write down *Lycopodium*. It's *Lycopodium* that is often mixed with *Arsenicum* 3 which is a Banerji Protocol. So wow, maybe it's *Arsenicum*. Let's find out more. Oh there's burning or there's discharge or there's et cetera, et cetera. We go into all the pictures of what *LycoArs* covers and you say I

got it. I got it. It's *LycoArs*.

Don't assume that that's set in stone. You're writing down your ideas based on what is being presented. It doesn't mean that you're not writing down the full case because as the person's telling you this, you're jotting down I have bloating every time I eat wheat or even after I eat anything, it feels like there's a beach ball in my belly. All of those things you want to actually jot down. But at the top of the page, you're jotting down the ideas of the medicines that come to mind.

When the case is fully taken and you're all done, you're going to go back and you look at the top of the page. After you've taken all your notes, you look at the top of the page. You might have 15 medicines up there. That's if you know enough materia medica, if you know enough. Now, you may not. If you're brand new, you might only think of one or two which is alright. That's alright. You're still learning. It's brand new to you. But let's say you're at the level where you come up with about 10 homeopathic medicines for this whole picture. Now, you have to fine-tune it.

Fine-tuning is like you said, like an English major. You go back and you find the most potent words to make the most sense of what you're trying to convey. This is the same thing with homeopathy. You can also use the analogy of a painting. The Artist stands back and holds up his thumb and looks at the painting and says, "Is that right? Is there too much yellow? Should I put more violet in there?" They even wait until the next day and come back and look at the painting or the writer comes back and looks at his writings and determines, "Did I put too much emphasis on this or that."

So for example, if the person has said I have joint pains if I eat wheat. But then they tell you, "But that hasn't happened in years. It really doesn't happen very often. It's

not really a big deal. I kind of noticed it a long time ago but it's not a big deal." You don't want to give a homeopathic medicine specific for something that's not in the hierarchy of importance. You want to figure out what is important and how can it best represent what you're trying to do.

Paola: So in the beginning, when you're taking the case, you're just gathering all the information.

Joette: Right, just jot it down so you don't lose your train of thought.

Paola: And brainstorming protocols.

Joette: Exactly.

Paola: If you can't remember the protocol, you can say, "Well, I know there's a protocol for this like dysentery."

Joette: So you put dysentery and you go back and you look up dysentery and you find it.

Paola: Then after you were thinking through the case, you're going to say, "Okay, what is the biggest-?"

Joette: What's the big picture here?

Paola: Yes.

Joette: What's keeping this person from being able to live their life?

Paola: The biggest problem is the thesis, I guess.

Joette: Right, exactly. Yes. What does this distill down to? If this is a grandma who can't knit and all she wants to do is knit and maybe cook for her grandchildren and her family. She can't because the arthritis is crippling her hands and the pain is horrible. That arthritis is keeping her from being who she is. If it's a child who can't eat and

they're supposed to be growing and they can't eat this and they don't like that. They're really fussy and they bloat and they have distention and they have gas, et cetera. It is clear that the biggest issue has something to do with the gut on a deep level. So we have to go after what's most important.

Now, it doesn't mean we go after only one important aspect of the case but we create that as I say hierarchy. What's the most important? What might be the most second important? What might be the most third important? We do down primary, secondary, tertiary until we can go to maybe the third or fourth most valuable aspects of this case.

Paola: Then, is part of that trying to figure out the root problem? Like in Allergic?!, you talked about how some people have a lot of mucus all the time and then they also have a cough or something. Then as you're talking to them, you realize, "Oh, this is happening because you're drinking milk." Does it help getting to the root problem and prioritizing that?

Joette: It helps when you go at it from that point of view. What could be causing this? We don't want to know the entire mechanism. We don't need to know that the person doesn't have the enzyme or was deficient in that enzyme in their family tree that kept them from being able to digest and can't release the toxins, et cetera. No, no, no, way too far.

If it's milk that causes the arthritis, if it's milk ingestion that's causing the bloating, that's good enough. That's plenty. That's very good information. If it turns out that it's more than milk and when it turns out that swell, it's every time I have pizza. Well, pizza is more than dairy. It's got more than cheese. It's got red sauce. It's got red. It's got wheat. If you're buying it from a store, it's got MSG. So you have to think of that too or those

kinds of anti-nutrients of sorts. But let's say it's homemade pizza. Every time the person has homemade pizza, this is what happens. They find that well I just won't eat cheese on it next time. I'll just have red sauce and some homemade pepperoni or something. I know it's kind of depressing.

Paola: I know.

Joette: Well, actually my grandparents were Sicilian. My grandmother is used to make white pizza. It was pizza without red sauce and without cheese. You would just put spices and herbs and anchovy and you kind of stick it into the dough and let it bake like that. So it was a completely different kind of a pizza but it was pretty common in Sicily, I guess back in the turn of the last century.

Anyway, once you find out that wow, I can have pizza as long as I don't have the cheese with it. Okay, so that might mean that you're okay with wheat. Some people go and have the testing done and they find out that it's wheat. But I have to tell you, I don't really trust the test so much for foods that people might be allergic to or sensitive to. I really like real, live, life experiences that help us determine this. Sometimes we don't have enough information. Sometimes it's too complex or sometimes it shows up and other times it doesn't but I think it's more reliable than having tests done.

Paola: When I say looking at the root of it, you don't want to go as far as like you have too many heavy metals or you don't methylate your B vitamins. We want verifiable root of the problem that is actually causing this. So when you have milk then it causes your joints to hurt, verified.

Joette: That's right.

Paola: But how do we know that if you obviously started taking methylated B vitamins that that's going to make the

issues go away. That often isn't verifiable. You want to know this -.

Joette: Well, the heavy metal thing is not always verifiable too. I get all the people who come to me and say, "I was told I have heavy metals. Now, that I've been working on it for, I don't know, eight years doing chelation and the supplements, and enemas, and sweating, and saunas. I've done everything I was told to do. My heavy metals don't show so high and yet, I'm still sick. So theoretically, it was wrong.

Paola: Yes, I went through that with candida. I did the candida diet for over a year. I did all the supplements. I did everything perfectly. Then in the end, I still was sick with my chronic stuff. I thought, "Okay, that's it. Candida can't be the issue. I need to stop chasing these rabbit holes." So, yes.

Joette: I'm not saying it's always wrong but I get the people for whom it is often wrong. It was a theory that was a good guess as to why this is happening. It really matters not why. The point is it's happening. When you drink milk, you get bloating.

Paola: So I remember when I saw a lot of naturopaths. It was kind of a gamble. They'd say well let's see if we clean you out for parasites if your autoimmune thing is going to go away. Then I didn't have parasites, so you know what I mean? So they try and find something wrong but yes, in the end nothing helped. Even though maybe I have these issues, maybe it wasn't necessarily uprooting the issue and we're just guessing. So with this, when we're trying to look at the root as we edit down a case, we try and find something that's verifiable. We know that if you could get over your milk intolerance or your gluten intolerance, these symptoms would go away. So that's as far as we go for the root of the problem.

Homeopathy transcends other methods of medicine

Joette: It can't be overstated enough and the message is that homeopathy transcends the other methods of medicine. I'm not saying they don't have value. Please don't get me wrong. Modern medicine absolutely has value, the diagnostics in modern medicine. We've talked about this before. Surgery can be a lifesaver in many situations. Naturopathy can be very useful. But I have to tell you homeopathy transcends it. Homeopathy goes 230 years ago. Right around the time the microscope was invented, so was homeopathy discovered by Dr. Samuel Hahnemann. It was before we thought, "Hmm, parasites," although perhaps they thought of parasites. I'm sure they knew there were parasites then but not microorganisms that were so minute. Many of them probably didn't even imagine that there were parasites that were so small, they were unseen by the naked eye or that there were heavy metals, et cetera. They simply used symptoms. Symptoms, and I can't stress this enough, never lie. Symptoms don't lie. Symptoms are a representation of what's going on. I can't eat milk. It causes bloating. I can't eat grains. It causes arthritis. Hello, there it is. There's the entire case.

Paola: That's the language of homeopathy.

Joette: Yes. It's simple. It's elegant. It's uncomplicated. It's straightforward. It's not politically correct. It is what it is. My favorite clients/students are the people who come to me like the old time farmer or the Amish folk who say I've got an ache in my hip. When does it happen? Well, it seems like I've milked these cows and I drink it all the time but it seems like I don't know. I'm beginning to think it's the milk. So I stopped for a while and I found it didn't hurt so much. End of discussion. He's not thinking about his B vitamins being methylated or that he can't release his toxins or that he's inherited -. No, forget that. He doesn't go that far. He's not intellectualizing.

He's being honest with you. This happens and it happens when I do this. Sometimes we don't even know when it happens. I mean, I'm giving you the extra benefit of saying, "Well, it happens when I drink milk or eat grains or something." It might not be that at all. Someone might say, "I've stopped all of that. It still doesn't make a difference." That's important too.

Paola: So it's imperative to know that if you do have a simplified root of the problem like a farmer we described like we're saying milk intolerance then that's good to add to your notes. But if you don't know what is causing your arthritis, it's okay.

Joette: Yes, drop it. Drop it. Drop it. It's unimportant. Dig around a little bit but if it doesn't come up, don't theorize, "Oh well, then it must be mercury. Oh well you still have amalgams in your teeth. It's got to be that." Not really, it could be a gazillion thing. It could be that you had strep. It could have been the antibiotics you took. It could be the gas leak at your basement. It could be the radon in your basement. It could be the change in weather. It could be your bad marriage. I mean the list goes on and on and on.

Paola: It could be all of the above.

Joette: Yes, yes. Well, conventional medicine often says, "Oh, it's stress." Not everything is stress for crying out loud. That's such a blanket statement. But on one hand, they're right, yes. But which stressor is it? To figure that out is like finding a needle in a haystack. Do you know what it feels like to me, Paola? It seems like an attempt to give answers to people who are desperate for answers. I understand because I've been that person who's been desperate for answers.

Paola: It seems like both parties might feel a little desperate.

Joette: Yes.

Paola: Not that whoever really wants to help and they can't figure it out.

Joette: That's right. That's right. So let's try this out. Let's try this theory out and see how it goes but homeopathy transcends that and that's really my message.

Paola: The promise is that it's expensive to try and check this out, check that out, \$100 here, \$100 there. It adds up quickly. So let's review it. It's brainstorming, listening to the case and throwing down.

Joette: Jotting down the case too, you're listening and jotting of course.

Paola: You're listening to the case and you're jotting down the protocols that might apply.

Joette: Jotting down the case, too. You want to write that down what the person is saying because I can guarantee, you won't remember in eight weeks.

Paola: Even sometimes, verbatim is really helpful.

Joette: Absolutely, as per the person's words.

Paola: I know you like to put plus, plus, plus when something's really, really bad or the greater sign is better from, the less than sign is worse from, yes exactly. So then, what's the next step to edit down a case? We've kind of compiled all the information. It's on our case-taking sheet. So then what?

Assessing the case

Joette: Now, you're assessing, like we just said. We're looking at what is the impediment to this person's life. They can't ever eat out. They can't ever go to someone

else's house. They can't eat wheat and dairy because they have this terrible arthritis and bloating. Those two protocols are important then, the arthritic one and the gastrointestinal one. Now, let's say the person is up all night, can't sleep because of this bloating or because they're thinking about the bloating or they're worried the next day now what are they going to do. They don't have anything to eat or they have to go to an event tomorrow and they have to be forced to eat certain foods. Now, they're up all night, worry, worry, worry. The next day, they're totally exhausted and beat up.

That means we have to use a medicine that's specific for inability to shut the brain off. So we're also jotting that down. Now, if you remember or if you know my blog because I write about all of these subjects on my blog, for example, *Coffea* 200C, twice daily is the medicine that we often use for people whose brains can't shut down. So that might be something we use or if it's worry, of course *Coffea* does have a lot of worry and anxiety associated with the use of that medicine. But let's say it's someone who overthinks, overthinks. It's just not in bed at night. It's not that they're stepped up. They're just worriers and anxiety, anxiety then we might think of *Ignatia*. We might use *Ignatia* 200C. If it sounds more like *Coffea* than *Ignatia* then you put *Coffea* up at the top as one of the other considerations that we're going to add to this picture.

Paola: We could put *Coffea/Ignatia*?

Joette: Yes, yes, yes, right, right. Now, when we go back and look at it, now let's say there was also some eczema and there was itching. It's behind their knees and it's bothersome. Then they also have hair loss. If we know the protocol for eczema, it's usually the Banerji Protocol is *Antimonium crud* with *Arsenicum album*. You might jot that down. They also have hair loss and that's the Banerji Protocol for that is *Ustilago* 200C and so we write all that

down. Now, we look at the whole thing and we go, "You know? We've got a lot of remedies here."

Paola: Right.

Joette: We don't want to use all of them unless it's absolutely necessary. So, how awful is that hair loss? You start asking those kinds of questions. Are you talking about where a woman lost so much hair that the scalp is now exposed? Are we talking about someone who's had really thick hair and it's not so thick as it used to be but no one else would notice? Now, we start backing off and saying, "Look, it's not a life threatening consideration." Some of it, you're making a decision on your own to a certain degree and you're also conferring with the person because you want to ask her. Sometimes women say, "Oh my gosh, it's hair loss. It's absolutely driving me out of my mind. I'm very frightened by it. I couldn't care less about the eczema behind my knees." So let's focus on the hair loss, the bloating and anxiety, food intolerances. Now we've got a case. Now, we've got three to four homeopathic medicines that are within reason to use.

Paola: So now that you've taken a case, you've brainstormed. You've written down all the protocols and then you've decided which ones take priority, which ones are going to be the topic sentence for each paragraph.

Joette: Yes, right.

Paola: We've decided that -. I like the metaphor. I'm going to keep going with it. Now, it's time to commit really. This is really important especially if you're taking your own case and you're suffering yourself, it is really discouraging when you have setbacks which you will. As you progress, there are setbacks. So you really have to commit. So tell us about that, Joette.

Joette: About commitment?

Paola: How long does it take a remedy to act?

How long before a remedy acts

Joette: Oh I see. I see what, okay. Now, you start. You start with the medicines. When it's a chronic condition and that's what we're talking about here, you want to give it at least six weeks if possible. I even like eight weeks because this is chronic, remember. This person didn't just suddenly get bloating, hair loss, eczema, food intolerances last Thursday like you would perhaps with a bee sting for an acute.

Paola: It feels like it does sometimes Joette. Like one day, you're going along and then the next day, your bladder is really hurting or your joints start hurting. It kind of creeps up on you and it does feel like it hits overnight. But we have to remember that it didn't.

Joette: Well, if it didn't, it didn't. But if it did, it did. We don't want to put words into people's mouth. You know what I mean? We don't want to make an assumption. There is the line that I draw on the sand between homeopathy and other medical modalities. I want reproducible results. I want this to be scientific. In other words, I want this to be very clear. Don't make assumptions. If it's not there in the history, don't assume that it was. If it only came a month ago, it only came a month ago. Let's not make the assumption that well, it had to be from your parents. Oh really, did it? No. Let's see where it started. We want to be honest upfront and very simplified. I don't like theory. I like numbers, science, reproducible clarification because otherwise, it becomes for lack of a better word, crunchy.

Paola: Crunchy?

Joette: Yes and we don't want. This is not about I get the feeling that perhaps -. No, no, no. It's either this or it's that. This is not intuition. I could go off on a whole

tangent on that. You know that I've talked about this many times before. This has nothing to do with intuition, absolutely nothing. If you're good at homeopathy, it's not because you have intuition. It's because you have experience because this is all science. I probably should not get started on that because it gets me into – teasy.

Paola: I guess, why, why is intuition so bad? Because you want to really look at the person's case and not impose your own prejudices into it?

Joette: Well, that's a big part of it, number one. Number two, it borders on that fuzzy area where people think that homeopathy is mind, body, spirit.

Paola: Oh, like new age type medicine.

Joette: This is not new age. This is not spiritual. This is medicine. It's science. When I say reproducible, I mean when I teach this class and then these people who are in my class teach their children or their constituency, whoever that might be or their patients and their clients and their practices, I want it to be five people down the line are coming up with the same answers for bloating and food intolerances and eczema and hair loss and sleeplessness as what I taught. Not because I know all but because no one said, "Gee, I have the feeling that perhaps, it's because of this, this, or that so I'm going to throw this medicine in there. No, no, no, no, no.

Paola: It almost sounds like a palm reader or something like that.

Joette: Yes, yes. I mean there's nothing wrong with intuition but not when it comes to science and medicine. I'm sorry. It just doesn't. When a lot of times people say, "Well the reason you know this is because you have good intuition," I say, "No, I don't." I mean I might have intuition about my children, about life in general but not

when it comes to my students, clients, homeopathy. No, I'm using hard, cold, evidence-based facts that I have learned and studied that are reproducible for the last 200 and some years.

Paola: So then going back to the original topic.

Joette: What were we talking about?

Paola: It was how long does it take a remedy to act.

Joette: Okay. So because it's a chronic condition, let's make the assumption. We'll go with both scenarios. Let's make the assumption that it's new and that you've just gotten this. Suddenly, you've got eczema and sleeplessness and joint pain, et cetera. You might look at this as an acute because it just started. I'm assuming though with arthritis and eczema, and hair loss, those are generally not acute conditions. They're more often chronic. But if you use these medicines that are specific for these conditions, it will likely finish up in very short order, say within weeks, sometimes even a few days in certain circumstances, weeks, months, and very short order.

Now, let's say if it's a long time condition. This food intolerance has been going on since this person was six years old and now they're in their 40s. The hair loss is happening in the last three or four years. There's eczema that's come and gone through the years. There's bloating and distention and gas and all of that that comes and goes. That's chronic. So how long does it take to complete this? You want to see a shift, not necessarily completion but a shift within two months, eight weeks. We've talked about this in these podcasts in the past. We want to see those three magic markers being met. We want to see less intensity to the symptoms, lasting for a shorter period of time, and a larger space between each time they present within that two month period of time.

Now, we don't want an update in a week. No, no, no. That's too soon. It's like walking on a painted floor, too soon. You got to allow that pain to cure before you can start walking at it. You might get away with it but it could end up with tacky foot marks, prints all over the floor. You want to wait for it to completely cure over a period of two months. Now, the information is useful because now we can see over a period of two full, almost two full months. For women, that's particularly valuable because we want that 28-day period to pass at least once because of menses.

Paola: That's right. Yes, because hormones influence so much. It's not that you'll be completely cured in the two months.

Joette: We want to see a shift.

Paola: Yes, now you have enough information to determine if there has been a shift.

Joette: Yes and so in what area? Oh my hair has stopped falling. So that was an important consideration last time. My hair stopped falling. I don't see it growing back yet but it has stopped falling. Now, if the hair was not very thin to start with, it was simply just falling but it was freaking her out then we can stop *Ustilago* and instead concentrate on other areas that are perhaps more important. If however, the hair had gotten very thin, we want *Ustilago* to thicken it up and not just stop its fall then we would stay with it. But now we have an indication that *Ustilago* is absolutely correct.

Paola: But *Ustilago* is really for hair loss and not just wanting to thicken someone's hair.

Joette: It's for thickening hair when there's been hair loss. So in other words, there has to be a pathology first.

Paola: Right. Not just I've always had thin hair and now I

want thick.

Joette: Yes, I'd like it to be thick.

Paola: I think the problem you probably see and I experienced this when I was getting better from a lot of my chronic stuff is in those six weeks, you can get discouraged and you want to jump around and try a different route.

Joette: I'm so glad you brought that up.

Paola: Try a different modality. I'm going to start doing, I don't know, like more herbs or more vitamins or more supplements on top of it. So what's the problem with that?

Joette: Well, I don't have a problem with herbs. I think herbs are great. I would discourage someone from starting herbs while we're waiting to find out how the homeopathics have acted because we don't want any interference good or bad. Of course, we want the person to get well. No doubt about it. But at the end of the mark, at that two-month mark, if the person has improved and they started adding herbs, newly added herbs say at week 2 along with the homeopathics, now at the end of the eight weeks, what did it. Was it the herbs that were added in? Was it the supplements? Was it the new yoga class? Was it et cetera, et cetera? We want to know what did it so that we know what to do because if we don't, we don't have a pathway. We don't know where to go.

Paola: I tell people all the time. The reason you're here with homeopathy is probably because nothing else has worked.

Joette: Yes, we're always the last resort, unfortunately.

Paola: We are. It's so true. I mean, one gal came by last week. Her daughter had strep throat and it had gone five days, five days of strep throat. You don't want strep throat for five days. She was pretty sick. She's like, "We've tried

everything else.” I’m like, “I know. You didn’t even have to tell me that because you’re here. If you’re here, it means that you did try everything else because everyone goes to homeopathy last.” If you’re finally here, give it a chance. I tell people all the time. Yes, if you feel like you like putting coconut oil on your eczema or whatever it is, I don’t think that changes too much the pathology. But if you’re going to do something deeper that you think might help, you’ve got to give homeopathy a chance because the homeopathy will cure this too well.

Joette: To be honest, it’s true for any modality. If you’ve been using supplements and you want to try an herb, to try the herb on top of the supplements, you have a baseline established so you can probably figure that out. But if you start supplements and herbs at the same time, which one is acting? How do you know?

Paola: The other problem too is and I’ve done this one. This is a little confession was after a miscarriage, I was having so many hormonal fluctuations. I was desperate to get them under control. So I started taking this herbal tincture to prevent just that. I was taking it as directed but I totally overdosed on it, totally. It caused a worsening of symptoms. So then, I was thinking that the homeopathy wasn’t working.

Joette: Right. You don’t know where you’re going with this.

Paola: Right. So then when I stopped this herb, everything calmed down. I was like, “Oh shoot. I was messing it up. I was making it worse.”

Joette: One modality at a time unless you’ve been using it all along. Now, what I mean by that is if you have a chiropractor and I love chiropractic, so please understand that I hold them in very high regard. If you have a chiropractor you’ve been seeing for a year and you see him

or her once a week and you're going to start homeopathy, stay with that chiropractor. Stay with that modality because that's your baseline. You know what that's done for you so far. The same thing with herbs; if you've been staying, stay with those herbs by all means or essential oils or whatever else you may be using. But don't add a new modality in at the same time you're starting with homeopathy, if you can, if you can.

Paola: Right. Because you know what it feels like right now as is with all that you're doing, with your diet, with everything. Just keep it all the same and then [0:34:34]. Yes, very good. So I have talked to people, Joette, who have a lot. Some people don't have one chronic illness. They've hit the jackpot. They have it all. They have diabetes. They have lots and lots and lots of things. Then I ask them. So what is worse to you? They say to me, "All of it, all of it is the worst." And you're like, "Oh shoot."

Figuring out the conditions

Joette: Well, you have to pick it apart. You have to pick it apart and say, "Okay, so how's your energy? Oh my gosh, the fatigue is horrible. It's hard. I can barely get up in the morning. I've got three kids. I can't be with them. I can't help them. It's awful. So you have to put an underline under that. You got to make sure that that's noticeable, that that's remarkable, I mean.

Paola: So go through each condition that they've even narrated and based on how they share -.

Joette: Then you go back and ask them because really, remember, this is their case not yours. This is their case. When it's all said and done, you go back and say, "Okay, let's try to boil it down to four main conditions." More often than not, you can boil it down.

Paola: You can figure it out.

Joette: Yes.

Paola: Should we prioritize life threatening conditions?

Joette: Oh definitely, holy cow, yes.

Paola: Diabetes and then I guess it's obvious.

Joette: Well, not necessarily. No, now that you say that because if they're on insulin, you're not going to try to get them off of insulin. I'm not saying that it can't be done homeopathically because I've seen it done or at least starting to minimize some of the insulin. I've seen it many times in India. But they've got a solution for that. They're taking insulin. Leave that alone. Leave that alone so that's been satisfied with conventional medicine. Now, let's say they're having insomnia and no matter how many drugs they take, it doesn't help. That's pretty important if the insomnia is horrible and it's making them crazy. Serious insomnia can be life changing. It could really ruin a person's life.

Paola: That's awful. Alright, what about thyroid then? I feel like thyroid is -.

Joette: Now, let's say they're taking a [0:36:50 Nature-throid], something like that. They're not taking Synthroid. You still have the hair loss, the bloating. They're worse from milk and wheat and anxiety and insomnia and eczema and they're taking Nature-throid, Nature-throid is not an answer. It's a temporary solution is the way I see it. But it's certainly better than Synthroid. Synthroid has side effects. I don't see side effects with Nature-throid, at least not that I'm aware of. So they've got a solution for that. So you can eliminate some of these that you have to work on immediately. Go after those areas that conventional medicine and naturopathy have not helped. Make those the priority.

Then eventually, as you work with this person through the months and even over many months, even into a year. Now the eczema is gone. The hair has been restored. The bloating is not an issue unless they really overdo it. The anxiety is only occasional. The insomnia only happens once a month before the period. Now, let's go after that thyroid. Now, let's try to help work with the thyroid condition. Beautiful, that's the way we shave away the aspects of the case that are the most trying all the way down to the hierarchy of discomforts and conditions.

Paola: But what if you feel like if you treat the thyroid, all of those issues would have resolved, the insomnia, -?

Joette: Well, you have to ask that. A lot of times, people will report that the Nature-throid has been miraculous. I mean, I'm not fatigued or in this particular case, we're not using that example. But sometimes people report that their fatigue is gone, the hair loss doesn't occur any longer, the skin is no longer dry. They're not overweight. The Nature-throid has really fit the bill. So to go after it seems a little bit superfluous. Now, on the other hand if they're taking the Nature-throid and those conditions nonetheless still exist even though they've been on it for six months, now it makes sense to go after that homeopathically.

Paola: What if the person is just, "Fine, I get it. Nature Thyroid isn't that bad for you.

Joette: Right, it's a supplement.

Paola: What if you just want to be off of it? What if you just don't want to have -?

Joette: Oh sure, absolutely. I know a lot of people don't want to take that. They want it corrected. I don't want to say it's the promise of homeopathy but it is often doable with homeopathy and so why not. But if there are other issues that are more sobering than the thyroid condition in

general that's being addressed by the Nature-throid then let's put that aside for a while and work on what's most sobering.

Paola: So let me review here. Basically, if you have a condition that's life threatening that needs to be addressed, you just prioritize that right away. But if it's being managed safely like with Nature Thyroid or even like the insulin example under control. Look at the other stuff that you can deal with for now. But if the Band-Aid you're using like the Nature Thyroid or the insulin or whatever is not working and it has a lot of pitfalls that are affecting you then maybe you do want to go in that direction. So I was just trying to organize.

Joette: I also don't want to give folks the idea that we're going to try to cure life-threatening diseases here. We are working with allergic conditions here in this particular course and in other areas as well. That's something for a true expert to go after. Not that you can't. I've had many students come to me and tell me that their child was going into anaphylaxis from a bee sting. They've used the homeopathic even though they have their EpiPen right there, right at the ready. I always tell people. Don't be foolish. You get that. You make sure you've got an EpiPen if you've got a child who's got this condition. But they were able to and felt confident enough to be able to utilize the homeopathic medicine instead and indeed that was life threatening. But that's an acute sitting on top of a chronic by the way. Parenthetically, let me add that in so that there's some representation of that here.

Paola: So what you're saying is -.

Joette: Be careful. Don't think you're going to be curing cancer in this course.

Paola: Right, exactly. You don't even really address

diabetes in -.

Joette: Right, that's right.

Paola: I was just giving that as an example. Let's review here. When we talk about editing down a case, we're talking about writing down the person's words and how they're expressing the illness. At the same time, you're making a list of the protocols that may apply.

The importance of note taking to determine one's improvement

Joette: Let me just interject just for a second, Paola. Because the reason you're writing down the words as the person is saying them is because in eight weeks, when you ask that person how they're doing and they say, "Oh, I don't know that I'm that much better." You say, "Okay, let's go back." You go back to the notes and you say, "So how about that insomnia? How is that going? How is your sleep these days?"

Paola: Oh, ruining your life.

Joette: Right, right, right. You don't give them the words yet. You ask them to tell you. Just tell me how the sleep is now. How's your sleep these days? "Oh sleep, yes, it's been okay. Once in a while, I stay awake and it's bothersome but it's not a problem." Any anxiety around that one? "No, no, really the anxiety is okay." So now, even though they have declared that they are not improved, you read back to them precisely what they said. Oh my gosh, this anxiety and insomnia are going to drive me out of my mind. I don't know what I'm going to do about it. Now, they recognize that there's been a shift. It's not the people are stupid. It's just human nature to not remember how serious or how horrible or how sobering those symptoms were two months earlier because they have no symptoms to remind them of it. So that is why we use their words because you're not interpreting for them. She said it's not good. When what she

really said was holy cow, the sleep and anxiety is going to drive me nuts or lack of sleep. That's important.

Paola: Right. Because so much can be lost in how you interpreted what she said.

Joette: Exactly, exactly. Your words don't matter. It's the person's words that matter.

Paola: Right. So then once you've written down all the possible protocols, you're going to pick apart like you said what is the most important. And you go through and try and understand what is most affecting this person's life that is impeding their ability to be a successful human basically, right?

Joette: Right.

Paola: Then, you narrow down these protocols. Then once you've selected the protocols, three or four, you are going to commit to that for a minimum of six weeks, preferably eight. Especially for women, they need to go through a whole cycle if possible, if they're having a cycle. By sticking to that, we are able to measure improvement. Then when we go to measure improvement, we look back at the original notes and specifically at their words. You try not to feed it to them.

Joette: Just ask them. So how are you sleeping these days?

Paola: Let them present it back to you again, maybe just prod them. How's the sleep and then do the protocols. Let's just try like one more quick case here. Let's say there is a little girl who complains about a tummy ache every time she drinks milk. She has eczema and bloating. Those are the three main issues.

Joette: How about temper tantrums? Let's throw that in because that's really common with kids who have allergies, food intolerances.

Paola: So then, you start jotting down possible -.

Joette: Yes. Now, it's a little girl so you don't have as many complaints generally.

Paola: That's nice, why?

Joette: Well, because they haven't gathered through the years. You know what I mean? She doesn't have hormonal problems. She didn't take the pill for five years. She didn't have miscarriage. She didn't have all of that. She didn't have all those life experiences or her mortgage. You know what I mean? Generally speaking in the western world, little girls have nice lives.

Paola: Right, right. So then, as you take that case and you start jotting down possible protocols, we've thought for the milk problem, we think of *Aethusa*. For the bloating, we think of possibly *LycoArs* or just *Lycopodium*.

Joette: Yes, ma'am. Yes, you got it.

Paola: For the eczema, *Antimonium crud* mixed with *Arsenicum*.

Joette: *Arsenicum* if it's itchy, yes. These are all Banerji Protocols, beautiful, beautiful Banerji Protocols.

Paola: Then for the temper tantrums, we think of *Stramonium* but that is one, two, three, four protocols. That's not too many.

Joette: No, it's not. It's gorgeous. It's gorgeous. Now, let's say this little girl gets bronchitis frequently. She's always getting colds. She's always getting sick. She's getting bronchitis. It's not a chronic condition but it happens frequently. Every winter, she gets three, four colds and it turns into bronchitis. Now, what we want to look at is the fact that she gets colds too frequently. We can also add in, particularly because she's a child, we can add in

Calc carb 200C for example, every other day or even 30, once a day for a child. Now, we're dealing with the immunity and because she's growing, we like *Calc carb*.

But when the bronchitis presents or the colds present, you might want something to use at that moment. So what do you do when she gets sick? Well, you might want to add an SOS, so to speak to save our ship. What do we do on top of that so that she's got all of these baseline medicines? Now, we need something for as it occurs. Now, we might look at for example *Aconitum* and *Bryonia* that are really great medicines. That's also a Banerji Protocol for when a cold or a cough comes on especially in the beginning. If you use that every six hours, sometimes every three hours if it's severe enough, you can abort a cold or a forthcoming bronchitis or whatever cough that's coming on. So you might put that in the case but it's only an SOS. She's only going to use that should the bronchitis present.

Now with all of these other medicines working to uproot the food intolerances and the allergic state and the immunity condition, she may not even get bronchitis this winter especially if you're starting in spring. She's got several months before it comes along. So she may not even need it or if she does need it, she may not get as sick. That's the goal is to get her to the point where her immune system is so built and so corrected through all these protocols that even the acutes will not be needed as often.

Paola: So it's that *Calc carb* that you've introduced, that fifth protocol especially if she started in the spring and bronchitis doesn't come until the winter. That might be able to make it [0:48:20] so that she's going to be okay.

Joette: Yes. It's not a supplement. I'm going to remind you again. Everyone thinks oh well we're supplement. No, no, no, no. We're supporting. No, no, no, no, no. We're correcting the fact that this even presents. This child should not get

sick that often. Children are supposed to get sick. They're supposed to get colds and flus and fever once in a while and an occasional ear infection and an occasional chicken pox. That's all normal within the range of normal in the western world but not every month, maybe once in the winter. That's pretty much the way it should present or once in the spring with chicken pox. But if it's happening all the time, we want to correct that. That's where not only will the whole picture that we're doing correct it but particularly with *Calc carb*.

Paola: And also, they're supposed to be getting better within about a week, right, generally speaking?

Joette: You mean if they get the cold? If they get cold then she should be better within a couple of days. She should see at least some improvement within a couple of days even a day, sometimes within a couple of hours.

Paola: Wow, okay. And *Calc carb* because I've heard people get sick often and some people, they get sick but they're sick for a long time. Is that something that *Calc carb*, if they're that type of person who when they get sick, they're really sick?

Joette: Yes.

Paola: So for a child, it's *Calc carb* 30, twice a day but if this is in an adult, it would have been 200.

Joette: I would do it once, perhaps once a day, yes. For an adult or even a child, 200 every other day. There are two different ways to use it, again a Banerji Protocol.

Paola: Right. So 200, every other day, *Calc carb*.

Joette: Or 30, once a day for a child. I like that often. I often use that for a child but it depends.

Paola: Right. Very good.

Joette: We just built a whole case. We built two cases, the mother and the daughter so far.

Paola: Very good.

Joette: Yes, yes. So where do we go from here, that's the question. What do we do now that we're at the eighth week? We see that there's improvement. There's the bloating is almost gone. It only shows up if the child has two and three glasses of milk or maybe we're not that lucky or that person. Excuse me. We're not at the child. We're talking about the adult again.

Now, let's say the person has stayed away from this milk and wheat for years. We're still going to use these concepts because they can't have it. In spite of staying away from it, they still can't have it. So now, they still have some of the symptoms. They still get some bloating. They still get some eczema. They still have some anxiety, et cetera. In two months, at the end of two months, we want to see some of that softened a bit like we said with the mitigation and the three magic markers. So once there is some improvement, generally we back off of the medicines. If the condition is gone, if the eczema is gone, there's no reason to continue with those medicines. In fact, you should not.

Paola: Right.

Joette: Remember this is not like supplements where you're going to take them for the rest of your life. This is all about correcting and saying goodbye. Now, it could come back. That eczema could come back. No doubt about it. It could come back in six months. What do you then? You don't say, "Oh no. My body's falling apart again." No, it means that you need to go back to the protocol for the eczema. It just means you're not done.

Paola: You're pulsing it basically, pulsing it if needed.

Joette: Yes, yes. You're using as needed at that point. The same thing can be for the bloating. If the bloating is gone then you stop the medicine, if the bloating is only partially gone then you continue. I mean it's just like anything. It only makes perfect sense.

Paola: You don't take an Advil until you need it.

Joette: Right, exactly.

Paola: Very good. I guess the fear here, Joette is that if you don't know how to take a case properly and you don't take the notes properly and you don't select, brainstorm through the protocols and then prioritize the protocols and then if you don't give it enough time for the remedies to act, the problem is in the end, you might accuse homeopathy of not working when it's actually just the user.

Joette: It's pilot error.

Paola: Yes, pilot error, exactly.

Joette: Homeopathy works, end of discussion. Homeopathy works. If it's not acting, it's very likely, you've chosen the wrong medicines or you've misinterpreted what you're treating or you haven't used them in the right potencies. You haven't used them in the right frequencies. You haven't waited long enough. You've misinterpreted. That's all about the pilot.

Paola: You don't want to blame the airplane or in this case homeopathy when it was running.

Joette: It's not the vehicle. It's often pilot error that gets into the crash. It's not the plane's fault.

Paola: Right, that's true.

Joette: So the more you learn, the better off you are.

Paola: Right. I think, I really think it comes down to just getting yourself some practice and allowing yourself to have more kids or something so you can practice.

Joette: Right. I've got a quote.

Paola: Oh, let's hear it.

Joette: Yes, it is about practice. Bruce Lee once said, "I fear not the man who has practiced 10,000 kicks once but I fear the man who has practiced one kick 10,000 times."

Paola: Absolutely.

Joette: Knowledge or acquisition of knowledge is all about repetition, over and over. The more children you have, the more livestock you have, the more friends you have, the more patients you have, the more clients you have, the faster you will learn this. It's like anything else. It's all about numbers.

Paola: It is very true.

Joette: Today, I was putting together some frames and some images for my family for their Christmas gifts. I was putting together, I think there were nine frames. I had to take them out of the paper. Pull out the backings and then put the little image in and then tape it to the matting and then lift off the little pieces. The first one, I got it upside down. I wasn't sure how to do it and where to put the tape and everything. The second one, I learned from the first one so I got a little bit better at it. By the time I got to the fourth or fifth one, it was bam, bam, bam, bam, bam. It was like I had a factory going. I could do it so fast.

Paola: An assembly line.

Joette: It was. It was an assembly line but it took the repetition of about two to three good tries and figuring out

which is the most expedient way to do this. I learned how to do it. That's the same thing with homeopathy. Once you get this and once you get going and start using and using and using and using and using, that's how you learn it.

Paola: Right. That's exactly right. So listen to this podcast more than once I think and be very clear on the steps of taking a case and how to execute and do it properly. I know I've learned a lot again. Some things I already knew but it's really important to be reminded of those. Thanks, Joette.

Joette: You're very welcome. What we just need to remember to do is just get all these strands. Braid them together to form the perfect braid.

Paola: Yes, I love it.

Joette: That's it.

Paola: Awesome. Okay, until next time.

Joette: Thanks, Paola.

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