

Podcast 45 – Why Practical Protocols?



Why Practical Protocols?

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You are listening to a podcast from practicalhomeopathy.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.

Joette: Medicine, modern medicine to consider homeopathy viable, you have to be reproducible. That's got to be scientific here.

Kate: You are listening to Podcast Number 45 with Joette Calabrese at PracticalHomeopathy.com. On this podcast, Joette shares her wisdom on how to use homeopathy utilizing proven practical protocols. On today's podcast, Joette and I will have a conversation about her background in classical

homeopathy and why she has moved to using the efficacious practical protocols. This is a great podcast to share with others who would like to know more about Joette and the practical protocols. Now let's get started.

Hi and welcome to the Practical Homeopathy® podcast. I am Kate. I am here with Joette today to bring you another exciting podcast. So, grab a cup of tea, sit back, relax, and let's learn together from Joette.

Joette, I wanted to start off today by talking a little bit about that name, Practical Homeopathy®. Some of your listeners may be wondering why the name change? Why move from joettecalabrese.com to practicalhomeopathy.com? So, tell us a little bit about that.

The name change

Joette: Well, Joette Calabrese doesn't have any real meaning to it other than it's just me. But, what's valuable about Practical Homeopathy® is that it tells people exactly what we're doing, what I'm doing. That I've made something very complex – homeopathy – and brought it down to a usable, fine-tuned level of medicine that folks can use themselves that makes it super-practical. By practical, I mean I want someone to learn about it during the day and use it that night. Classical homeopathy is much, much more complex. So, I have moved from classical homeopathy and have gone towards something that would make it easier for me to teach.

It was very frustrating for me, not only while in practice as a classical homeopath, but I would teach homeopathy – I taught homeopathy for years at a local college at first, credit-bearing course in New York State on the subject of classical homeopathy. I taught it in a local college in Amherst, New York, outside of Buffalo, New York. I taught classical a great deal. But, one of my messages was, one of the main messages that I think most people came away with

after taking these courses from me was that, “Well, kind of interesting, but I guess it’s not for me because who’s got 10 years to study all this and a lot of money studying and learning medicine from scratch – a homeopathic medicine from scratch.” So, it was frustrating to me because I knew I was losing a lot of people who would otherwise be interested and be able to perhaps treat their families. So, I decided to figure out how I could make this most practical for myself and my family, and for my students and clients.

Getting to know Joette better

Kate: Joette, let’s talk for just a minute about your background in homeopathy because I’d like your listeners to get to know you a little better. Now, you didn’t ask me to say this. But, I think it’s important that your listeners know that you’re an accredited homeopath with several degrees in homeopathy and have studied with many homeopaths from around the world. You’re an author and a speaker. You’ve taught homeopathy to medical professionals. You’ve been on staff at several well-known, reputable international homeopathic schools. And, you have been on radio and TV. I’m probably missing some things, but if you go to practicalhomeopathy.com which is Joette’s website, you can click on the “About” tab and you can find out more information about Joette if you’d like to know more.

Joette: Well, probably most importantly of all the things that you didn’t mention is that I was a mom. That’s where it all started for me. I had been sick, myself for many years. In fact, most of my life I had severe allergies that came and went, came and went. I suffered from them in many different forms, eczema as a child, and lots of bronchial conditions, and then later, gastrointestinal condition, and then later, asthma. So, even from the time I was a little girl, my mother was always searching for alternatives. That was back when I was born in 1952. So, I spent a good deal of my life dealing with these chronic conditions and, also, far

too many acutes that were kind of sitting on top of the chronics. Then when I decided to have children, when I got married, my husband and I decided we wanted children right away. I did not want them to go through what I had gone through. I didn't want them to have the antibiotics, and the steroids, and all the tests, and the allergy shots. All of the gunk that I was exposed to my entire life, I did not want them to be exposed to.

So, I decided early on when I was pregnant with my first son that I would go to a conference, actually it was just a lecture given by a homeopath who was a medical doctor. He was retired. He was traveling the country and teaching people about homeopathy. I was about six months pregnant. I remember sitting in this class and I was mesmerized. I had been studying naturopathy, not as a naturopath but I had been studying many naturopathic methods and had gone to chiropractors. I had been studying botanicals and essential oils. I also wildcrafted my own botanicals and made tinctures, et cetera for years. I had heard of homeopathy, but I didn't really know what it was.

So, for the first time ever, when I listened to this man, it seemed as though he spoke in my language. He said that for every condition that a child can have such as fever, otitis media, conjunctivitis, strep throat, eczema, cradle cap, you name it, there's a homeopathic medicine that will correct it. I had heard something like that from the essential oil people. I had heard something like that from the botanicals. I had heard things like that from the chiropractic. But, it wasn't bearing out for me. It wasn't showing me that that was what was happening because I had been using them for decades. I was not as impressed as I wanted to be. So, that very night, I bought a homeopathy kit and bought a book and decided I was going to study homeopathy. I was going to learn about it.

So, once I had my child, it came into use immediately. I put

it to service right away. I won't go into that story. I have a *lot* of stories. I don't know, we would be on for hours talking about the stories on how homeopathy has corrected this or that. And has saved my children and me and my husband and my parents and our dog and our chickens and our goats and our ducks. I mean we could go on and on about how homeopathy is so efficacious.

But, then I started to study more rigorously. We studied in a group. I met with some friends. We met every Thursday night for four years. We studied under a teacher who had been a homeopath, a lay homeopath, from England. She had come back to the US. She came to my house and then other people's houses. We took turns. We studied homeopathy. She assigned homework, and we learned. As my interest grew, as I became more and more astute with this – it was always classical, by the way. That's all we learned was classical. I started to repertorize. I got myself a repertory. Then I got a second repertory. Then I got a third repertory. Then I bought *materia medicas*, and I started studying earnestly. In fact, my husband used to remark that there was never a time when I was seated that I didn't have either a child or a homeopathy book on my lap, and sometimes both. So, it went hand in hand with mothering. It was my right arm. My left arm was holding my baby, either nursing or feeding or taking care of my children. So, I could not, I don't know how I would have done this without.

In the beginning, I did use essential oils and herbs and supplements, et cetera because I didn't know enough about homeopathy. I was frightened by some information that I'd gotten in terms of "proving" if you use it too frequently and that kind of thing. But, I didn't understand it well enough to understand that it's not as serious as people think it is. It's really just a way of learning.

So, at any rate, then I decided I was going to take the big leap and I went to study in Toronto. I studied there for

five years. I studied with teachers from all over the world. Some of them were medical doctors. Some of them were lay practitioners. Some of them were naturopaths. Most of them were medical doctors, especially if they came from outside of the US. In doing so, I then sat for certain international exams. I won't go into them all, but I've got my designation. People can look at that on my website. I was a dyed-in-the-wool classical homeopath.

By the time I had my third son, I had been trained well enough, I felt, that I could start a practice, and I did. In doing so, I was using only classical. At the same time, even before that time, I started to teach homeopathy. I was teaching so often that I was teaching every night at a different location. So, Monday nights, I would teach in one part of Buffalo, New York, downtown. Another night I would teach at one of the suburbs. Wednesday night, I would teach in the south towns. Thursday night it would be in a church. So, every night was a different class. I did this for years. When I finished, I would teach six classes with one group. That class would finish and then I would start in another segment of Western New York area, Black Rock, West Side, Tonawanda, Cheektowaga. I was all over the place teaching these classes. What I found fascinating is that everyone wanted to do what I wanted to do – treat their families. They wanted to know how to treat otitis media and conjunctivitis and eczema and the same things I wanted to know how to do.

But in teaching classical, it was like teaching with one hand behind the back because you had to study so diligently to get to the classical modalities, to get to the point where you could have enough acumen that you could actually cure someone. Sometimes you hit it; sometimes you didn't. And it was hard. What remedy? Now, what potency? Okay, now what frequency? Okay, now when do we stop? It was an awful lot of conditions that needed to be met in order for all to

be lined up like a perfect storm in order to get the remedies right. So, I knew there had to be another way.

From classical to protocols

Also, in my practice, I was using classical. I also learned that when I was working with folks, I would use the constitutional remedy which is strictly classical. That is supposed to be given one dose, one day. Sometimes, in some homeopathic classical circles, they use it twice in a day (a split dose), or three times over a 24-hour period (also called a split dose). But then you would have to stop. And you'd have to choose only one remedy. How do you choose one remedy if someone has let's say eczema? Okay, that's not so hard. But you were supposed to choose one remedy that encompasses *everything*.

What if that person had eczema and then walked in the back and they were clipping bushes and they got stuck in the eye with a branch? Now, they had an eye injury. Okay now, what do you do? Use another remedy on top of that? Certainly, you should. Now, they go back into the house and their eye is all a mess. They got this eczema and they're itching. Now, they trip over the doorstep and they fall, and they hit their head. Okay now, what are you going to do? Pretend that didn't happen? Of course, you're going to give a remedy for a head injury. Okay now, they get in the house and the kids come home and they're all sniffing. So, he's like "I got the flu!" Now the guys got eczema, an eye injury, a head injury, and the flu. Now on top of that, that night he's up all night long because he's got prostatitis. He's urinating all night long and he can't sleep. Now he's got anxiety. What are you supposed to do with that? Really? Can we really find one homeopathic medicine that's going to cover all of that? Well no, you *can't*! You have to parse it out.

So, I found it very frustrating that I still had to live by the dogma: one remedy. So, what I started to do was I

started to cheat. What that means is that I would use the constitutional medicine, the main condition for the main, and then of course peripheral conditions as well. Then I would use a remedy that was specific to the miasm, which meant generally speaking, it was a nosode. That's another category. Then I would also give a cell salt because you can always use a cell salt. Then an acute would come along, and I'd have to give the acute. So, that's four remedies! That's not classical! Then I would find that they would contact me and say it worked for the first couple of weeks. But I don't know, it's not working so well anymore, so I'd repeat it. Then I would repeat it every week. After a while, I started to realize that I needed more than one constitutional, classically-derived medicine.

Kate: Some people might say, "Well Joette, you didn't get the right remedy."

Joette: Maybe not, but I'd been studying for many years. I was in practice full time. I was already in my 40s. At what point was I going to get it right? Okay, so maybe I'm dimwitted, but I was in school also in Toronto. I would add this onto it – is that in order to be in this school in homeopathy, you had to have been in practice for five years. So, everyone who came to this class, we were all studying under Dr. Ramakrishnan who would come in from India. He was a medical doctor teaching and using homeopathy exclusively in India. He would come and teach us. There were doctors who were coming in to learn this. We're learning together. One was from Iran and another one was from Ireland, another one from the Netherland, two of them were from Columbia, and another one was from ... you know, they were from all over the world. Another from Israel and Great Britain and Canada, of course, because were studying in Toronto, and of course, Americans. So, we got to know each other. I was not willing to admit – just like what you said – maybe I was dimwitted. Maybe I wasn't going to get this correct. Maybe I just was

never suited to this in the first place, and that's why I wasn't getting the correct remedy. I'm not telling you I didn't have any successes. I had successes, but they weren't fast enough. They weren't good enough for me. I wanted *lots* of success. I don't want 50%, 60% success. I want 90%!

Kate: Right.

Joette: What are people coming to me for otherwise? To me that feels half-baked. So, the first year, I would get to know these folks, and I never said anything. Then the second year ... I kind of whispered to one of the people who I'd gotten to know pretty well. She was a homeopath from Holland. She was probably in her 70s at that time. I said, "I just got to ask you. Do you ever use ... (and I was whispering) do you ever use more than one remedy at a time?"

She said, "All the time, absolutely."

I said, "Wait a minute. Then do you use ... do you ever use protocols where somebody says you should use it a specific way repetitively, time and time again, and that's the potency you always use or at least you'd start with that and you repeat it x number of times?"

She said, "Of course!"

I said, "Wait a minute. What do you mean of course?" All this time I'd been studying classical homeopathy, *no one revealed that to me.*

So, then I was emboldened. I was talking to others ... and I asked the homeopath that was from Ireland. "Do you ever use more than one medicine at a time?"

She said, "Yes, of course."

Then I asked the two doctors from Colombia – yes. I asked the psychiatrist, I think he was from Pakistan – yes! Then I asked Dr. Ramakrishnan – yes! I said wait a minute. Why is

this a secret? Why are we not being told this? Why are we being told that we can only use one medicine? There's only one medicine that cleans the *whole* picture up. And if an acute comes along, you have to count on the constitutional. You can use an acute, but you must stop the constitutional. You can't repeat too frequently, or et cetera, et cetera, et cetera, or you're going to cause a proving. Why is this? Then as I got to know homeopathy better, I started to think a little differently.

Why are classical homeopaths hesitant to share this?

One thing I think is happening, and I do not want to be derogatory towards my own profession, but I think that homeopaths are worried that if they teach people their secrets, that people will stop coming to them. Instead, they'll treat themselves. I think that's very shortsighted. Because look around you folks ... everybody is sick. There are so many sick people on this earth. If they don't have one thing, they've got another. It's very rare to see a perfectly healthy human being. So, you will never be "unbusy." The more you help others, that's a closer step to heaven as far as I'm concerned. I don't mean to be silly here, but I really do believe that. I really believe that we're supposed to be giving this information away, this kind of protocols.

So, if a homeopath learns that a student or a client has a fatty liver, for example, if that homeopath doesn't use [*Chelidonium*](#), shame on him or her. Of course, you're supposed to use *Chelidonium*. You could also use [*Lycopodium*](#) as a strong potential. But you must at least strongly consider *Chelidonium*. What potency? Well, you could use a 200. You could use a 30. But, it has been shown by the Banerjis that repetitively using a 6X of *Chelidonium* for fatty liver – or a tender liver, or a disrupted liver, or et cetera, et cetera where there's clear indications that the liver enzymes are too high, et cetera – that *Chelidonium* 6, twice

a day after many weeks will correct that, slowly but surely. The tender liver or the stool that looks off or whatever else is showing up – the liver enzymes when that person goes to their doctor and gets their testing – starts to normalize. That is clear, indicated, reproducible – keyword here – if you want medicine, modern medicine, to consider homeopathy viable, you have to be reproducible. That's got to be scientific here.

What used to floor me was that when we took a case in Toronto during those five years with one teacher and two more with another teacher, that if we all took the case, we all watched that person. We all observed that person. One person was asking the question. The person was sitting in front of the class of 300 people, and they would answer the questions. We all would come up with a different remedy. *What?* That's not medicine. How could you come up with a different remedy? It was all our perception. It was too subjective. That's not good medicine. We should all have come up with the *same* remedy. Now, it doesn't mean that if this remedy acts that no other remedy can. But it does mean that you're at least on the same page, and you're all studying in a fashion that is reproducible and that you can teach others – and not just use yourself – so that it doesn't become a coveted, quiet method that's esoteric. Instead, it's something for everyone to learn.

Everyone should learn this. All families should have homeopathy in their home. All mothers should be a student of homeopathy. All grandmothers should know how to use homeopathy. All mothers should be teaching their children how to use homeopathy, so that as they grow up, they have systems in place for when they reach college age and beyond, and get married, and have their own children. This should be part of everyday learning. Just like a child should learn how to invest money and learn how to build a house and learn how to cook and learn how to garden. These are skills that

everyone should have. This is important stuff. So, how can we do that if we keep homeopathy esoteric, and too complex, and too difficult, and requiring that people buy very expensive programs or very expensive medical books.

I mean my medical books, I've spent probably, I'm going to say at least \$50,000 on my homeopathy books. These are not lay people books. These are medical books that are used in homeopathic hospitals throughout the world. They're very expensive. So, what I do is I get that information and distill it down so that it can be used by everyday people. *That's* what good medicine is. *That's* the way it should be. We don't want the paradigm of, "Oh! Only I know. You don't bother your pretty little head." No, no, no, that's an old paradigm. That's an allopathic paradigm. It teaches people that teaches mothers that the pediatricians teach mothers that they don't know how to take care of their own children.

Kate: Exactly.

Joette: I hate it!

Kate: You're trying to *enable* mothers. You're trying to empower them to give them the skills that they need to be able to care for their children when they're not feeling well.

Joette: Yes.

Kate: I think my story is probably very similar to many of the people who listen to you. I went through all of the different natural health paradigms. I went food. I started within herbs and essential oils. And then like you often say, I dated those other methods of healing.

Joette: But I *married* homeopathy! Yes. And it's a long-term commitment here. Until death do us part. I'm not leaving. This is where I belong. There's no doubt about it. I'm in love.

Kate: I think people who come to this feel the same way. I studied classical. I didn't go to school, but I started to get all the books. I worked with a classical homeopath. It is so time-consuming. "You have a cold. You know, Joe, okay just a minute. It's going to take me an hour and a half to sit down with all my books, to ask you all these questions and try to figure out what to give you for that sore throat or whatever it is." Oh, my goodness! Yes, you have made it so simple.

Efficacy and simplicity of the protocols

Joette: Well listen, if this method that I'm teaching was not efficacious, if it didn't act, if it didn't work, I'd be right back to classical – except that it worked better. It does. It works better because it takes the mystery out of homeopathy. Instead of saying, "Okay, I finally got the remedy. I've repertorized, and I've read in my *materia medica*. I've studied, and I've overlapped, and I've integrated, and I've made sure that it's correct. Okay now, I've got it. Okay, now what potency? Alright, okay, let me guess. Let's see." In fact, I've got a couple of books on posology. Which potency is the best potency do you use for each remedy? Do you know what it's all about? It's all the information that authors from the past such as Kent and Bönninghausen and et cetera, et cetera, have all used in the past. What potency did they use for a specific remedy? Well, if you look up *Sulphur*, they've all used it in a 6, a 30, a 200, and 1M. So, which one is the one we use for today? Then you might look up *Phosphorus*. Okay, now it shows Bönninghausen like to use it in a 30. That was his favorite potency, but Kent like *Phosphorus* in a 1M. Okay, which one are you going to use?

Kate: Great!

Joette: How do you choose something like that – especially if you don't have experience? And I had experience. I had

been in practice for many years when I found this – when I realized this, I should say. So, now you've got a remedy. Now you got a potency. Okay, you made a decision on a potency (which is really, to be honest, a shot in the dark, pretty much.) Now, how frequently? Show me how often are we supposed to use it for? Nobody ever teaches that. That's called posology. How often do you use it?

Now with these protocols, it's the whole picture. Give me the name of the condition. In 80% of the population, *this* remedy that I'm going to tell you about and *this* potency with *this* frequency and for *this* length of time has been shown to act. If you're not in that 80% (and most people when they're sick think that they're not, but they usually are, of course, because it's 80%), in that remaining 15% to 20%, there's a second level. If the first method doesn't act – the first line – then you go to the second line, because there in about 15% of the population does not respond to the first one. So, we use the second line. That second line is also a protocol. It gives you the name of the remedy, the potency, and the frequency. If that *still* doesn't act and there is a third line, we go to the third line. If there's no third line, guess what we go to – classical. We use it as a *last* resort. Not a primary. We don't start there.

Now it doesn't mean that I don't look at cases with a classical eye. I'm always looking at what the miasm can be. I'm always considering that. I'm always looking at the summation of these medicines. Could it be put together in a more tidy fashion so that I can use fewer medicines? I can use maybe just one. It's pretty rare that I can use just one because our human sufferings are not single-minded.

Kate: It's not so neat. It's not that tidy, little package.

Joette: I wish it was like that. All the people that I worked with for all of those 10, 15 years of using classical homeopathy, full time as a classical practitioner, *full*

time. I didn't dabble. I was not a dabbler. I've never dabbled in anything. I've always gone whole hog, all the way up to my Eustachian tube as my mother used to say. I dive right in. So, I was full time doing this every day, five to six days a week. So, my experience was that it needed something faster.

Then I would learn that other homeopaths had protocols. If a woman has had a baby and she's not feeling so well and she is fatigued ... hello! Anybody out there who studied anything about homeopathy, you should be thinking of [*Sepia*](#) the moment I said, "Woman just had baby." It doesn't mean it's the only one. But, we at least need to *start* with that. If you're not thinking that way already and you've already started to go into your repertorizing program or cracking your repertory, you have not learned your organ remedies because there are specific organs. For every organ in the body, there is a specific medicine that approaches it homeopathically. That is very important.

If a man has prostatitis, you should be thinking of [*Thuja*](#). It's not the only one. It could be *Medorrhinum*. It could be *Cantharis*. But, it's likely *Thuja*. Could it be *Conium*? Certainly! But you have to memorize these. So, because it makes so much sense based on what I'd learned classically in terms of the organs – the organ-specific remedies – then when I met with the Banerjis and watched what they were doing, it all made perfect sense. Of course, a man who has prostatitis should get *Thuja*. Of course, unless it's hardened, then it's *Conium*. Of course, a woman who has just had a baby and is having anxiety and fatigue and lack of well-being, et cetera, et cetera, problems with milk, all of that – of course, we should be thinking of *Sepia*. I mean why wouldn't you? If there's anxiety, why wouldn't you think of *Coffea* or *Ignatia*? Of course, you should think like that.

So, I memorized those. When I was studying for my exams in classical homeopathy, I had to memorize that kind of stuff.

I needed to know my organ remedies. Now in classical, they don't stop there. They say you have to memorize a few of them. You have to know the top, the keynotes. And you have to know the top remedies for each of the organs. But, why go to remedy number two on the second level when number one works practically every time? Why not if it works in 80% of the cases? Why would you go any further? Why complicate this?

I think – I wonder if it's really true that classical homeopaths are questioning this. Sometimes I wonder if it's just not trolls against homeopathy just trying to divide us, because it is a classical homeopath's dream to have these protocols. What it did for my teaching and my practice is astounding. The results went up. The commitment from students went through the roof. People are dying to learn this stuff, and I don't blame them. We should all know this. This should be taught in grammar school. Well, better yet, homeschool because ... grammar schools. So, if you're a homeschooling mom, use this stuff as your curriculum. Your kids need to learn this.

Kate: Yes, we do. We use it as a part of our curriculum.

Joette: Absolutely.

Kate: I think what you were saying earlier about people not wanting to admit. I think it's more they want to appear that they can find that one remedy that's going to cover it all.

Joette: Oh my gosh! It's a dangling carrot. Let me also say. One remedy can do a lot of good work. There's no doubt about it if you can get it and get it right. But, my classes in Toronto were filled – 301 classes ... it was 350 people in that class – were filled with people who were studying homeopathy because you had to be a homeopath in order to join the group, the classes. They had to be in for five years. They had to have been in full-time practice. That

room was filled with homeopaths looking for their one gem – the one remedy that suited them. I know that because I talked to them all. I want to find my one constitutional. Everybody wants to find that because it's like a magic bullet, or it's purported to be. There are people who have been 100% cured by one remedy. There's no doubt about it. But it's very difficult to find, and very difficult to study to get to that point. I always tell people. If you want to become a classical homeopath, roll up your sleeves. Expect to spend the next 10 years studying and about \$100,000 worth of studying. It's very expensive to do this.

How to teach families how to treat themselves

I guess another part of this, too, what was part of my journey towards wanting to learn protocols and learning a simpler method – based on classical by the way. This is all based on classical. It's just classicals who have been using it so many times that after a while, some things started to become clear. Patterns started to develop. It was clear that [Chelidonium](#) is the remedy that's very specific for the liver. It doesn't mean it can't be *Nux vomica*. It doesn't mean it can't be *Lycopodium*. But, *Chelidonium* is a really good first choice.

So, it became clearer to me when I was a tutor for an international homeopathic school. This school had been around for decades. I was a tutor. So, I would get these young women – almost always women, I never saw men coming through. The reason for that is because most of these young women are mothers. They came to homeopathy because they wanted to learn how to treat, okay, right back again: otitis media, conjunctivitis, strep throat, eczema, urinary tract infections, shin splints for their husbands, and vomiting after eating too much. That's what they wanted to know. But instead, what this curriculum was teaching them was the history of homeopathy, the theory, how to use a repertory, how to use a materia medica. Not bad information, excellent

information if you're going to become a homeopath.

What I found was that the homeopathy schools in this country and in England, et cetera – every place that I could find, in Greece, and Spain, in Italy, et cetera, et cetera – were all geared towards training homeopaths. No one was teaching families how to use this. So, these women would come into the school and attrition rate was ridiculous. I never took a single student from the time they started the class all the way through the full three years. I never took them to the end because they quit. What a shame! They lost out on such an opportunity because yes, it's interesting, the history! Yes, of course, we should have the theory. Yes, we should know how to repertorized, if you're be going to become a homeopath, or you really want to take this on as a grand hobby in your life at a later date. But the most important thing that these women came with was, "How do I treat my family?" And that's when it became very clear to me that there was one aspect of this – of homeopathy – that was not being addressed. That was how do you teach families how to treat themselves. How do you do that?

So, when I learned that the Banerjis were using protocols, and by the time I learned this, my children were old enough that I felt as though I could go to India. I knew that I had to go to India in order to really get this down to a science. I thought about Greece and studying with George Vithoulkas who was classical. I thought about studying in Italy with Massimo Mangialavori. I thought about going to all places. There are many places all over the world where you can study homeopathy. But, I wanted to learn how the Indians were using it because I knew that they had such a huge population. They had to take cases very quickly. The only way to take cases quickly was to not commit 100% to classical and constitutional, but rather to use a distilled version of it.

The Prasanta Banerji Homeopathic Research Foundation

So, by the time I went to India – to Kolkata to work with the Prasanta Banerji Homeopathic Research Foundation – my children were grown. When I watched and observed them as each doctor was taking a case, they would take case for ... it would take 15 minutes. Sometimes it would take only 5 minutes, because the protocols were very clear. They saw 100 patients per day, each doctor. Let me repeat that. Each doctor saw 100 patients per day. I don't know a single classical homeopath who even has that many people interested in seeing that homeopath. First of all, because you've got to have results in order for people to bang down your doors. These people weren't just banging down the doors. They were lining up on the streets. The line went all the way not around the block but clear down the road. They would sleep overnight to get into this place because it had such a reputation. So, each doctor – and there were 12 senior doctors – were seeing 100 patients per day.

Now, they also had assistants. The assistant would take the case first, and look at the chart, and look at the X-rays, and read the MRIs, and take the family history, and get all of the information instead of the senior homeopaths doing that. These were the junior doctors, the junior homeopaths. By the way, these people are all MDs and use only homeopathy. So, that case would be fully taken. That junior doctor would walk into the room, into the office and have the patient sit down. The junior doctor would sit next to me. I would be sitting next to Pratip Banerji or Prasanta Banerji. In some cases, sometimes I'd work with other senior doctors.

The case would be shown to the senior doctor. He or she would glance over. Take a real good look at it. The junior doctor would point out aspects of the case that needed to be pointed out. The senior doctor would palpate on the examining table, if need be, hold up the X-rays looking at

it in the X-ray lamp, and dictate to the junior doctor exactly what needed to be used. After you've seen ... you've seen 100 of these a day, six days a week, that's a lot of patients you've been seeing for your entire career. After a while, this is not that complex. There are patterns that are developed that are clear.

Kate: This is all put into their database, right?

Joette: Well, put into a file system. The whole back building is all files, boxes, and boxes, and boxes. It's all it is. It's a huge building. All it is is files. They've been collecting these files ... they've been doing this for 150 years. Did you hear what I said? 150 years of using these protocols with all of these doctors doing this. Now, it's not exactly 12 doctors over the full 150 years. There might have been only two doctors a hundred years ago. But it's the same protocols. They do evolve a little bit here and there as things change in humanity, in the human family. But, they have used these protocols basically for 150 years.

As they've had these 12 doctors doing this, at the end of the day, there have been 1200 people who have tramped through this clinic. What they put into the data center, which is on the second floor and there are six computers up there with junior doctors sitting in front of them, inputting the kidney cases and the cancer cases mostly. Now, they also take other cases as well, cardiac and they put them in the data. But, it's mostly those particular cases because to be honest, after a while, how many times can you say fatty liver/ *Chelidonium*. And if you're seeing 100 patients a day, you see 10 of those.

Kate: Wow!

Joette: Of course, they're coming back. They come back in six to eight weeks, sometimes four weeks. Sometimes they come back and just ask questions of the junior doctor. So,

when people say they don't get results ... *what?* It's all written down. It's all registered.

The president of India has given them awards. I met the two princes of Bhutan who came into the office. Royalty come in to see these doctors – all of the royalty of India and the royalty of the surrounding countries. This is not just some smurfy, little clinic. These are well-known. They have a bridge named after them. They have statues named in the city around the work that they're doing. These people are *highly* revered. This is not just some classical homeopath that thought he'd put up a sign up in front of his office.

So, when people criticize this, I almost don't want to respond because it's practically laughable. But, I don't mean to be rude, on the other hand. The Banerjis are the doctor to the first lady of India and the president of India. But of course, because they're the *best*! They get results.

So, after I've been there – and I've been there eight times – and each time I go, I generally go for six to seven weeks, and all I do is I sit. I do it all by hand. I have a notebook, and there's a mall next door to them. I go there, and I buy another notebook every couple of days and more pens. All I do is write. I don't even ask questions. I just write. I just record and record every case. Every single case I see, I record. So, I write down the condition, the prescription, the conventional drugs that they might be on (and many of them are on regular drugs. Many of them are). But, they come here because the drugs aren't acting or aren't helping. Some of them come on stretchers. Some of them come in ambulances. We get out of our seats in our office. We walk around to the back where the ambulance is. We all stand around, and we observe as Dr. Prasanta or Pratip Banerji takes the case as the person is laying there in the ambulance.

Kate: Wow!

Joette: People are brought in on homemade stretchers made from bamboo and rags that they wrap around. They carry their loved ones in on their backs. Grandsons carry the grandmother in, in a sling that they've fashioned out of fabric. They come in on crutches. They come in half alive, but they come in. Meanwhile, when I'm going out for lunch, I leave the building. I go with one of the doctors who I've become very close friends with, and we leave the building. She has to hold my hand to pull me through because the swarm of people trying to get into this clinic is astounding.

They see 7,200 patients per week. So, when someone says that it suppresses, really? Show me the evidence. Let me see the double-blind study. Let me see the evidence. Let's see it. Show me how they could be suppressing when they're curing cancer. They're curing brain cancer. They've been invited to go to Anderson Cancer Institute, and Roswell Cancer Institute, and the NIH, and institutions all over Europe. They are invited because they have the research and they have the PowerPoint presentations. They're teaching doctors how to use these.

Kate: Right. Those doctors I've read are actually starting to use those homeopathic protocols.

Joette: They are. They do. Yes, they do. They do.

Kate: You can't argue with success.

Joette: That's right. I want to replace the idea that dogma is number one. No. *Results* are number one. I don't care what dogma says. If I see results, I'm going to accept it, because I was trained that the dogma is you don't repeat the medicine more than a couple of days. You don't use twice day for six to eight weeks. You don't do that. You don't use more than one remedy. Except that I got to tell you, it *works*! So why would I deny it?

Dr. Samuel Hahnemann did not see 100 patients per day. He was brilliant. He had it all understood. He was the father of homeopathy. There is no doubt that he was clearly onto something, that he was a genius. But, it's not until we put this into practice where a doctor can see 100 patients per day, and beside him in the next several rooms are 11 other doctors doing the same thing. So, in the end, there are 1,200 patients that are being seen per day. Dr. Hahnemann didn't have that kind of experience. He was brilliant. He was right. But he did not have clinical experience like this.

Kate: Do you think he would say, "Oh no! Don't learn anything new!"

Joette: That's right. That's right. He would never have said that. It's very unscientific to be close-minded.

Kate: Most of those people like you said, they do use the protocols. They just aren't acknowledging it because who doesn't use [*Arnica*](#) for an injury or [*Apis*](#) for an allergic reaction.

Joette: Yes, that's right. It's absolutely so. We don't mean that that's just for an acute or that's just an injury because there can be a head injury that was 20 years old that's still causing trouble. If you use *Arnica* now, 20 years later or [*Cuprum metallicum*](#) or *Cicuta virosa* or et cetera ... you have to know those medicines. You use the one that is the most frequently used by the Banerjis and it's ... you're golden. They don't use *Arnica* for head injuries; they use [*Cuprum metallicum*](#) every time.

Homeopathic protocols work

Kate: So, to summarize it up, Joette, what would you like to say to those people who speak against practical protocols?

Joette: Shut up! Just shut up. You don't know what you're talking about. When you do, come back and we'll discuss it, okay.

Kate: Do you feel better now?

Joette: Yes, I feel much better. Okay, so I guess you're looking for advice that's more kind than telling somebody where to go? Okay, then I will give you good advice. If somebody says it works, why would you not want to try it? Just give it a try. It's not going to do any harm. Oh, but they think it's going to do harm. So okay, if you think it's going to do harm, then don't do it. Oh my gosh! Sometimes you just can't get through to some people. So alright, that's fine. We won't get through to you. Okay, you just stay in your classical world.

Kate: I think it's been good for our listeners to hear about your background and to know that you've been there. You've done that. As we've talked over the years, Joette, every time I come to you and I say, "Joette, this is what I've learned." And you say, "Oh yes, yes, I've been there, and I've done that." But, let's go back to what really works. I think a lot of our listeners are there, where they're learning. They're finding out new things and then they question, "Okay well, what about this instead of those practical protocols?" As we come to you, you're going to say "Yes, I've been there. I've done that." There's nothing ...

Joette: There's nothing I haven't seen, because I've been doing this for so long. I've been working a long time. I've been studying homeopathy for 30 years. Before that, I studied somewhat a little bit of naturopathy, again, not in a naturopathic school, but I used to study that. I read it incessantly. The reason I read it incessantly, the reason anyone studies these things incessantly are generally twofold. One is that they're suffering or someone in their family is suffering, and they need to find an answer. That's

where I was. I needed to find an answer.

So, I studied and read and read and studied. My mother read along with me. She studied. She read one book. I would read another book. We'd go on to the next. In those days there was no internet. So, we would go to health food stores, and garage sales even, and try to find books that were no longer in print and go to bookstores that had a good medical section. We've read because I was very, very, very sick for a long time. So, I know all about other methods – blue-green algae, and now it's colostrum, and now it's this, and now it's that. Yes, that's all good. Vinegar. Of *course*, we use those things! Of course, we employ those things. But, if you want results, it's homeopathy. That's what it boils down to.

Kate: And the practical protocols.

Joette: And the protocol that distills it to a much simpler method.

Kate: I think we have come a long way from the question of why did you change your name to Practical Homeopathy®?

Joette: ... from Joette Calabrese on my website to Practical Homeopathy®. Okay, was I supposed to just answer that and say, "Oh because – because it's easier to spell or something."

Kate: That was the longest question ever.

Joette: I try to teach folks – because I believe this is so important that people have this skill – that you need to establish what's really important in your life. Once you've established the priorities ... when people say, "I don't have the time to learn." Okay, well maybe it's just not important enough, because you can always find a way to do it if it's truly important. You need to establish what's important, establish your day. Start your day with studying. If you are a prayerful person, then you should start with your prayers.

And if you're Catholic, your Rosary; if you're Protestant, your Bible. You start your day on good firmament, and then establish what you're going to get done that day. And learn *one* way to cure *one* person in your life. Learn how to figure out why your dog is sick. "How can I fix my dog with diarrhea? What are the protocols for diarrhea? How does that present in my dog?" Figure out where to get the remedies and buy them and start utilizing this.

There's not an awful lot to figure out. I hand it out to people on my blog. I give you the name of the condition. I give you the name of the homeopathic medicine, the potency, the frequency, and then I give you a link to Boiron or Amazon or where else you can find it. I don't get paid for those links by the way. I want people to know that I do not get kickbacks, because then it wouldn't be a free blog. I don't make an income on this. So, the blog is free because I want it to be free, because I think it's important that we give back and that we hand this out. That's what I hope others will do. When you learn how valuable homeopathy is, I hope that you will turn other people on to this method of medicine and my blog that's free so that this can get around to many, many, many families.

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