Podcast 81 – Ladies Only

IN THIS PODCAST, WE COVER:

Kate: This is the Practical Homeopathy® Podcast Episode Number 81 with Joette Calabrese.

Joette: This is Joette Calabrese, and I'd like to welcome you to the Practical Homeopathy® Podcast. Women and men worldwide are taking back control of their families' health and learning how to heal their bodies naturally, safely and effectively. So, if you're hungry to learn more, you've come to the right place. Stay tuned as we give you the tools – and the inspiration you need – as I share my decades of experience and knowledge using this powerful medicine we call homeopathy.

Kate: Hi. I'm Kate, and I'm here with Joette again today for another podcast. Today, we're talking about female issues. So, all you ladies, listen up. This is going to be an important podcast for you. We're going to talk about a common condition that a lot of women experience. Get your pens and papers ready to take some notes.

All right, Joette, let’s get down to business and talk about these feminine issues. What do you want to discuss today?

Infections

Joette: Well, one of the most common female conditions is infections: bladder, kidney, urethra, ureter, et cetera. I do want to cover that. Particularly for those who have chronic UTIs, I’m speaking to *you* because everyone believes that they have to take antibiotics. In my experience – not my personal experience, although I’ve certainly had a few UTIs many years ago – but in my experience in listening to my students and clients and taking cases for the last 25-30 years, I have noted that the history – because I take the history and I take the history of a person’s health quite seriously – that the history is often, “Got a UTI, used an antibiotic. Got another UTI, used an antibiotic; another UTI, antibiotic; UTI, antibiotic; UTI, antibiotic.” It gets faster and faster and tighter and tighter.

Now, they’re using that more and more frequently until after many rounds of antibiotics, we often see women left with interstitial cystitis that *feels* like a urinary tract infection, but they don’t find the microorganisms in the urine.

So, it’s declared, “Nope, you don’t have an infection!”

“But it feels like it. I have the urgency. I have the frequency. I have the pain, pain afterwards. Sometimes the pain radiates down the legs. I have aching in my kidneys. What is going on? You don’t find anything?”

That is often interstitial cystitis.

Kate: What is “interstitial cystitis?” That’s a tongue twister.

Joette: Yes, it is. Well, interstitial cystitis is what they often call bladder pain syndrome. It is a feeling as though you have a bladder infection and those other areas: lower urinary tract, upper urinary tract, in the back, et cetera. Often if it lasts more than about six weeks, that is frequently what is then pronounced as, “Well, it’s a syndrome instead of an acute infection.”

Not nice! Because what it is – a syndrome, especially in this particular case – means what was originally an acute condition is now a chronic condition.

What’s the difference? An acute comes and goes, and it’s over with. If treated properly, it comes and goes and is often over with for many months or years or perhaps even forever. If treated incorrectly, in a sloppy manner such as just throwing drugs at it that only kill microorganisms, then we often end up with a chronic condition – which means that the person, the woman is suffering (it’s usually a woman) … suffers from this chronic pain and discomfort and

urgency and frequency. But more often, it’s really awful pain.

One person described it to me once as, “It felt like someone set my uterus on fire, and then stomped on it with combat boots.” The pain was horrible! So, it felt like she had been kicked. But before she was kicked in the bladder, there was tremendous burning pain.

And so, their entire lives – and I’ve worked with many, many women with this condition – their entire lives are focused around one organ, the bladder (and those that are relative to the bladder, so, the kidneys, the ureter, the urethra, et cetera), and it ruins their lives.

Now, they can’t go anywhere. They can’t count on anything. They have to wear pads. The pain is all encompassing. Being tethered to the bathroom is chronic. It’s not nice.

I believe that the problem has to do with the sloppy, poorly way the urinary tract infection was dealt with at the onset. If we use a homeopathic medicine that is correct, that suits this condition and this person, we will find that there is no need to go to a bazooka to kill a mosquito.

Kate: A bazooka. What an image.

Right! That happens so often.

Joette: Listen. I know that antibiotics have been lifesavers in the past. They have saved people from disease and death. There is a place for antibiotics, but not if you have homeopathy, to be honest. But let's say you didn't have homeopathy; I have to give credit where credit is due.

However, what has occurred in our society, not just the U.S., North America, but all over the world. Certainly, the same thing happens in South America and Europe and India, et cetera, and China, is that any time there's any infection, the doctor automatically gives antibiotics.

So, infections come. We live on this earth where there are microorganisms everywhere. It happens frequently. So, that means that antibiotics are administered frequently. They become less and less valuable as time goes on, not only for that particular person but for that particular microorganism. So, we want to try to avoid them at almost any cost, if possible.

Now, if you don't have the homeopathic medicine or you've used it, and it's just not working for you … because most of these medicines, when we discuss this, will work on approximately 80% to 85% of the population who has this particular condition. That's a very high percentage.

How do we know those numbers? The Banerjis have done the research. They have shown time and again that by using their specific protocol for this condition, that is the kind of result that they can expect.

Now, what happens if you happen to be in the 20% to 15% of society in which that doesn't do any good? And I will say parenthetically, most people think they belong there?

Kate: That's true.

Joette: It really is true. Most people feel, "Oh, well, what if I'm there? I guess I am there. It's not working fast enough, et cetera."

We have a second line. I teach this particular condition in Alternatives to Antibiotics, my course. But I also teach it in our course Feminopathy. We're going to be talking about that. Should you be interested, this is where I train you how to use this. But I'm not going to leave you high and dry now. We will go into, in-depth, what remedy I would certainly begin with. I've also talked about it on my blog.

So, any time … also parenthetically, let me also mention … any time you have a condition, just in your browser, put in the words "Joette Calabrese" and the name of the condition. You'll find that I have probably covered it with the name of the medicine, the potency, the frequency, and often a story behind it so that there's a little more understanding of how to use it.

When it becomes a more *complex* condition, then I say I have to save that for when I teach courses. That's where we

really dig in and learn how to use these medicines.

Kate: Joette, when someone has a urinary tract infection, they want relief right away because they're suffering. So, how easy is this to solve with homeopathy?

When the remedy is acting; use of observational skills

Joette: Well, I think it's relatively easy. But I will tell you that the most difficult part is not finding the homeopathic medicine. That's the easy part because I give it to you. I'm going to give it to you today. I give it to you in all of these forums. If you get a simple homeopathy book on the shelf of a bookstore, you will find the medicine that probably will do the work. The hard part, I believe, is in observing "what is it that you are now seeing."

Most of us want *more, faster*. A lot of times, they'll say, "But I still have the urinary tract infection!"

Well, does it still feel as though someone set your bladder on fire, and that you've been stomped on by boots? Or is it now maybe a 6 instead of a whopping 10 in degree of pain and discomfort, urgency, frequency, et cetera? *That is the part that folks don't understand that they need to pay very close attention to.*

Kate: Right. They just want it all gone right away within hours, I think, really.

Joette: Right. It can happen that way. But more often than not, we see not only the condition abating (so, that is the pain is not as extreme; the frequency is not as grand; the urgency is not as trying), but we also see that their disposition has changed.

I know that sounds like, “How could that possibly matter?”

But it *does* matter because they become less frantic. They feel as though they can take a nice long nap and when they get up from the nap, they can feel refreshed. Or, they find they have more energy now, and their focus isn’t on the constant sensation in the bladder. They still have the sensation, but now they’re able to prepare their meals. Now, they still have the sensation of urgency, but it’s not so bad that they can’t get to the grocery store and get what they need for their families.

Kate: If this isn’t yourself that you’re treating, say you’re helping one of your children or another family member, you can often tell how a remedy is working by looking at their face, I’ve found. Because like you said, if their facial expression is that of pain and they’re not talking, that’s often a higher pain level. Then when they start to relax a little bit, maybe take their mind off of the pain and do something else or start talking to you, that is often that the pain is lessening. They may not realize how much their pain has lessened. But if you watch their

body language, you can tell.

Joette: That is absolutely so! What homeopathy offers us, as the person who is healing the members of their family, is the opportunity to gain observation skills that they might not have had before. Instead of asking questions, we just observe:

- Is her face still in a frowny position?
- Is she still rocking back and forth?
- Is she still running to the bathroom sighing and freaking every time she goes?

If you see that that's changing, then you know it's very likely that you're onto the right homeopathic medicine.

Kate: The person, themselves, may not realize that there's a change, but you can see that there's a change. That's very important.

Joette: Yes, it is. They probably won't realize there's a change until there's quite a dramatic shift. You're looking for the nuances to observe.

One of the things that I love about homeopathy is that when we're using a homeopathic medicine, whether it's for an acute condition or a chronic condition or a species of both, is that the medicine, if it works 10%, don't give up and say, "Oh, it's only 10%. It's not good enough. I have to go

to another medicine.”

No, no, no. This is where the mistakes are made.

Continue using the medicine and go to 28% improvement. Then keep using the homeopathic medicine and use it accordingly – meaning you’re going to use it according to the need. In other words, the greater the symptoms, the more frequently we use it, usually. Then it goes to 28% improvement. Then we watch, and we watch. Now, we’re on the second day. Now, we’re seeing 60% improvement. If we keep going, we will see that it will most likely take us to 100% – particularly in an acute condition or an acute UTI.

Kate: But, Joette, what if the person has that 8 out of 10 level pain? You hate to see someone suffer like that. We just went through this with a family member. How often should you give it? You’re talking about that 10% you’re watching. And say, the remedy works, and their pain level comes down now from an 8 to a 7. Right? That 7 is still *very* painful. You’re talking about, “No, stay with that remedy because it still helped that 10%.”

Joette: If the pain is severe enough, then we’re going to use it more frequently. We would use the medicines maybe every hour. If the person was in danger, let’s say hemorrhaging, and you’re on the way to the hospital, you might use it every 15 minutes. I don’t imagine that someone is going to generally hemorrhage from a urinary tract infection but using that as another example. Or if the pain is very, very severe, yes, you can use it every 10 minutes.

As the pain minimizes, then you start going to every 30 minutes. As you see that the person's shoulders are now dropping instead of being tight up against their ears with angst, now it's getting better and better. Now, you're going to administer it every hour … every three hours …then perhaps every six hours.

If you start every six hours – let's say by the second day or even later in the first day – and now at six hours, you can see it's not close enough, then go back. You're looking for that tipping point. You go back to every five hours or every four hours and allow it to do its work. And then try to go back to six hours later, and then to 12 hours. Usually, a urinary tract infection that's an acute, particularly in a young person, will abate within hours. You see some shift within hours or a day or so. Then over a period of three or four days, we can put it to rest.

Uprooting the condition

Kate: Say that infection clears up. Now, two weeks later, a month later, the infection comes back, now what do we do? Do we just repeat those medicines again?

Joette: I never tinker with success. Certainly, we start with the medicines that were used last that did the best work. We start in exactly the same fashion. We're going to use it again, start it up again.

But! I pretty much guarantee – it's not hundred percent of the time so maybe it's not a hundred percent guarantee – but I see it so frequently that the second round (without antibiotics and all the medications that are allopathic and using only homeopathy that the *second* time this infection comes back, it doesn't come back as a screaming 10 like the bladder was set on fire and tromped on by combat boots.

Now, it feels like it's achy. It's back again, and mostly more often than not, women will say, "Oh, no, it's back again."

I say, "Oh! It's great that it's back! Not because I want you to suffer, but here's another opportunity to uproot it." Because homeopathy's unique ability is to uproot the condition, not suppress it, not kill the bugs, not kill the microorganisms. There's no need to determine whether this is a bacterial, it's a strep B, whether it's a viral infection. That's *unnecessary*.

What we need to know is what is the name of the condition (it's a UTI), and how is it presenting. Once we see that, we know what to use. We use it a second time around. Now, instead of it coming back as a 10, it's come back as say a 7 – 7 is still pretty painful or still too much urgency and frequency. However, once you started at 7, now you can go down to a 3 or a 4 faster. Then we go down to a 2, and then we go down to a 1 – administering all along. Now, the infection is gone again.

Now, let's say it happens again. Let's say six months from

now, it happens again. This time – and it's not always perfect like this, but it often presents this way – this time in pain, in urgency, frequency, et cetera, instead of starting at a 7, now it's more likely to start at a 4. However, what most often women experience is the *angst* that goes along with it. The first thing they think is, "Oh no, it's coming back again!"

No, no, again, another opportunity to uproot.

Now, how many times does this take? It depends on the person. It depends on how many drugs have been thrown at this condition.

Let's say this is honeymoon cystitis. Honeymoon cystitis, you know, when young couples first get married, the woman often has pain and gets urinary tract infections from a greater amount of activity at that time in her life. So, it's going to be more frequently that way. When we use these medicines, we're looking to uproot the conditions so that the allopathic drugs are no longer necessary, and they actually become superfluous. Then we uproot the propensity for this to become a chronic condition – which is what we want very much to stay away from.

UTI and honeymoon cystitis

Kate: All right Joette, let's get down to the remedy. You have to share with us what remedy we should use for a UTI?

Joette: Well, there are a number of them as you probably would have guessed. But my all-time favorite is *Cantharis.* Every classical homeopath knows the use of this medicine. We usually start it in a 30th potency, *Cantharis* 30C. If you only have X, then certainly you use *Cantharis* 30X.

But make sure that you're well-stocked, folks. There's nothing worse than knowing exactly what medicine to use and not owning it. You need to own the top 100 medicines. I cannot urge you enough to own a kit.

Cantharis 30 and it's generally used every few hours depending on the severity. If it's very severe, you might use it, as I said, every 15 minutes to get started or 10 minutes. Then you open it up to less frequently, as needed.

Then I also like *Medorrhinum.* That is in a 200 potency. That is generally used twice daily during this period of time. Sometimes when it's a very severe case, then we increase the use of *Medorrhinum,* and it's used perhaps every 3 hours.

Now, all classical homeopaths, all homeopaths of any stripe know that these two medicines are some of the best medicines. But the Banerjis have done even more work than that, and they used *Medorrhinum* much more frequently than the way that I was ever trained to use *Medorrhinum*. I don't have a worry about it as long as you know that this indeed is a urinary tract infection. It is appropriate.

Kate: And that is important. You have to know what you're dealing with because you don't want to be taking *Medorrhinum* frequently thinking that it's UTI, and it's not.

Joette: Or *Cantharis* or anything else for that matter. What you want is always to know what it is you're dealing with. You don't have to know which microorganism is at play. What you need to know is what is happening to the bladder or urethra, et cetera.

Kate: The honeymoon cystitis that you were talking about Joette, does *Cantharis* address that as well?

Joette: Well, it can but we, homeopaths, we all know that one of the grand homeopathic medicines is *Staphysagria* 200C for honeymoon cystitis. It's those women who after having relations are told they absolutely must empty their bladder, or else they'll get a urinary tract infection, it's *Staphysagria*. I like to use it in a 30th potency or a 200 potency. It is used in the same fashion as *Cantharis*.

Kate: So, every …

Joette: Every 3 hours is the general rule of thumb in the very beginning. If it's very extreme, it can be taken every 15 minutes. If it's not so extreme at all, it's just mild and the person is expecting that this is going to turn into something, but it hasn't quite yet, then we might use it only twice daily.

Feminopathy relaunch

I have an article on this, a blog article. It's called UTIs and antibiotics. You can look at it, "Recurring UTIs and Antibiotics: Stop the Cycle." So, check that out. You'll be able to read up on it a little bit more. But we go into much greater detail in all of these – because these are not the only three homeopathic medicines for this condition. It depends on how it's presenting in other ways as well. And we'll go into great detail in my course Feminopathy.

Kate: You also have an infographic called The Three Feminopathy Fates. How do they get that though, Joette?

Joette: I believe it's going to be down below, and you just click on it. It will tell you how to go about doing that. You can download it, and you'll keep it on your refrigerator or keep it in your medicine cabinet right by your homeopathy kit. If you got a book going that you're putting together –- a loose-leaf binder. Many people tell me that's how they do this. Under the category of "Female," you put this infographic in there, and you can refer back to it time and time again. For those infographics that you use time and again, I urge people to put them in a plastic sleeve and put them in their loose-leaf binder.

Kate: That's just what I've done, Joette. I have the infographics for all of your courses. Again, these are free resources that Joette and her staff offer. You just go on

her website, and you can download any of these infographics from the courses. I'm looking at the one for the Feminopathy course right now. You have some things on here for menstrual cramps, for PMS, varicose veins, hot flashes, flooding.

Joette: Osteoporosis, that's right, cystic breast, uterine fibroids, endometriosis, morning sickness. We tried to pull from as many different areas of a woman's life as we possibly could. But in my course Feminopathy … which, of course, we're re-launching, that's what we're talking about. We're re-launching this course. You will be able to learn each of these and many, many, many more. Because we start at menarche in young girls and go all the way to women of a quite elderly age and cover all of the conditions that I could come up with that would be useful to most folks.

Kate: I lead a lot of the Gateway study groups. People are always asking me, "What should I do next? Should I take a course? Should I purchase a *materia medica*?" I often tell them that you're going to get the most protocols from Joette's courses. I'm not just saying that because we're doing a podcast. I honestly believe that if you want to learn protocols, you need to, after taking the Gateway study groups, take Joette's courses because she details so many protocols in those courses that those courses are your best resources.

Joette: Well, that's right Kate. But for those folks who cannot afford a single course right now, just stick around the blog. Hang out on the podcast. Watch me on Facebook Live, and you will learn plenty. Then buy as you can. Buy a *materia medica* when you can. Order a number of homeopathic medicines when you can and make this a focus of your life.

Kate: When we were talking at the beginning of the podcast, I was talking about being prepared. If you want to be able to treat these conditions yourself, you have to have the knowledge, the information, and you have to have the medicines. I just want to kind of wrap up this podcast by saying it is so important that you be well-stocked in your remedies like you said earlier Joette, and that you have the resources.

Whether it's studying free information that you offer or your courses, just have that information at your fingertips and have some friends that you can talk to about these things. Have your study group buddies on your speed dial and be ready to contact them when an emergency situation arises because it's hard to think when you are in that situation.

Joette: That's absolutely so. We have to be *fiercely* interested. If you take this very lightly, it can still work for you. But if you really want this to become an important part of your lifestyle, then you almost have to be fierce about it. What I mean is that focus on it, learn as much and as fast as you can, own as many homeopathic medicines as you can. Go to Wal-Mart or Wegmans or Whole Foods or your local health food store and look at the section that Boiron puts out and Hyland's puts out.

Boiron is in blue tubes. Hyland's is usually in white bottles. Look at even the combination medicines. You don't have to just use single medicines. You can find combination medicines.

Now, I put a cautionary note to this. Those are the companies that I trust for combination medicines that are out there for the public. I'm not impressed with those pharmacies that manufacture homeopathic medicines that have 30 medicines in them all at once. But I do trust, and I've used them myself through the decades, these companies that I just mentioned and their combination medicines.

You can actually find some that are called bladder pain or something like that. I mean, they have their own names to them. And then you look on the bottle, and there are the medicines I'm talking about. I don't think you're going to find *Medorrhinum,* but you'll certainly find *Staphysagria* and *Cantharis*.

Also, buy those because those are good for in a pinch. Leg cramps or overuse or restless legs or insomnia, sleep medicines or ColdCalm. There are many that are combinations.

Now, that is not a classical suggestion. Classical homeopaths do not normally suggest this. Because I've gone into a more practical way of teaching and using homeopathy, I find that it is so necessary for folks to learn how to use these medicines whether they're a combination or not.

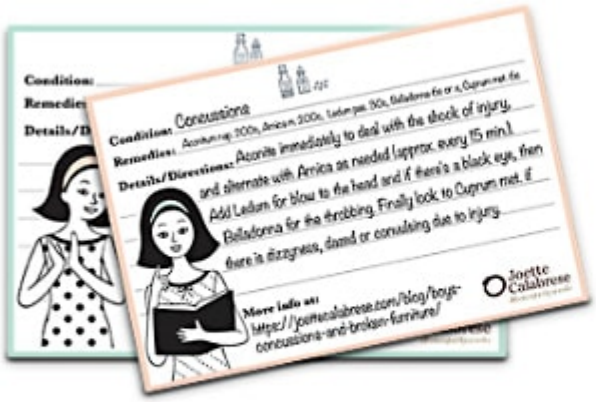
So, be diligent. Be curious. This is your secret weapon folks. This is a quiet way of taking care of yourself and your family that's inexpensive. What I always say is this is what I call "intellectually delicious" because this work is so rewarding.

Joette: As I hope you know by now, on my blog, podcasts and Facebook Live, I offer as many protocols for simple conditions as I can – for free, without affiliates or advertising. But let me be clear. When it comes to more complex conditions, it's *key* that you learn how to use these medicines properly. I want you to be well-trained. So, I save discussions of the more involved methods for my courses in which I walk students through each method with step-by-step training.

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

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

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



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