Podcast 104 – Handling Chronic Conditions

IN THIS PODCAST, WE COVER:

01:00 Classical or Practical Homeopathy®?

18:56 What's a "Simillimum?"

28:46 Case Management

34:47 The Academy of Practical Homeopathy®

37:40 My Mission

LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Coffea 200C (for anxiety)

Ruta 6 or *Ruta* 200 (for strained ligaments)

My blog, podcasts, Facebook Live events and courses

Gateway to Homeopathy: A Guided Study Group Curriculum

Kate: This is the Practical Homeopathy® Podcast Episode Number 104.

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, this is Kate, and I want to welcome you back to

the Practical Homeopathy® podcast. I'm here today with Joette. We have some very interesting things to talk about.

Hi, Joette!

Joette: Hi, Kate. It's always fun.

Classical or Practical Homeopathy®?

Kate: Yeah! We're going to dig deep today. We're going to be talking about sort of a heavy subject.

So, I have a question for you. When I go online and try to look up remedies for certain conditions, I can find an abundance of information on acute conditions, but it is super-hard to find information on how to treat chronic conditions.

Tell us what your perspective is on that, Joette.

Joette: Well, that was exactly my frustration when I was a young mother dealing with my children. I was happy to find how to treat a fever and otitis media and conjunctivitis and strep throat and an injury. But boy, when it came to food intolerances or allergies or my mother's chronic arthritis or my mother's insomnia, et cetera … my father's heart

condition – it drove me crazy (which is why, of course, I decided to start studying classical homeopathy).

That's where there's a division. Because what you'll find online and in homeopathy books (we're talking about books that are directed to the general public), is they'll teach only those acute conditions. Because the goal of the classical homeopaths and the classical homeopathy schools is to encourage moms and grandmothers that the only way they can learn how to treat a chronic condition is if they become classical homeopaths.

And that is a very expensive and time-consuming endeavor. In the end, when these moms and grandmothers finish these courses, they are able to understand classical homeopathy, but they still don't have the practical experience or results. They don't have practical methods.

Kate: So, you're not saying it's a bad thing to study classical homeopathy. You're just saying that even though you've gone that route, there's still something that's missing.

Joette: Classical homeopathy offers a good foundation if you want to become a practitioner.

As a practitioner, you need to understand the history of homeopathy. You need to be very familiar with Dr. Samuel Hahnemann's aphorisms. Many of them should be memorized. You should know how to navigate a repertory (inside and out, not

only manually but also in a program), medicines in the *materia medica* and know their keynotes. That gives a very good foundation for someone who's going to hang out a shingle. Except that's *all* it gives – is a foundation.

It does not leave the student (once they graduate) with a practical aspect of how to treat the person. *That's* what's missing.

You're left with a very vague notion of what needs to be done. Because the goal of the classical homeopath is to find *THE* simillimum – the one medicine – the constitutional remedy that will stimulate that person's ability to correct *everything* in that person's body, and now you're pretty much done.

I don't know that very many classicals would actually agree that that is exactly what happens. But that's the message.

Instead, what I do is I teach Practical Homeopathy®, so that the family has everyday practical ability to be able to take care of someone in their family who has food intolerances or eczema – yes, chronic conditions – or lax ligaments or chronic anxiety or chronic insomnia or arthritis, et cetera … allergies.

These are the kinds of things that … although it's interesting to know and useful to have those acute conditions, and what to do with them that's given to the general public, *this* – what I've just described to you –

those chronic conditions – are what everyone is suffering from.

To leave that out and to instead *insist* that the only way someone can get to that is to take years and tens of thousands of dollars' worth of education to learn how to treat those kinds of conditions is, in my estimation, leading someone down the wrong path.

At best, they're over-egging the pudding. At worst, they are misdirecting. And it's not because they're lying. It's because classical homeopaths in this country don't realize how archaic classical homeopathy alone is. Useful *in addition* to practical, but on its own, it is fundamentally problematic.

What I teach instead is if you've got eczema, *this* is the medicine you use. It's the potency and the frequency. In approximately 80% of those folks who have eczema, it will likely make the correction within a certain amount of time (with some massaging as well, which is what we call case management). We'll talk about that a little bit further.

But the problem with classical is, for one thing, it's keeping homeopathy down. You can't get enough practitioners using classical homeopathy. Because who's willing … not only to go through all those years – $20,000 a year – and all that time and study, and then when you get finished, you really *still* don't have practical measures on how to handle a case? You're still left in the lurch as to "What is the remedy for this condition? What's the potency and what's the

frequency?”

But also, you’re left with a paradigm in which you must take a case that takes two hours. How could any practitioner make a living if they’re seeing a patient or a client only every two hours? And then when they finish they have more work to do in order to repertorize. That’s usually another hour. So, three hours per client (per patient) – even if nothing else that puts the practitioner at an extreme disadvantage. That’s one disadvantage of it.

The other disadvantage – which is the most noteworthy, as far as I’m concerned – is I can’t teach classical homeopathy to moms. They don’t have the time. I could *do* it! I mean, I *have* done it. But I can’t teach enough of them so that they can utilize this in their homes.

We can skip over a lot of the fundamentals and get directly to “let’s get rid of this eczema.” If you’re so interested that you want to become a homeopath at some point later in your life, okay, now I get it! Now you *want* those fundamentals. Now you want some of that foundation.

But if you are planning on building a house, you need the walls and the ceiling and the roof and the electrical and the plumbing and the plaster, et cetera. You cannot go into this with *just* the fundamentals. You have to have practical measures and practical application for all of these.

So, not only does this affect moms because they can’t treat

their families for chronic conditions unless they go to all those years of schooling, but it also keeps homeopathy away from the *doctors*. I don't know very many medical doctors who are willing to set aside their 20s – sacrifice their 20s – in order to go to medical school and then go into internship, then residency. Now they owe probably hundreds of thousands of dollars, and they have to start their life at some point.

Meanwhile, their friends from college all started business eight years ago! Everyone else is ahead of them.

How can they possibly be willing, then, once they get out of conventional medical school to *then* learn homeopathy?

If, however, we can teach the doctors in the emergency rooms that when you see an injury, you give them *Aconitum* to start. If they're bleeding, you use *Hamamelis, Arnica* or *Phosphorus*. And then if the person goes into shock, you give … et cetera, et cetera.

We can give them an *exact method* for using this. It's *practical* homeopathy.

So, it's keeping homeopathy esoteric, recherché, far away from the everyday person. It's not practical by going after the classical paradigm.

I can say this with all confidence because I used classical

homeopathy full-time, exclusively for 15 years in my practice, and it was frustrating as can possibly be.

I knew there had to be another way. I *knew* there had to be protocols. That's when I decided I wanted to work with the Banerjis in Calcutta, and they allowed me to join in with them for those eight years. So, it was through that – plus, also I had learned many other protocols in addition to the ones that I learned from them. But, no one *gets it* as well as they do.

Once I gathered up these protocols, and I sat with them – side-by-side with Dr. Prasanta Banerji, seeing 100 patients per day, six days a week, and then Dr. Pratip Banerji, 100 patients per day, six days a week, and meanwhile in the other chambers there were 11 other doctors doing exactly the same thing, so they were seeing a total of 1,200 people per day coming through that clinic, that research center, every single day, at the end of the week, that's 7,200 people – after a while, these protocols became very clear to the Banerjis … as to why we can count on *Ruta* for strained ligaments.

Every classical homeopath knows *Ruta* is for strained ligaments. It can be a chronic strain, or it can be an acute strain.

Kate: Well, doesn't that mean that classical homeopaths – even though they don't *say* they're doing it – they're actually using a protocol then. Because isn't that considered a protocol?

Joette: Yes, in a way it is. The only difference is it's not a complete protocol. It's a name of a medicine. It's not giving us the potency, and it's not giving us the frequency. That's where the total protocol comes to play.

You want the *whole* recipe!

You don't want to know that it's a cup and a half of flour and the baking soda; yet, you still don't know what to do about the oil or the water or the sweetener or the flavor.

You've got to have the *whole* picture.

But, if you see time and time again that *Ruta* is for strained ligaments, after a while you kind of know: *Ruta* is for strained ligaments. We can do that with many, many medicines to a certain degree, and classicals know this. But they don't put it all together necessarily into a full protocol – and a full protocol means the whole recipe.

You don't want to know that *Ruta* is for ligaments, end of discussion.

"Wait a minute, what potency?

Wait a minute, how frequently?

Hold on, you've got to give me all this information! I've got to know how to treat these people."

You don't want to be *practicing* on people. You want to know *exactly* the protocol.

For example, for chronic anxiety, *Coffea* can't be beat! There are others. We have *Ignatia*. We have others. But let's use *Coffea* 200, for example.

I always knew as a classical homeopath that *Coffea* would be a good medicine for chronic anxiety. But instead of just jumping on that and seeing that that is the big condition – that's the elephant in the room for this particular person – I instead did exactly as I was trained. And that was I cracked open my repertory and looked at *allll* the other satellite conditions that this person was experiencing: what position they slept on; whether or not they had long eyelashes; whether or not they liked creamy or crunchy; whether or not they had a lot of stress in their lives, et cetera, et cetera; whether or not they had just had a cold two months ago; whether they're prone to this or that.

Those are all important bits of history. But if the *main* condition is that this person is freaking with anxiety, for us to ignore that – and not know instantly we should be considering one of the top medicines for anxiety (such as *Coffea)*, and that we should know that when we use *Coffea* it should be 200C, and that when we use *Coffea* 200C for anxiety (chronic anxiety), that it should be twice daily – that is a

travesty that that is not taught in classical schools. It never will be because that's not classical.

Classical is that it's not reproducible.

In other words, what I'm teaching you right now: if you go home (or you're listening to this at home), and you know two people who have chronic anxiety, and they fit the *Coffea* picture …

You do have to look it up in your *materia medica* and do, indeed, make sure that it does somewhat fit along with that person's presentation of the illness (such as not being able to sleep as well, or they have a busy mind, and there's bizz, bizz, bizz in their brain all the time). If that fits, and you use that, now you have found something that's going to be not only useful for those two people in your life, but those two people are going to tell another two people. And the word is going to get around that *Coffea* 200C twice a day is for people who have busy brains who are very anxious.

That's how we get protocols out into the world!

That to me distinguishes between classical and practical.

Classical is, "Oh, you can't do that. It's different for

every single person.”

Not really. We’re more alike than we are different, to be honest. As long as we have anxiety and busy brain and perhaps even insomnia (waking up in the night), then that is *Coffea* – end of discussion.

That means what I’ve just taught you is *reproducible*. And reproducible is what I call *scientific*. And *that’s* what the doctors are looking for. That’s what we’re *all* looking for. We want the formula – the recipe.

Today I can make a cake without a recipe. I know to use about two and a half cups of flour. I sift the flour. I throw in the salt. I use half a teaspoon of baking powder, baking soda. I add my sweetener. I mix in my flavor. I throw in some cocoa powder. I throw in a couple of eggs. I throw in some milk or cream. I whip it all up. I know how to do it. I know exactly how to make a cake without looking it up.

But! There was a time when I used to have to read the recipe. That’s how it should be for anyone who’s new to homeopathy. But after a while, it’s the same thing. It’s called, “anatomy of making a cake.” It’s the same basic stuff.

Now, it doesn’t mean we can’t use almond flour sometimes, and some people don’t like to use oil, so they use applesauce. Okay, those are variations on a theme.

But you don’t have to get that esoteric. If you want to bake a cake, here’s the recipe. Here you go.

These protocols are missing in the world. I have brought them back from India, and some that I learned on my own through the years, and some I learned from fellow homeopaths through the years who were practicing in Europe, et cetera.

But boy, I’ll be darned when it comes to the U.S., we just simply cannot get rid of that classical paradigm that every single person is different.

I’m sorry. I beg to differ.

You know, we need standardized treatments. That’s what conventional doctors have. That’s why everybody goes to them! We’re never going to bring people over from the conventional thinking of conventional medicine if we keep this is so esoteric and so person-specific and taking years and years of classical training and still not having an answer!

I have to tell you, when I was in my classes in Toronto, I took three years with one teacher and two years with another teacher and then another four years with another teacher. In every one of those classes, we needed to be full-time practicing homeopaths for at least five years in order to get into these courses. (They were all postgrad courses.)

I got to know a lot of my fellow students because we were there together all the time. And what I found was really fascinating. They were all there for two reasons. They wanted to learn more for their practice so they could be better homeopaths – no doubt about it. But the secondary reason – which was quite compelling in most situations – was they were all looking for *their* simillimum. They wanted THE remedy for themselves.

After all those years of being in private practice for five years – full-time private practice for five years – in order to get into the course (and previous courses in order to get into their practice in the first place), *they still hadn't found their constitutional*!

It's elusive!

It doesn't mean we can never find it. But wow! What a hard thing to do when all you have to do if this person is suffering horribly from anxiety, and they're waking at night – *Coffea* 200. End of discussion.

Or their strained ligaments? They've had chronic strained ligaments. It's going to be *Ruta* 6 or *Ruta* 200 (we do have a choice) twice daily.

If it's the eyes, it's most likely 6.

If it’s around the feet or the ankles and other areas of the limbs, then it’s likely going to be 200 twice a day.

What’s a “Simillimum?”

Kate: Joette, take a step back for just a minute and explain to us what “simillimum” means? What does that mean when you’re looking for your simillimum or the “constitutional” remedy?

Joette: Well, the simillimum is *the one* medicine that covers the grandest aspect of the person’s personality and condition.

So, we’re looking for the psychology, and the generals such as the “I ams” (“I am tired, I am weak,” et cetera), plus the particulars such as, “I have anxiety. I’m anxious.” Of course, that’s part of the mentals.

Plus, let’s say it’s someone who has anxiety and strained ligaments. “My ligaments ache; they’re painful.”

It’s *the one* medicine that will cover most everything.

I’m going to be honest with you. That’s how it’s taught. But very few classical homeopaths actually really do that. They

often, because I found it out myself … I would take a case, and I would look at trying to find the *one* medicine – the "constitutional," which represents the whole person, their personality, including even their inheritance to a certain degree, what may have happened to them in their history, et cetera.

Now all of that is *important* when we're taking a case. I don't want to minimize this.

But to find *one* medicine that's going to cover all of this is like finding a needle in a haystack as far as I'm concerned – generally speaking. Sometimes it's really obvious. Then of course, you're going to go with it. That makes sense.

But to be honest, what we're really looking for is, "What is the condition?" And the way that I work this out in Practical Homeopathy® using the Banerji protocols and other protocols is, we're looking for "What is the condition – the main condition – that is causing you the most suffering in your life."

"Okay, what's the second one? Okay, what's the third one?"

Then we may use one medicine to cover number one, number two, and number three, but by the time we get to number four, we're going to need another medicine most likely and maybe another after that. So, then we're stacking up the medicines and putting them into a schedule; whereas in

classical you're using *one* medicine.

Generally speaking, with one medicine in classical, you're giving it one dose in the morning. (Sometimes you'll give a split dose so that it's also administered in the evening, and then again in the morning, so it's a split dose over 24 hours.) And then you wait.

Nothing is given for six weeks.

Parenthetically, let me also explain where classical homeopaths are so worried about people being exposed to mint or coffee and those potential antidoting substances; whereas I don't worry about that. Because let me just go back to why they worry … but they worry about it because you're only going to take that medicine three times, for example – perhaps, only once! Then you have to wait six whole weeks.

If something comes in to antidote it, you can really … you can mess up the whole case! Now you've got to wait.

Let's say you did it a week after the first round of the medicine. Now you've got to wait five more weeks to meet with the homeopath again and start all over again.

"Woah! Holy cow is that pokey?"

I like velocity. I want speed. I want someone to move along so quickly that they never imagine that their illness would move that quickly.

With the practical method, more often than not (not always – it depends on the protocol; it depends on the condition and the corresponding protocol), we use the medicine twice daily. Sometimes it's once a day. Sometimes it's once every three days. But they're certainly a lot more close together in frequency than every *six weeks*.

So that, if someone happens to get into an *awful* lot of mint (and I don't worry about it, to be honest), but if they get into an awful of mint, no problem. They're going to take the medicine again that night! It's not going to undo all the good that may have been accrued from taking the homeopathic medicines by inhaling a little bit of mint. It's going to, instead, potentially only stop the action at that moment.

No worries. Take the remedy again that night, and lo and behold, we're up and running again.

That's actually another reason why I abandoned classical is because people would say, "Oh, my gosh! I had mint. What am I going to do now?"

I would try to decide. "Should we start over again? Should we just let it go and see how it goes? Maybe it wasn't antidoted. Should I shake my finger at them and tell them, 'Don't do that anymore? Don't be around any mint.'"

That’s *not* a way to run a practice.

What happens is, after you’ve been doing these 10 hours a day as I was for those 15 years (five, six days a week), and you finally get to the point where you’re saying, “This is ridiculous! It is *too slow*, and my results were not good enough!

And it’s not as though I didn’t pay attention, or I wasn’t studying! Because I was constantly (as I told you), I was in school in Toronto, in New York, in New Jersey, and traveling to Illinois and Florida, et cetera – wherever I could find a teacher that I could learn more from. I was happy to do that.

But boy, was it frustrating, and I was not alone. I heard the same kinds of complaints from my colleagues.

So, the fact that classical is still being pushed to this point as the *only* paradigm is maddening to me, because it’s leaving out the most important aspect of homeopathy in 2020 – and that is, “The Family.”

If we don’t help moms and grandmothers learn how to treat their families, homeopathy is going to die. It’s that simple. It’s already dying.

The only thing that is reviving it – and excuse me, I don't mean to brag – but it's only because I've gotten this out there to moms that homeopathy is reviving again in the United States. I *know* that. I see the numbers. I saw how they *were*. I see how they *are*. I see the groups of people who are studying with us, who are in the Study Groups, who are taking the courses, and I talk to these people regularly.

This is what's going to revive homeopathy. And to ignore that and to stay with a "ceiling fan" when you should have had "household air conditioning" some 30 years ago is frustrating for me to observe.

Kate: I think it's important for people to know that *that* is your audience. This is who you're trying to help is moms and families. You're not necessarily trying to influence people who are wanting to be a homeopath. You want to get this out there to the everyday person so they can help their families, and I think that's a really important point to note.

So, I'm a mom, and I want to help my child who has chronic painful ligaments. What if I use this *Ruta,* and it's the wrong medicine? Should I be worried? Should I be afraid that I'm going to do it wrong?

Because I know, I hear this quite a bit from moms in Study Groups: that they're concerned about using homeopathy, in general, and even more so when they're treating chronics. Is it a concern?

Joette: I don’t think it’s any different with a chronic versus an acute.

But. I do agree that we have to be careful because this is medicine.

Whether you’re treating otitis media that just started this morning, or you’re treating a strep throat that just started last night in your other child, or you’re treating a strained ligament that is a chronic condition, or you’re treating chronic anxiety. You have to be smart about it – which is why you should be taking courses. You should be studying my blog (that’s for free), my podcasts, et cetera. That’s where folks are going to get that information.

It’s important to know that *anything* can cause trouble. I don’t want to be facetious here, but too much water can cause trouble. Too much salt can cause trouble.

Homeopathy is only *relatively* safe. If you follow the rules the way that I teach them – how many times to utilize a medicine – and you don’t see a response after that certain number of times, and you don’t know when to stop, then that, indeed, can cause trouble.

You must follow the rules. It’s just simple for everything.

You go swimming, you follow the rules. You don't go out swimming in deep water all alone in a storm. But you can swim. You're allowed to swim. You just have to know what the rules are and to follow them. That's really what we're saying.

So, I do want people to be cautious. I think that's prudent. But I don't want them to be frightened into believing that by using a medicine twice a *day*, that *that's* a problem. Because if that is a protocol, it has been shown time and again that *that* is what we need to do if we're going to treat this particular condition.

Now where a lot of times folks go wrong is they might assume that it's a strained ligament, and it turns out it's *not*. So, they're treating a strained ligament with *Ruta*, for example, 200C twice daily, and nothing is happening. Or it's gotten worse!

What do we do if something gets worse? You stop!

You really ought to know, is this a strained ligament, or are these muscles that are painful, or are these bones that are growing too fast because the child has growing pains in the muscles, and the joints and the ligaments, et cetera, are growing differently than the bones.

You need to know those kinds of things. So, if you're using the wrong diagnosis with the incorrect protocol, then, *of course*, you're going to make a mistake.

But let me just say this. I think people are *smarter* than they're being given credit for. I think that mothers can learn this. I can teach this to a child! In fact, that's exactly what you and I are doing right now, Kate. We're putting together a course specifically to teach kids.

So, there is no doubt it can be learned. But there can also be mistakes.

If you make a mistake, you stop. If it's bad enough, and you feel like, "Oh, boy, I really … I really do think this was wrong," then you use *Camphor* 200. I teach that right on my blog for free, and it's in all of my courses.

Case Management

Kate: What we're really talking about is honing our skills on case management. After we know the protocol, now we need to really learn how to tell if this medicine is working and when to stop, et cetera.

Joette: Well, when it comes to acutes, it's pretty easy to know when to stop. Your infection is no longer painful. There's no more drainage. The child doesn't have a fever. The child is back to their activities, and it's clear that it's over.

When it’s chronic, most people don’t know how long it takes for a homeopathic protocol to act. So, they need to learn that about that particular protocol.

I mean, how long does it take to get rid of psoriasis?

It takes a long time to get rid of psoriasis. You should see a *change* over many months, but you’re not going to see complete resolution like you did with the ear infection because it’s a longer-term condition.

So, it’s really about learning to think like a practitioner. That’s what I teach in my courses. I don’t teach that on the blog. I don’t teach that in the podcasts. I teach that in my courses. That means that you learn case management.

Case management means after the six to eight weeks is over with, after having used this medicine, what has improved and to what degree?

That can only be determined if in the beginning of taking the case, the person has jotted down the values of the suffering: “These ligaments, the pain is a whopping 8, and it happens most every day. The anxiety is a 6, and it’s most days. And I also have sleeplessness,” reports this person.

Now six to eight weeks later, after you’ve given the medicines that are specific for those conditions just as I mentioned, now you want to look at it. And if the person

says, “I see no change,” you say, “Tell me what has changed, and what has not.”

“Nothing has changed.”

“Okay, describe to me what has happened.”

“I *still* have anxiety.”

“Okay, give me a number.”

“Well, it’s about a 2.”

But the person doesn’t remember that they had reported six weeks earlier that it was a 6. That was up to *you* to know that – to have recorded that, so that then you can overlay what they’re telling you now as to what they had said previously.

With that information, now you can determine, did *Coffea* 200 twice a day help this person?

The next question before you answer that for yourself, “How’s your sleep? Are you waking up at night with restlessness and a busy brain?”

“Well, I still do it.”

“How often?”

“Well, maybe twice, you know, twice a month.”

“Twice a month? It was happening every day!”

Now without knowing how to manage a case, you might think, “Well, I guess this medicine didn’t act because they still have it.”

No, that’s not what it means at all. It means that the medicine is acting, and it needs more time! We need to use the medicine. Again, that’s part of case management. It’s only a part of it, but that’s what I teach in the classes.

Look, I’m not trying to sell my classes. Really. To be honest, we are full to the brim. But the point is that if you’re going to treat chronic conditions using this method, you really do need back-up information. You need your foundation. You need some foundation. You don’t need classical, but you do need some foundation.

Kate: Right, because we hear all the time, “What’s the protocol for X, Y, Z?”

Joette: Right.

Kate: You could tell them the protocol. What happens after using that protocol for a while?

Joette: Let me put it to you this way. It's shallow. "Here's the condition. Here's the name of the medicine and protocol."

It's too shallow when it comes to a chronic condition. We have to go a little deeper than that. We have to know, "To what degree is this person suffering?"

You also want to look at what are the drugs the person's taking? The drugs *themselves* might be causing this. To be honest, it's pretty darn hard for homeopathy to uproot the side effects of drugs that are being taken daily.

Now we have to backpedal and talk to the person about the drugs that they're using and find a way that we can address the conditions that are requiring that this person take these drugs in the first place.

I don't tell people to get off their drugs! I'm not a medical doctor. I don't know drugs the way the doctors and the pharmacists do. But if there is a side-effect (such as *Ruta* for strained ligaments), how about ruptured ligaments

can occur as a result of antibiotic use!

And even the pain can come from antibiotic use.

So, if the person is taking these antibiotics daily because the doctor is thinking, “Well, we’ve got chronic Lyme,” and now they have these ruptured or painful ligaments. Homeopathy can only do so much. We have to work on dealing with the condition at hand so that the antibiotics become superfluous. And that’s the goal!

So, managing a case is more than “What’s the remedy for …?”

It’s understandable that people would ask that question because they’ve been trained to think, “This is the drug for this, and this is the vitamin for that, and this is the supplement for this, and this is the essential oil for these conditions.”

It’s gotten to the point where people expect – and would hope for – a quick resolve or a quick answer. Sometimes we can do that.

In those cases, that’s what I do on my blog. That’s what I teach on my blog. Those conditions that I have a pretty much good amount of confidence that if someone has this particular condition, and they use this medicine, it’s likely going to do some good.

It’s when we get into chronic conditions that it’s important that folks dig deeper and learn how to manage the case. And *that’s* what I cover in my courses.

If you got a lot of time on your hands then learn everything you can. But if you’ve got a lifestyle that requires that you’re taking care of your kids, your husband, your household, the pets, the last thing you want to do is go down a rabbit hole that could lead you to a very frustrating several years looking for the elusive simillimum or the constitution.

Instead, you want to go after what is presenting and not make this so esoteric.

The Academy of Practical Homeopathy®

Kate: Joette, this brings us back to the beginning when we were talking about how we can find information on using homeopathy for acute conditions but not for chronic. And then, we talked about the Practical Homeopathy®, and how we *can* use those methods to address chronic conditions.

But are you saying that we should not use classical homeopathy? We’re just supposed to throw that out the window, or what are you exactly saying?

Joette: I'm saying if you're going to treat a few conditions here and there, then I don't see how classical is important in your life. So, you have to decide this.

But. On the other hand, if you're planning on working with many people, many animals, and you really have the time and the curiosity to go further and perhaps someday even become a practitioner yourself, then I believe that classical has a place. It's a good foundation. So that when you get stumped by a specific condition that the protocols that I teach are not addressing – it does happen – then you know how to go to the next step.

So, in classical, it's not a bad idea to know how to navigate the repertory, to know the top 50-100 homeopathic medicines in the *materia medica,* to understand case-taking and negotiating a case, and how to know what is most important – how to decide on what the hierarchy is in the case, and then how to structure a complete schedule.

So, I believe that there are aspects of classical that need to be understood in order to delve deeply into homeopathy.

Kate: So, in fact, Joette, you're planning something right now that's pretty exciting, and I don't know if you want to talk about it at this moment. But I think it would be a great time to share with the listeners what you're talking about doing. But it does encompass classical homeopathy, does it not?

Joette: Yes, it does. I believe that classical homeopathy is something that can be very useful for folks who want to have the basic understanding. And then we build on that and add Practical Homeopathy®.

So, it's going to be an integrative aspect of using classical with practical for those folks who are interested in getting the full symphony involved in their lives. Instead of being left with "just the woodwinds," now we have the entire string section, the woodwinds, the percussionists – we have *everything* involved in it.

And this will also afford those who are interested in certification.

So, we're calling it, "The Academy of Practical Homeopathy®." And, I don't know when it will be out – when we'll be launching it – but it's coming soon, and I'm very excited about it.

Kate: Mm-hmm! So many projects going on right now. It's really an exciting time!

Joette: Yes. It is.

My Mission

Kate: So, Joette, let's wrap this up with talking about what your mission is.

Joette: It's simple. My mission is to get this to families. It's really that simple.

Families need this information. They need to know how to treat acutes *and* chronics. And it's up to the mom or the grandmother, generally speaking, to delve as deeply as they are interested in delving.

And then *they* decide.

You want to use only my protocols that I teach on the blog every week for the last 11 years? Free. Beautiful.

You want to learn from the podcasts, too? Free. Beautiful.

You want to join one of our Study Groups? It's a little bit of an investment – well under a hundred dollars. That's a great way to meet others and continue your learning journey.

And if you want to go even further than that, then I have all of these online classes. I believe we now have ten. And that will flesh out according to *your* needs and your

desires.

So, join me in this mission and get this going throughout the world. We can link arm-in-arm across the earth and share this with your friends, your neighbors, your relatives. And let's see this movement move forward in a rapid pace.

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. 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 Apple Podcasts, iTunes, Google Play, Blueberry, Pandora, Stitcher, TuneIn, Spotify, 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.