Podcast 15 – You Must Fail

In this podcast, we cover:

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This is my favorite subject: how to defeat failure.

It helps to know when somebody else can (or has) overcome something, no matter how big or small, because only then can you start to believe you are capable of doing so, too.

Failure is not a shameful word. In fact, we **must** fail in order to find the right path to success. Stopping or giving up before you reach success is what separates the mediocre from the mighty.

I invite you to listen to/read my story and hopefully gain some inspiration from it.

Here’s the Banerji Protocol take- away from today’s podcast:

Lycopodium 200 mixed with Arsenicum 3, twice daily for bloating and a belly that’s distended.

Warmly,

Joette

You are listening to a podcast from JoetteCalabrese.com

where nationally certified American homeopath, public speaker, and author, Joette Calabrese, shares her passion for helping families stay healthy through homeopathy and nutrient-dense nutrition.

Jendi: This is Jendi and I'm here with Joette Calabrese from JoetteCalabrese.com. And today, our topic is on failure and how to get out of a rut of failure especially pertaining to curing your family. Hello, Joette! How are you?

Joette: Hi, Jendi! I'm doing pretty well. Thanks!

Jendi: Are you ready to talk about failure?

Joette: Yes, yes! This is one of my favorite subjects, yeah, how to defeat failure. I love this subject.

Joette failed 17 times on a real estate exam

Jendi: So of course, the first thing we want to know is if you have ever failed, and can you tell us about that?

Joette: Oh, never. I've never failed. That's always interesting, isn't it? It's fun to know who's failed and who hasn't, and it makes our shortcomings seem a little more tolerable, I think.

Jendi: Yes, it does. And it helps to know if somebody else can overcome something, then I can, too.

Joette: Yeah, yeah. Well, let me tell you about a

failure that I experienced years ago. It was back when I was in my 20s and I lived in Arlington, Virginia just outside of DC, and I absolutely adored Washington, DC. It was vibrant. It was a great city. It was cosmopolitan, chic. It was so cool. At the time, I lived in these [Murphy – 00:01:34] apartments that looked like World War II barracks and so much wanted to live in the great city of DC. So I made the decision that I wanted to become a real estate agent to be a part of that excitement of DC. And it was going to fulfill two issues and that was one, to get out of this little apartment that I didn't like, and also to be able to be a part of what was going on in that vibrant city. So this was back in about 1975. And if anyone was around during that time, any of our listeners, they might remember that there was a real estate boom in Washington, DC that was absolutely over the moon. So I wanted to be involved in that.

So I studied first for the Virginia Real Estate Exam because, of course, I was living there, and I passed the exam right away. No problem. And then because Maryland State is adjacent to DC also on the other side, I studied and sat for that exam as well, and I passed that right away. But what I wanted more than anything was to practice real estate in DC. But I had been advised to take the other state exams first. I wondered why this would happen. I asked, "Why would that matter?" Well, they gave me the example of the brokers for whom I was about to work for. Because the DC exam was particularly difficult and I might not pass it the first time. So to get

started on my new career, I decided I should at least be able to sell in Virginia and Maryland. So indeed, I got hired by a real estate company and I set my sight on that exam, on procuring that coveted DC real estate exam.

So I took the exam and I failed it. “No problem,” I thought. “I’ll take it again when it comes around in a few months.” I decided to do that again. So I did it again. But then, when I took it the second time, I failed it again, and then again, and again. Now, allow me to set the stage a little, perhaps to soothe my frazzling ego at the time. This exam was understandably tricky because there was such a boom market in DC. And I mean, contracts were being flipped within days, and even sometimes hours before going to closing while selling the contract two and three times. It was super intense. And that’s how hot it was at that time. People were making huge profits, agents were not excluded, and so the word in the real estate market was that the DC board wanted no more agents to be licensed.

So they made the exams irregularly challenging. And I mean irregular, but nonetheless. The wording in the exams was strange and it was difficult to decode and I don’t really know whether that was the case or not because I knew people who were also indeed passing their exam but for some reason, I just couldn’t get the hang of this thing. I took it so many times, I was beginning to think there was something wrong with me. I had made the dean’s list for many semesters at college at the University of

Buffalo and other schools that I non-matriculated back to. And I didn't consider myself extraordinary but it wasn't as though I was incapable. So I took the exam repeatedly.

Jendi: My husband took a real estate exam before we had our first child and he had to pay a fee. So did you have a fee then? And did you have a choice how often you could take it?

Joette: Well, I actually don't remember the cost, but for a young person in her early 20s, it seemed like a lot of money. And no, the exams were not given very often. I think it was every few months or so. It was a long time ago so I don't fully recall. But see if you can guess, Jendi, how many times I took that exam. Let's see if you can figure it out from what I've told you.

Jendi: At the most, I would guess like four or five.

Joette: Yeah, well, you're being kind. You know, Jendi, I took that odious exam – get this – 18 times. I failed it 17 times, and not until I took the 18th try did I pass it. Can you imagine? I mean, it was insanity.

Jendi: I can't imagine going back 18 times. You must have really, really wanted it.

Joette: It was really important to me. There's no doubt about it. Actually, it was more than important. It became an obsession. I studied, I cried, I was embarrassed, I kept paying, I was furious with myself and with the City Board of

Realtors. I was a failure. We even went to a shrink because I thought only a sick-in-the-head person could fail time after time. I mean, why could others pass this exam and not me? Why could I pass the state exams of Virginia and Maryland and then later New York State but could not pass this stupid DC city exam? No amount of rationalization soothed my mutilated, and I mean mutilated, ego.

Jendi: Did the psychiatrist come up with anything?

Joette: Well, I actually don't remember. All I remember was the feeling of defeat. For crying out loud, it wasn't the law boards, for goodness sakes.

Jendi: But on the 18th time, you did pass it.

Joette: Yes, I did. I finally passed it. And what happened then changed things for me. At the age of only 24, something like that, I became a real estate hotshot. I don't mean to be so bold, but I listed, I negotiated, I loved every minute of real estate sales. I popped out of bed at 4:30 in the morning like a piece of toast from a toaster, and I was in my office often by 5:30 in the morning. I had the key to the office because I was the only one who would start that early. I was so grateful for having that darned license that I took my work more seriously, I think, than anyone else in the office. I studied, I focused. I never allowed myself a diversion. It was complete immersion. And I became more successful at this new craft than I ever imagined. I worked myself like a workhorse and it was a blast.

Jendi: Sounds like it was worth all those tries then, and you really loved it.

Don’t eat defeat

Joette: Yeah, I did. I really loved it. But I think a big part of it was the number of failures I had racked up. I think it was the fact that I decided that I was not going to eat defeat. And my determination was so embedded in me that I couldn’t stop. Even if I had to take it 38 times, not 18, I was not going to be conquered.

Jendi: This reminds me of how you told me you learned homeopathy when your kids were little.

Joette: Well, in a way, it really is not unlike that. I don’t know if this single experience or my consistent ability to fail did it or if it was in my genes. My father was a professional musician. He played jazz trumpet for many decades. And when I was a teenager, he decided that he was going to learn to play flute. And I always emulated my father. He took lessons for flute and he practiced for a few hours daily in spite of owning and running his own business. And I remember that when I was a teenager, not more than 10 years before this event of the failures in DC, he’d pick me up from school and on the front seat of the car, his silver flute would be nestled in its open case and at every red light we approached, he’d pick up his flute and play a few scales or a particularly difficult lick and parts of pieces he was trying to conquer for his next performance. He was obsessed.

Jendi: Very committed.

Joette: He was. He was committed. And I believe that this is what it takes. We have to become obsessed. We have to become committed. The only way to accomplish what you want to accomplish in your corner of the world is to bite in, sink your teeth in as deeply as you can and not let go. Anything less, in my estimation, will produce less than satisfactory results. In fact, it's perfectly proportioned. You know the old saying, "Garbage in, garbage out"? Well, I think it's, "Garbage in, garbage stays." I don't think it goes out. Once it comes in, it's there. So the inverse, in the way that I look at it is, "Quality in, quality remains." And so quality has to do with commitment.

Jendi: And of course, we can apply this to committing ourselves to studying homeopathy even when at a stoplight.

Joette: Right. Why not? Only you can decide how far you want to go. But when you lead a charmed life with no problems or no ills and your kids are not sick, it's not compelling to figure out what you can do to change things. But if you've had a life of one medical problem after another that your child has, or your husband, or someone in your family, you get to the point of deciding that you must take things into your own hands. So I fully understand. I don't want to get this wrong. I understand that mothers and grandmothers have busy lives. But I got to remind you, so did my father. And as I said, he had a business to run, a family to provide for, but he

had a desire. And that's what it takes, a deep, boiling desire. And remember, he used his driving time to his advantage. That's what I did when learning homeopathy, too. And to be honest, it's also how I studied for that darn exam back in 1975 or whenever it was.

Jendi: So did you have podcasts or audio CDs available for you to learn homeopathy?

Joette: Well, of course, there were no podcasts back when I was learning homeopathy in the '80s. When I was learning this as a student, I'd go to my classes in Toronto and New Jersey and New York and I'd take notes. And when the kids were in bed, I'd read these notes into a tape recorder. That kind of gives you an idea of how long ago this was. And then I'd listen to them in my car. So I was listening to my notes and my own voice over and over again while I was making meals, while I was making bread, whatever I was doing, laundry. Not only did I benefit but my kids did, too, by listening to this. So not unlike my father's passion rubbing off on me, my passion then, in turn, rubbed off on my kids. They not only learned some homeopathy, which is an important enough tool, but they learned time management and the importance of diving into what you love and taking it seriously. So it gave me a chance to teach them three levels.

Jendi: And you demonstrated the importance of continually gaining knowledge.

Joette: Yeah. That's very important. It should never

stop. Who doesn’t love learning and stretching your brain? There’s more pleasure in that than most activities in life.

Perseverance and commitment in treating your family

Jendi: So we heard about perseverance in real estate exams and in playing music. Can you tell us about perseverance in relation to homeopathy and in treating our family?

Joette: Okay, let’s see. I’ll give you one example that caused me a great deal of concern when my kids were little. One of my children was a bad sleeper. He would keep me up at night. Night after night, I’d walk him and then after a while, my husband helped me and we would take turns walking him all night in two-hour shifts, not unlike a night watch on a boat while on their way. It was pretty tough.

Jendi: Yeah, it sounds tough. Do you know what was wrong with him or what was keeping him up?

Joette: Well, at the time, I didn’t know, probably for two reasons. One was that I was not seasoned in homeopathy and the other was that I was so sleep deprived and overwhelmed that I didn’t put two and two together.

Jendi: But now you know what the problem was?

Joette: Well, sure. In hindsight, it always offers clarity.

Jendi: Yeah, and you’ve learned a lot since then and

practiced and trained.

Joette: Yeah. When you see this in other children, after a while, it becomes pretty focused on what the deal is. And that's what I want to impart to our listeners and readers tonight. My experience is not unlike what many mothers suffer with their children. It took me a very long time to figure out that my baby had gastrointestinal problems even though it was glaring me in the face from nearly day one. His belly was tympanic and he had a very small appetite. And I finally gave him *Lycopodium 200* twice a day for a few months and his belly took on kind of a better profile. It wasn't as swollen. And his sleep was improved. It had restored somewhat. But then I was afraid because I didn't know enough about homeopathy at that time to know what to do next. So I stopped giving it to him because I was afraid I was going to use it too frequently. Now I know better. Now I know we do need to continue with it for sometimes many months. And so within a month of having stopped it, it all started again, and the sleep, and the swollen belly, and the low appetite. So I began using *Lycopodium 200* twice a day again for another several months. Years before this, I would not have known to repeat this if the condition returned or even how to do so.

Jendi: So how did you decide which remedy to use and how much to give him and how long? That's the big thing with me. You spit out so many different remedies and I go, "I don't know what to use."

Joette: Well, you're right. That's right.

Determining the correct remedy can be hard enough without having to decide on the potency, and the frequency, and for how long, and what to look for, and even how to interpret what you're witnessing. So back in those days, I employed classical homeopathy. But today, I've changed that. Now, what I use is what I call practical homeopathy based on Doctors Banerji protocols. They're called the Banerji protocols, which I talk about a lot on my blog. And this is why I love teaching this practical method. Because it takes all the guesswork out of it. The Banerjis have ironed out the kinks and they've handed it all over to us. They've handed it to me on a silver platter. In fact, on my course called *Good Gut, Bad Gut*, I teach how to use *Lycopodium 200*, but the Banerjis mix it with *Arsenicum 3* twice daily. And that's for bloating and a belly that's distended, and I've used that now for several years and I find it's even better than just plain, old Lycopodium. Because Lycopodium helped my son, but knowing what I know now over the last few years, I believe it would have worked much more thoroughly, and maybe even faster, had I employed it as per the Banerjis' protocol, mixing it with Arsenicum. Then I also would have added *Bovista* for my son's food intolerances because I assume that's what was going on and his low appetite that I was actually unaware of at the time. And a Banerji protocol that I would use today for my son had I known about this many years ago would have been *Coffea 200* to help him sleep. So that's what I wish I had known back at that time.

Jendi: So then you were just treating the effect. But to add these other things, you'd be treating the cause as well as the effect.

Joette: Yes. That's the best way to approach this. And in many kinds of cases such as this, that is the best approach. Since this occurred over 20 years ago, I've worked with thousands of students and clients across the world, and this has become a specialty of sorts of mine.

Jendi: You mean, dealing with the children who don't sleep?

Joette: Actually, no – children and adults who have problems that seem unrelated to the main issue which is actually a gut problem in the long run.

Antibiotics and why we should avoid them

Jendi: And I keep hearing that these days in a lot of different things. It's kind of like the buzzword, that it's a gut problem.

Joette: Right. Well, I agree. And I blame it not only on the foods that are eaten but more importantly, much more importantly in my estimation, on the drugs that are taken. Antibiotics cause long-term illness, and they're handed out like candy. And the new way of dispensing antibiotics is for the pediatrician to now say something like this – I've heard this; the pediatricians haven't told me themselves, of course, but the mothers relay this to me – the pediatrician says, "I know. I agree. Antibiotics are bad. But this one I'm giving you for

your child's ear infection is different. This is a mild one." So they're catching on to this fact that mothers have caught on that the jig is up, basically. So I call this sugar-coated drug deal. I'm sorry, but an antibiotic is an antibiotic. Listen, if it kills bacteria, it kills bacteria. It's like saying, "This pesticide is a mild pesticide. It only kills gently with rainbows and flowers and things." It's all malarkey. The next thing they'll try to sell you is the hottest new vaccine to protect your sexually active 2-year-old.

Jendi: Oh, my. And when is it going to stop?

Joette: It never stops. It doesn't. It's not going to. Why would it? If you're willing to buy once from this kind of thinking, then the pattern has been developed. And then the expectation is that you're willing to buy again. So upsells are profitable at a pediatric practice. I know because I know marketing and I know upsells. Upsell such as vaccine sales if properly utilized can represent a large percentage of profits for an otherwise not very profitable practice. In case you don't know, pediatricians represent the lowest incomes in the medical world. They make less than most accountants.

Jendi: I did not know that. But I'm also interested into why would that matter to mothers? Because doesn't that mean the pediatrician isn't as worried about money and would make his advice more pure?

Joette: I don't agree. I don't think so. I think it makes him more worried about finances. He, or it

could be a she, has spent approximately as much time in medical school as the cardiologist or the surgeon has, maybe a year less. Spent just as much in tuition and has less to show for it now. It matters that mothers know what drive their experts. We should know this, what drives your car salesman, your real estate agent, so that you can discern what part of what they say is benevolence and which part is self-driven.

Jendi: It makes them sound like very selfish animals.

Joette: Well, they're really not though. It's just the reality of the world. This is my take on it. Live your life and think the way you want, but I believe that it's time that mothers come to realize that no one except your family is out there protecting you and your child. No one. Not the government, not the food industry, not the education system, not the doctors. As soon as you recognize this simple but important fact of life, you'll be able to step back and make much, much better decisions about your health and your family's health.

Jendi: And that's why you want to get your message out to mothers to learn how to take care of their families themselves.

Joette: You bet. And I offer no apologies, Jendi. If you decide to purchase my courses, certainly, I make a profit. I do, indeed, have fixed cost and a number of staff members but I also offer other information

for free on this blog and this podcast. And if our listeners do nothing but use these resources, buy a few books, they'll be far, far ahead of where I was when I began my journey treating my kids, my family, myself some 29 or 30 years ago. So I tell folks all the time, "Don't buy anything from me. It's okay. Just pass this on from one mother to another, from one grandmother to another, from one neighbor to another." I know it's cliché but I want to change the world one family at a time. And I know that sounds goofy but it really is the truth.

Jendi: So let's get back to the subject at hand about how failure is not an excuse.

Joette: That's why I need you, Jendi, to keep me in line, to keep me straight here now. Okay, so let's get back to the idea of what we're talking about. So the way to succeed is not just to persevere but to do so with your eyes wide open and learn to play the game better than anyone. It took me years to pass that real estate exam but once I got it, I was unstoppable. And I wasn't deluded into believing that it was owed me or that others were there to help me pass it. There wasn't anyone there to help me pass it. They wanted me to not pass it. Instead, I learned early in that career that the goal of the industry was to keep me out of the loop. But if you break down the issues or the aspect of what you want to learn into small parts, manageable parts, it's of course, more doable. So as I say, it's a free blog, it's a free podcast, inexpensive CDs, downloads, more involved courses, and all of that. And all of

that can be broken down and you use each piece as you need it. And if you don’t want to go any further, that’s fine. Unfortunately, the goal of keeping mothers and others out of the loop is not so much for modern medicine but especially pediatrics.

Jendi: So I’m getting the impression that you really don’t like pediatrics.

Joette: Sorry to say, Jendi, but yes. I’m cross that they have stripped young mothers of their mothering dignity. I believe they teach mothers that they don’t know how to take care of their children without running to the doc for every sniffle and sore throat. I don’t like that they upsell drugs. I don’t like that they dole out antibiotics at every turn. I don’t like that they put little boys on Ritalin. They act too boyish. They don’t want to sit still in school. And they put little girls on birth control pills if they get acne. I don’t like that they send the mothers out of the examining room while they entice, and I mean, yes, entice girls to take birth control pills. I’ve heard far too many stories. I don’t like the whole racket.

Jendi: Previously, you have said that to understand how to approach taking your child to the doctor, you need to think of it like a game of chess. Can you elaborate on that?

Joette: Yes, sure. Well, you don’t put your queen out on the middle of the board and remove your hand from her. You look around. What will happen next once you make that move? What will your opponent’s

posture be? What will they do after you lift your hands from that precious queen? Then what will you do after that? You have to know that. What are you going to do next? You must know the game, and that includes the players, the motives, discerning your goals, and how to move forward.

Jendi: So do you intend for us to look at the doctor as an opponent?

Joette: What it means is that if you take your child to a doctor for an ear infection, you need to know what he will do about it. If you don't agree with that move, then why make the first move?

Jendi: How do you know what he'll do?

Joette: Well, to be honest, it's fundamentally the same for everyone. That's the way I see it. If there's an infection, you get an antibiotic. If it's viral in origin, antibiotics are still administered, just in case it turns into a bacterial infection. There seems to be a casual regard about these drugs. If you have an allergic reaction, you give a steroid. If it's on the skin, it's smeared. If it's in the lungs, it's inhaled. If your child has a cough, it's suppressed with a suppressant. If it's a behavioral problem, it's also suppressed but this time, with psychotropic drugs to numb down the behavior. If it's a combination of all of these, the child gets all the drugs. But if he doesn't know what it is, he'll send you to someone else.

There you have it. That's it in a nutshell. I can't

tell you how many times people tell me they have this inflammation on their skin and they go to the dermatologist and he tells them, “You have dermatitis.” Well, *-itis* means inflammation of, and *derma-* means skin. You already know that. That’s why you went there. Why did you need to ask someone else about what it is? He’s just giving you the same words back again but it sounds so, I don’t know, clinical. People are too easily impressed. And if you’re going there just to find out whether there’s an ear infection or a sore throat or not, I’d think, “Hmm, really? You mean, you didn’t know that already?”

It’s not difficult to determine if there’s an ear infection, or a urinary tract infection, or a rash, or a fever. If you know what it is and you know that you’ll not submit to an antibiotic and steroids, then why would you go? You can do this yourself. Now, I’m not saying you can just do this yourself without preparation. And I also am not saying you should always avoid the doctor. I want to get that straight. But after a while, it comes into focus that this just isn’t that difficult to figure out yourself for most common childhood illnesses. It’s a matter of a learned skill.

Change your way of thinking when it comes to treating common diseases

If you agree with that thinking, then carry on. But if you don’t, it’s time to make the change and use your head. You learn the top three homeopathic medicines for ear infection. Just know them. Look

them up. Look them up on my website, look them up online. Know those top three homeopathic remedies and have them on hand. And then if your child is prone to rashes, then you learn and have the top three homeopathic remedies for rashes. This is not complex. And you learn how to put it all together. It's a matter of some fascinating reading that you'll never regret having read and of taking your life on yourself. Not compromising, because compromising always has the potential of bringing you to your mediocre side.

Jendi: Can you give us a specific example?

Joette: Yes. Let me give you an example of strep throat. Pediatricians believe that strep throat is an automatic call for antibiotics. Why? Because they call to our attention that they can cause rheumatic heart disease. But when you lay their argument alongside the one for not using antibiotics, it begins to break down. Antibiotic use, particularly repetitive use, but sometimes not even repetitive, has been demonstrably shown to cause not just a little bellyache that some little probiotic would remedy, but often causes long-term chronic illness such as eczema, asthma, behavioral issues, even neurological conditions. Really, to fend off strep infection? More importantly, it all sounds like strep is serious. And indeed, it has the potential of being serious. But if you know what to use homeopathically for strep infection, it's a slam dunk. It is not difficult to treat strep infections with the correct homeopathic medicines. So you see,

you need willpower to withstand this kind of thinking, and then have a solution in the wings. You can't do one without the other. But once this step is taken, the hardest work is done, the kind of self-discipline you will need to stay the course and learn for yourself.

Jendi: So how do you see that this fits into our failure theme today? Do you think we all tend to do the mediocre?

Joette: Yeah. I think accepting failure is not only somewhat innate in humans but it's reinforced further with this kind of medicine, for example. What else can we do? We've got to accept the antibiotics, do this or that, or know that's what kids get. So what do you expect? So I guess you just have to do it. Well, my answer is that I expect a medicine to make my family and me, well, not short-term more comfortable only to slam us in the long run for years, if not a lifetime. I'm in this for the long haul. So are you. So are all our listeners. Mothering is a lifelong commitment. My kids are adults now. I'm still just as committed now as I used to be when they were little.

Actually, I've come to expect that my medicine has a reputation for being curative and it leaves my family in a better stead than when we started. I don't want something that's going to beat them up in the long run and is going to cause long-term illness. The human body is equipped with the ability to repair and defend itself against most infections. All it needs is the proper stimulation to activate

self-healing. And concurrently, the human will is equipped with the ability to withstand defeat. All it needs is the proper motivation to activate self-mastery.

Jendi: So are those your parting words of encouragement for us today?

Joette: Now, now, Jendi, you're always trying to rush me. One last thought. I want to tell you that fail you must. We all must. But to not continue until success is reached is what separates mediocre medicine from mighty medicine, and further, a mediocre mother from a mighty mother.

Thank you for listening to this podcast with Joette Calabrese. If you liked it, please share it with your friends. To learn more and find out if homeopathy is a good fit in your health strategy, visit joettecalabrese.com and schedule a free 15-minute conversation.