Podcast 159 – ‘But My Doctor Said …’



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Gateway to Practical Homeopathy®: A Guided Study Group Curriculum

Additional resources:

Joette Calabrese on YouTube (Monday Night Lives)

Joette's Learning Center

The Academy of Practical Homeopathy®

PracticalHomeopathy.com

Joette's Study Group, Find Your New Study Group Friends

Joette's Mighty Members

FindAPracticalHomeopath.com

Kate:

This is the Practical Homeopathy® Podcast, episode number 159, with Joette Calabrese.

Joette:

Hi, I'm Joette Calabrese, and I welcome you to *our* health care movement – yours, mine and the countless men and women across

the globe who have retaken control of their families' health with Practical Homeopathy®.

So, for the next few minutes, let's link our arms as I demystify homeopathy – what was once considered an esoteric paradigm – into an understandable, reproducible, safe and effective health care solution available to all.

This is the medicine you've been searching for – my unique brand of homeopathy, *PRACTICAL* Homeopathy®.

Introduction: "But my doctor said …"

Kate: (01:00)

Welcome to the Practical Homeopathy® podcast with Joette, where we empower you to take charge of your family's health with Practical Homeopathy®.

I'm your host, Kate, and I'm here today with Joette, your teacher and mentor and the founder of Practical Homeopathy®.

Today's episode is for everyone who has ever walked out of a doctor's office feeling perhaps dismissed or maybe confused – not sure you've been given an effective solution. Well, Joette is here today to pull back the curtain on the phrase we've all heard, "But my doctor said …"

So, get ready because this podcast is going to give you courage and clarity.

Joette will share why even the best doctors can be wrong (or maybe their knowledge limited), why the hidden costs of blind trust in titles and white coat can be deceiving. How to find those rare doctors who actually do think outside the box, and the life-changing moment when you finally put the mask on and see what homeopathy can really do.

Joette will explain that a little more later; it's not what you think.

Hi, Joette.

Joette:

Hi, Kate. We're talking about a different kind of mask, but we'll get into it.

Kate:

Yes, exactly. It's a really great analogy that you have. So, Joette, as we get started today, what were you referring to when you said, "But my doctor said …"

There is a price for convenience

Joette: (02:25)

Let's start with this idea. We have to step back a little bit. The idea that I want to get across today is that there is a price for convenience. We all know that convenience foods, convenience drugs – conveniences – we pay for them on one level or another.

It's easy to go along with conveniences because … there it is. That also is the same for it's easy to go along with what the doctor said because it's convenient!

It can represent work if we must figure this out ourselves or dig about and find another doctor, maybe not even in our area. We may even have to travel, drive a distance, maybe even fly a distance, depending on the degree of the condition or the degree of commitment, or … you know, it depends on the situation, of course.

So, we have to be very careful, too, because it's easy also to get the wrong information.

And what I mean by that is that if you ask a friend who their cardiologist is, it's likely a cardiologist that's well-known in your area. And the reason I say that is because I know that

many doctors – not all – but many doctors are master marketers, and they've been labeled "the best cardiologist in the county" or "the best allergist" in that hospital.

And maybe the doctor *is* the best cardiologist or the best allergist. But you want to be sure that the information you're getting is not because the doctor is a great marketer.

And so, we may have to travel to find *truly* the best. That can take some time that may require you to do some research.

And it depends on what *you* mean – and what the *doctor* means – by "the best."

Now, for my money, I want to know that a doctor thinks out of the box.

I don't want someone who is told what to do by the pharmaceutical rep that trots up to his office and keeps his training up to snuff with the drugs that she brings in. I want a doctor who eschews drugs, will do everything he or she possibly can to help a patient get off of drugs or to not get on them in the first place.

I want someone who's aware of the importance of diet and lifestyle. That really matters an enormous amount to me, and that doctor may not be what *they* call "the best doctor" in the county or "the best doctor" in the city.

A lot of times, the best doctor is the one who has the best procedure – say, surgical procedure – and is articulate in describing what he or she's doing; or has great, steady hands as a surgeon; or has a wonderful surgical technique but is wanting in other areas. And so, you have to weigh that out.

So, it's a hidden trade-off – that convenience, that prestige – that doctor comes with. And you also have to be concerned about insurance coverage. A lot of times, the doctors that are the best ones are not even covered by insurance, and you may

have to think that through as well.

So, one of the ways that I'd like to tell people to find a good doctor is find a book that you agree with. Let's say there's a book that … let's say, it's a cardiologist. And the cardiologist has authored a book on the hoax of cholesterol. (In fact, that actually is the title of a book. It's called "The Cholesterol Hoax," and I think it is written by a cardiologist. I don't remember right now.)

But if the book resonates with me – if it makes sense to me – then the first thing that I would do is contact that doctor. And so, let's say he's in Minnesota, and you're in New York. Doesn't it make sense, perhaps, to at least talk to this person, particularly because there's a lot of medical work that's done online these days?

So, step outside of that, "It must be someone local. It must be someone that I'm told is the hot guy in the neighborhood." And also, we must think outside of the box in terms of whether or not our insurance covers that work with him.

Doctors whom Joette follows

Kate: (06:40)

So, Joette, can you expound upon that a little bit and share maybe some of the doctors that you follow? I know there are people that you like to listen to online.

It takes a little bit of research, as you said, to find someone perhaps in your area, the expanded area. But who are some of the people that you like to listen to that are doctors?

Joette:

Well, what's interesting is that when you find someone online that's quite devoted to his craft, a lot of times you'll find that they make their information available – and themselves

available – to more than just their local constituency.

For example, Dr. Ken Berry. He's on YouTube. I've been following him for a very long time. He discusses diet in great detail, but he especially spends a lot of time on diabetes and insulin resistance.

He believes that the Diabetic Association in the U.S. has been bought out. So, instead of telling people, "And if you're going to an endocrinologist, you're stuck with someone who is probably following the concepts that are being put out by that organization." Instead, he's decided to start his *own* diabetes association. And there are doctors that will be associated with that. I think it's already up and running now, including, I believe, himself, where you can meet up with them online.

And that is for, of course, diabetes. But diabetes is behind the cardiological problems. Diabetes is behind the obesity problem and the cognitive problems, et cetera, et cetera. So, it's not a bad place to start.

But then I also like Dr. Shawn Baker. He's an athlete and an orthopedic surgeon. He's on YouTube.

I like Dr. Robert Kiltz. He is a fertility doctor. I think that just being able to schedule an appointment with someone like that – to meet with him – could be very useful.

Then there's Dr. Anthony Chaffee. He's a neurosurgeon.

So, you see, all of these doctors are very involved in diet as well as their specialties.

There's also Dr. Ben Bikman. Now, he's not a medical doctor; he's a PhD, but also quite informative, teaching people about insulin resistance.

And also Dr. Annette Bosworth, or "Dr. Boz," she's called. And she's an internist … in internal medicine. I'm pretty sure that's what she covers.

Then also, a great resource for finding a good doctor is to check out Dr. Weston A. Price Foundation (or the Weston Price Foundation). And going to their conferences is valuable, joining their organization and getting their quarterly journals.

These are the ways that we could get some very good resources under our belts.

Finding a local, open-minded doctor is possible

Kate: (09:31)

You might think that these doctors are all online, and they're nowhere near me. But once you start digging, you can often see that these doctors will have information or organizations like you were saying earlier, where you can find doctors who are like-minded and maybe closer to you than these people. But this will get you a start on your research.

But Joette, I wanted to share a story about a local doctor, if I might.

Joette:

Sure, please.

Kate:

When I was helping my mom and I was taking her to a doctor after she had a stroke – I think I've talked about this on a podcast before – but we had a doctor that was very open-minded. She specialized in geriatric care, but she was very open-minded.

I had just gotten some referrals from people locally to her. She was willing to diagnose and tell me what is going on with my mom, and then open to saying, "What is it that you have in your arsenal? What homeopathics do you think might help this situation?"

And so, I just want to encourage the listeners that there *are* people – even if they're not local-local – there are doctors who are more open-minded and willing to work with you. So, you just have to do some looking for those doctors.

Joette:

Yeah, you were lucky, Kate, that she was as open-minded as that. But I must say that since 2020, 21, 22, 23, 24, we are seeing a lot more doctors coming alive, questioning the CDC, questioning the so-called authorities and stepping outside of the box and doing their own research and reading, and not counting on what they learned 20 years ago (even 40 years ago in medical school) or what the pharmaceutical rep is telling them every Friday when they trot in with the chicken wings.

So, normally, I find it irksome when a doctor has to be trained or taught by you. And instead, I prefer to be taught by someone who's more learned than me. But in your case, it worked out beautifully because she admitted she didn't know, and she was asking you. And she probably – is my guess – has started to question why those medicines worked like they did and how they helped your mother here and there.

Kate:

And how she could avoid the myriad of medicines people are usually on as they age … and especially in the facilities. My mom was not on very many meds like so many of the other people there.

Joette:

Yeah.

So, I'm not looking for this opportunity, and I'm not encouraging people to necessarily do this, but it's an opportunity to explain to the doctor what homeopathy is. I would *not* urge people to do this on a regular basis, or with

their doctor on a day-to-day basis, or when they go to see their doctor, unless they have a very special relationship with them, because most doctors are not interested.

In Kate's case, with her mother's doctor, that was much different. And even if she knew – or they know – a little bit about homeopathy, they don't realize the depth and breadth. They think, "Oh yeah, homeopathy, sure, *Arnica montana*. Yeah, we've used that for bruises or injuries that come into the hospital."

And there are doctors who do that throughout the U.S. You know, when you know that there's something that's available, you know what it is, you have an idea of what it is, but it's not until you dive deeply into it that you realize the depth and breadth.

Put on that mask (no, not the one you're thinking of)

Joette: (13:06)

It's not unlike – and this was our analogy regarding the idea of wearing a mask – when you know that there are fish under the water when you go and you dive down off the shore of Florida or California. But it's not until you put a mask on, maybe a snorkel too, and you really get involved, and you really see it that this whole new world becomes apparent to you and how alive it all is and how vibrant and how varied it can be.

And that is what we know – for those of us who use homeopathy – what the extent of homeopathic medicines can have in someone's life. That's what we want to, of course, allow our doctors to learn about as well.

Now, again, I am going to repeat: I don't believe that you should be training up your doctor unless you have a very special relationship. In Kate's situation, that was a special

relationship, and I think you hit the jackpot. It was almost by accident, wasn't it, Kate? It's not as though you sought her out. It just turned out that she was willing.

Kate:

Why do you think it is that people, or even physicians, don't put that mask on and really dig into this paradigm?

Joette:

That's a good question because they're thinking, "Well, *Arnica*, that's the extent of it. Oh, that's nice. It's a lovely medicine for an injury, a mild injury or maybe a cold or something like that, but not for something as severe as 'fill in the blank,' " (whatever it might be).

So, part of it is, of course, habit. It's what they've been accustomed to doing, and people don't want to break a habit. It requires time, requires effort, and sometimes it even requires accepting that you were wrong about the paradigm you'd been using all along.

And of course, we don't want to make someone uncomfortable with our knowledge, but if you can gently explain it, that can be very useful.

And then another thing that, of course, is skepticism. I mean, there's no doubt about it that they can just simply be skeptical. "Well, they're just little white pills. What could they possibly do?"

And then there's also … anytime we ask someone to make a change, there's fear. Fear of the unknown, fear of wasting time, fear of looking foolish, potentially fear of mistakes made around it, and there's just too much involved.

"But my doctor said …"

Kate: (15:34)

So, let’s go back to that saying, “But my doctor said …” We’ve all heard it from friends or relatives when maybe we say, “Oh, you’re suffering with [let’s just say] arthritis.”

Joette:

Yes. Yeah.

Kate:

And then you say, “Well, I might have something that could help that you might want to consider.”

And they say, “But my doctor said I should be taking this medication or whatever it is for my arthritis.”

Joette:

“But my doctor said …” And usually there’s, “*Oh, but* my doctor said …”

As soon as someone says, “Oh, but …” in one way, it’s an invitation for you to dispel what they’re thinking. In another way, it could simply be, “No, I have to do what my doctor says.”

And that is the sticking point that we want to get past because we don’t need to do what our doctor says.

And for one reason is you might find that that doctor says *that*, but two other doctors say *this*, and a fourth doctor says *this and that*.

So, it all depends on who you ended up choosing in the first place as to what kind of care, what kind of decisions will be made for you.

When someone says, “Oh, but my doctor said …,” you can give a little answer and then drop it. That’s the way that I look at it. They’re usually digging their heels in. So, it’s a way of saying, “I don’t trust what you’re saying. [Basically.] I

don’t believe that this could possibly be of any value to me. And my doctor, who is my authority, has told me otherwise. Hence, I’m not going any further.”

Kate:

I’d like to give an example of what you were talking about earlier. I knew someone – this is with a dentist – but just how, when you go from one doctor to the next doctor to the next doctor and how varied it can be. So, this person went to a dentist, and they said, “Oh, you need a crown on this tooth. No ifs, ands or buts.”

Then she went in to another dentist, and that dentist said, “Oh, no, I can just do a filling.”

That is a huge difference.

Joette:

Yes, it is.

Kate:

It’s a crown which would remove a lot of the surface of the tooth, and it costs who knows how much, $15–1,600, versus a $300 filling and keeping the structure of the tooth intact.

So, you really have to ask questions, get second, third opinions and do your research.

Joette:

Well, getting a second or third opinion is really important idea, but also want you to remember that many of these doctors and dentists are trained in the same fashion, so you may have to go to a third or fourth opinion.

Kate:

That’s true.

Joette:

And in that case, I urge you not to bring it up to that second or third or fourth opinion that you're contacting them as a second opinion. If they think they're a second opinion, well, it's like a professional slap in the face. "Why are you not coming to me as the primary opinion? I'm the secondary, I'm the tertiary opinion?"

So, you might want to be extra careful about how you present that because, after all, they are human, and they have human emotions just like the rest of us.

Questions for the doctor

Kate: (18:44)

So, let's talk about some takeaways with this whole discussion of, "But my doctor said …" So, I think what I heard you saying is you want to respect the doctors during the appointment and not try to persuade them necessarily. You want to thank them for their help, not arguing. And it depends on your relationship with your doctor as to how far you go.

Joette:

It does. And there are times when we need to know a little bit more. "So, Doc, what are the long-term studies on this drug? And are there any non-drug options?"

Now, people often ask that. "Isn't there something we can do that's natural?"

Well, I have to tell you, if the doctor thought that something natural could be done, my guess is that's what would've been brought to the fore. But doctors generally are not taught to do something natural. They're taught to use drugs – synthetic drugs of commerce – or surgery, just know that.

So, the next question might be, "So Doc, what would you do if

you were in my shoes? Or would you prescribe this for your mother or your wife?" And I can't imagine that if you asked a doctor that question, they would say, "Oh, well, for *me*, I wouldn't take that drug. Or if it were my *wife*, I wouldn't prescribe that."

That would be a very strange thing to say after you just finished prescribing this particular drug or surgical method for you. And then say, "Well, but *I* would never do it."

So, that kind of a question is not very valuable, if you ask that question of the doctor. What you really want to know is if the doctor is in the same court as you. Is this doctor extremely conservative? Will this doctor keep from using the most extreme methods and do everything he or she can do to keep from subjecting you or your loved one to unnecessary procedures or potentially dangerous procedures down the road?

Kate:

So, what do you do, Joette, when a doctor doesn't know what the answers are, and then they refer you to a specialist? I know you had an example that you talked about earlier of someone who was referred to a specialist that really had nothing to do with her condition, and you couldn't see how it related. Can you talk about that?

The specialist referral

Joette: (21:06)

Yes. This was a client of mine who was seeing her primary care doctor. And she had joint pains in her fingers and her feet. And the doctor had been working with her for some time, and they couldn't seem to get a handle on it.

Yes, she was taking Tylenol and some of the other drugs that are commonly used, and it's hard for me to remember them all because they're changed so frequently. And it was helping a

little here, but there were side effects that she was very unhappy with it.

So, what the doctor prescribed was – the last time she saw him – was to see a cardiologist.

I said, “A cardiologist? Did the doctor find something wrong? Was your blood pressure out of whack? Were you having palpitations? Did you explain that you had anything like that going on?”

“No,” she said, “because of my age, the doctor referred me to a cardiologist.”

And so, now, the cardiologist wants to do lots of tests – stress tests – because how can the cardiologist read and understand and take the case if they don’t have a baseline?

So now, she’s gone to a primary doctor who is not helping with the joints, and now, she’s going to a cardiologist who wants to do tests. And some of the cardiological tests can be invasive. Not to mention the angst that that causes can be tremendous, depending on the personality of the person.

So, it’s, in a way, kicking the can down the road and kind of getting the person out of view for a while and hoping that after a while, perhaps the drugs that were prescribed will start taking effect over a period of time or something like that. I’m not sure exactly what the rationale was of the primary doctor.

This is one of those times when you want to make sure – as always – that you get copies of all your records.

If you’re at the dentist, you can ask for a copy. They often will give them to you. If they don’t, then you take a photograph on your phone. Take an image of the X-ray, if an X-ray was done (if it’s absolutely necessary) or of the sonogram. Take images of that, so that you’ve got copies of

it.

And I think it's prudent for you to own all of your copies, all of your labs, your reports, and anything that has to do with your health in your own file cabinet or your own file in your phone.

Closing advice

Joette: (23:27)

I guess the last thing I know you're going to ask is, "So, what should we be doing?"

Kate:

Right? That's the question.

Joette:

So, what's the upshot?

Well, we've given a couple suggestions here, but one of the most important things is to learn homeopathy. I mean, really learn it. Really understand how to use it because no one cares about you like *you* do. No one cares about your family member like *you* do.

The moment you leave the doctor's office – even as a very caring doctor – they're onto the next patient. They're not thinking about you or your loved one in the least. It's done. Now they move on.

So, it's up to us. It begins in our own heads, in our own libraries, with our own books, in our own Gateway groups, in our study groups, so that we can increase our ability to protect ourselves and our families.

So, I'd like to close this little podcast today with the thought that trusting authority is super easy, and that's exactly what authorities count on. But it's work to not. It's

work to do research, to take it on ourselves. Taking responsibility for your health can be difficult, but it's the only path that I know of to true freedom and lasting wellness.

And I also have to add that the journey along the way is not only fascinating, but deliciously intellectual … this kind of commitment to your health, your family's health.

Learning how to use homeopathy has the potential of changing the trajectory of the next six months, year, 10 years, and even onto the next generation.

It's well worth your effort and your time.

It's my honor to share many lessons on this simple method of using homeopathy for free –without affiliates or advertising – here in my podcasts, but also my blog posts and Monday Night Lives.

But it's *critical* that you learn how to use these medicines properly. These podcasts should serve as only the *beginning* of your training. Peruse JoettesLearningCenter.com to find fun study group opportunities and in-depth courses developed by subject.

So, with the proper training, you can join the thousands of students before you in developing the confidence and competence to protect the health of your family and loved ones with my brand of homeopathy, Practical Homeopathy®.

Kate:

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