Podcast 49 – Shedding Light on Provings and Aggravations

IN THIS PODCAST, WE COVER:

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LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Gateway to Homeopathy Guided Study Group

Joette Calabrese Facebook page

Petroleum 200C for dry skin

Cantharis and *Medorrhinum* for bladder issues

Gelsemium 6C for anxiety and nervousness about upcoming event

Lycopodium 200 for bloating

Camphor 200 one dose, one day to antidote (see blog post: "Stop It! How to Antidote a Bad Drug Reaction"

Ignatia or *Aconitum* for anxiety

Gelsemium 6X for chronic anxiety

Ignatia for nightmares

Facebook Live: Provings and Aggravations

Facebook Live: Provings and Aggravations: Take 2 (better video quality than previous)

Podcast 33 – New (and Not So New) to Homeopathy Part II (section on proving)

Looking for Proof That Homeopathy is Effective? We've Got It! (blog post containing brief history of Dr. Hahnemann's usage of provings)

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

Joette: Everyone is very frightened of provings, and I am here to say, "I'm not worried about provings!" I don't know where the idea has come from that proving is a very, very dangerous thing. It is not.

Kate: You are listening to Podcast Number 49 at practicalhomeopathy.com with Joette Calabrese. In today's podcast, Joette will address the topic of provings and aggravations. Listen in as Joette answers some of your questions about this subject.

Joette and I are here together again today to bring you another podcast from practicalhomeopathy.com. Joette, I'm having a hard time keeping a straight face because I'm looking at you and you have this white, huge thing on your microphone. And it looks … I don't know … it looks like a big sock on your microphone.

Joette: I know. It looks like I have like a dental infection or something, and I've got tooth pain, and I've got ice in there or something. So, it's all puffed up around my face.

Kate: Oh, my goodness!

Joette: We left our filter back in our other home, and it's hard to remember to bring everything back and forth. So, you got to look at this funny looking sock on my microphone.

Kate: Because you're in Canada right now, right?

Joette: Right.

Kate: Yes. So, you're back in the cold, yay!

Joette: Yes.

Kate: Okay, so let's talk today, Joette, about … we have a couple of things coming up soon that we're going to be launching. Why don't you go ahead and tell us a little bit about what's coming?

What's new with practicalhomeopathy.com

Joette: Well, the first thing that's coming up that I keep promising folks who ask me that, "It's going to be coming next week," – but, I don't know when it will be finished – is our Gateway II (which is the follow-up to the study groups that had started before). You taught a few of those courses – actually many of those courses – haven't you, Kate? You've gotten to be kind of our expert in running those courses and bringing people in – mostly moms and

grandmothers from all over the country, even all over the world – to meet once a week or once a month. So, this is a follow up to Gateway I. So, it's for those who've already taken Gateway I. They can join right into Gateway II. So, just watch for that.

What I love about this Gateway curriculum is that they are … it's an opportunity for folks to get to know each other and spend time together. I'm told that, in fact, one group has gotten so close that – they are from all over the country – they're actually all meeting in Florida in a couple of months. They asked me if I would join them and meet them for lunch, and they were going to have a slumber party. I said, "Well, I don't know about the slumber party part!" But, it does sound like fun. I do want to meet all these people in person. I've known them now for quite a while because of our affiliation with these classes that I teach and these study groups that have been organized now for probably over a year.

So, these groups, they're kindred spirits. These are moms or grandmothers. Some of them have never had children, but they take care of their pets, et cetera, and neighbors and all. They count on each other. They help each other on Facebook, through the studies and the teachings that I've given them. And I just love that. And some of them branch out and learn other information as well, and they incorporate that into their relationships with their friends. So, that's Gateway II.

Then the next thing that we have going after that or sometime around there as well, is we're now putting together a course called "Mindful Homeopathy." It's going to be on

the mind and emotions, psychological problems, anxiety, sleep issues, attention deficit disorders, etc., behavior disorders in children, behavior disorders in husbands (just being silly), but behavior disorders and anger problems. “My dog had an anger issue after he was vaccinated for rabies,” etc. Those are the kinds of things that we’re going to be touching upon and teaching protocols that are specific. Because the best part about this course, that I believe is one of the most pertinent aspects, is that it will be so easily integrated into any other course that you’ve taken of mine – because, of course, we’re all psychological. You can’t have one condition without another. So, it integrates seamlessly one into the other. It will round out the understanding of how to use homeopathy with these protocols and this practical method that I teach.

Kate: Great! Well, I’m looking forward to taking that course. So, we will look for those things. I’m sure there will be more information coming out on the Facebook page and emails and so forth, so … exciting stuff happening.

Joette’s pet peeves

So Joette, I was thinking today as we were getting ready for this podcast. I was thinking about you, and who you are. I’ve gotten to know you over the last five years, I think we’ve been working together. Some of the things that come to my mind that describe you, some words that describe you, I would say that you are super smart. You’re super fun.

Joette: Oh, smart too, that’s great. Thank you.

Kate: You are classy.

Joette: I don't know where you got that idea!

Kate: You are, and you are classy. You are caring, and you're cheerful and warm. Those are just some of the words, but Joette, let's talk a little bit about what are some of your …

Joette: The downside, my bad side.

Kate: Yeah!

Joette: The *dark* side!

Kate: I was thinking I've never really seen you in a bad mood or upset. You're always very cheerful and upbeat with a positive attitude. That's one of the things that I admire about you and I respect you for. But, I know you like to have fun. And so just for fun, let's talk about what are some of the things that irritate you or some of your pet peeves.

Joette: You told me you were going to ask me this, Kate. Well, we've just moved into a house that I just adore. Really, it's a great little place. It's in Canada. It's not

a permanent move. It's a partial move, but it's a great little cottage. But, somebody about 6-foot-3 designed this kitchen and I'm just skimming 5-foot-1.

So, my husband says, "Well, just get one of those kick stools and kick it across the room and then step on it – you know, that kind of thing with the wheels underneath." But even with that, believe it or not, these countertops are so high, and the cabinets are even higher. I get the use of one shelf in the cabinets. I can't get to the second shelf. *Forget* the third shelf – I'd get a nosebleed if I went up that high. So, that altitude is way out of my reach.

So, it leaves me with a kitchen that's less than as functional as I need it to be, because I love to cook. So that's one of my pet peeves. Whoever, if you could just tell me – now that this out into the ethers – somebody find out *who* designed these tall kitchen countertops and cabinets in my house. So, that's my pet peeve. The world is designed for tall people. The whole world is designed that way. So, that's one of them. I guess my height is a challenge sometimes.

So, I don't know. Another pet peeve … when I come back here to Canada, my skin gets dry. I love being in Florida. It feels so supple and moist and nice. It's always so great. Isn't it amazing? My hands get dry, and coconut oil just doesn't cut it. And I eat a *ton* of butter. I mean, my husband just brought me a cup of coffee, and I put butter in that – a good teaspoon, sometimes even as much as a tablespoon. That just doesn't do it. So just for those who want to know how I treat that, when it gets bad enough then I take *Petroleum* 200C, every other day. Now, it's not that

bad. My hands aren't cracked, but it's just that feeling like, "Oh yeah, we've been in the north now for what, 10 days? And already my skin is starting to get dry." So, there's nothing like the south and the ocean air and the saltwater to make your skin nice and comfortable. So, that's I guess my next pet peeve.

The next pet peeve is probably my dog, Buster, who … he's my pet.

Kate: Oh Buster!

Joette: Yes, he's peevish. I know. I think he's got a bladder thing going on because he gets us up at night. The last two nights, he's been waking us up and saying, "Come on, come on, I got to go. I got to go." At first, we thought it was just restlessness and anxiety, but now I've realized that I think it's his old poodle-type bladder. I think I'm going to give him some *Cantharis* and *Medorrhinum*, and that will probably calm him down. But, my pet peeve is I don't like to be awakened at night because it's hard for me to fall back to sleep. So, Buster is just going to have to either hold it …

Kate: Poor Buster! Awww!

Joette: I know, sitting there with his legs crossed for a while and wait until morning. I'm sure that if it is … that's what it is then *Cantharis* and *Medorrhinum* is going to take care of it.

Kate: I feel like Buster always has something going on, doesn't he?

Joette: He does. He's an old dog. He's 13. And they tell us that, from my readings, poodles don't live very much longer than 13 – anywhere between 11 and 15 years. So, Buster's at his peak of performance. I think he passed that a while ago, actually. But he's actually doing pretty darn well for an old dog. I mean, he's had the fleas. He had fleas last year. He's had tendonitis and those kinds of things. But generally speaking, he's really not doing too badly.

Kate: That's good.

Joette: Because he's our baby, we got to take care of him all the time.

Melanie's story and aggravations

Kate: So today, we're going to talk a little bit about provings and aggravations. Just to flesh that out a little more, really to help our listeners understand how to tell when we're experiencing a proving or an aggravation, and what we can do about that.

Joette: Yes. I have someone who wrote in. I think it was on the blog. I'm just going to read to you what she wrote:

“I need some clarification, wisdom, knowledge. I’m struggling to understand whether new symptoms are a proving, an aggravation, or a symptom of healing. I guess I really don’t understand how to recognize which is which, and my tendency is to assume a proving, and antidote. “For example, this past weekend, I had four performances for church. I took *Gelsemium* for the anticipatory anxiety and to keep my voice steady for singing.”

(You know all about that, Kate. You’re a singer too.)

“I’m also leaving for a long road trip with my daughter this morning, and I’m having a little anxiety about it. Last night, I developed a migraine which I would definitely say fits the characteristics of *Gelsemium* headache and was feeling many of the *Gelsemium* keynotes: fear over health, the anxiety over upcoming event, etc. Instead of taking more *Gelsemium*, I assumed that I proved the remedy from using it so much this weekend, about four to five times, so I antidoted it last night. I still have the headache this morning. Any and all wisdom, advice or article recommendations are welcome.”

So, that was Melanie who wrote that. I don’t know if Melanie is going to be listening to this, but I thought it would be useful to use her story. I do believe, based on what she’s told me – four to five times over a two-day period – no, it’s not horrible, but it’s probably a little bit too much. Normally, if we use *Gelsemium* in a 6C, we use it twice a day or for a couple of days in advance. But if you’re using it four to five times in *one* day, that certainly is way too

many times.

Now, let's say she used that *Gelsemium* only four times over two days. So, that would mean, of course, that she would have used it twice daily. That would mean to me that *Gelsemium* – if it wasn't working – it's wrong. It's either too much frequency, or it's the wrong remedy. It could also mean the wrong potency. So, wrong means a number of things: not just the remedy, not just the potency, but also the frequency. So, you have to get it right. That makes a big difference.

So, when someone says there is a "healing," that is a term that's often used in naturopathic world. But in homeopathy, we call it an aggravation. Things get a little bit worse before they get better. It's often a positive sign, but I find that it's a positive sign more often in *classical* homeopathy. Let me make this distinction first. In classical homeopathy, we generally use one remedy, one potency. Give it once – maybe a split dose, once that morning and then once again that night – and then that's it. We wait six to eight weeks to see what comes of it. During that period of time without taking anything else, we can see that things worsen. What's worse? The symptoms that you've had most recently or even just in your past. If things are made worse that you've experienced in the past … So. if you've had eczema, and it was behind your ear, and now it's behind your knees – that's still the same thing. Just because it's in a different location doesn't mean it's no longer eczema. It's still the same condition. So, if it worsens after taking a remedy from a classical point of view, that is generally considered a positive shift. That means that remedy may have overshot the center a little bit too much, pushed it over but things will soften out. And in short order, things will

become more comfortable again. Then on the other side of that, if we could use it as a bell curve for example, on the other side of the curve is a healing on its way.

Now, that was one of the reasons I didn't like classical homeopathy. I didn't like warning people that there could be an aggravation because then sometimes they wouldn't even take the remedy. Or they would become so frightened that I would have to spend a lot of time trying to convince them to go ahead and do it. Or even including myself, I don't want to go through an aggravation. I don't want to see my children get worse before they get better. It depends on what worse means. And could it be dangerous? It's unlikely to get dangerous when we're using classical homeopathy, because we're moving in a direction of correction. I've never seen it get dangerous, but I suppose it's possible. But at any rate, what I didn't like is … I didn't like all the phone calls. What if this has happened? Does this mean this? Does this mean that? It's too hard to really know until you've had some time to be able to step back and assess. So, I didn't like that aspect of it.

So, years ago when I was studying with Dr. Ramakrishnan, long before I started using any protocols, he told us that, "Well, if you have an aggravation, one of the best ways to keep from getting one – actually to preclude it – is to head it off at the pass and don't give the remedy only once or twice over a 1-, 12- to 24-hour period. Instead, give it twice a day for several days. Even though it was a 6 or a 30 or a 200, it didn't matter what potency it was. Just go ahead and give it several days in a row. Because every time you give the remedy, it calms it back down again. By stimulating the body with the remedy with just one dose or a split dose (two doses in 12 hours or 24 hours), what you're

doing is allowing the remedy to take over and go where it wants to go. But by using the medicine again and again, you're calming it down. Just when the body is about to present the aggravation, you give another dose, and it calms it down. And just when it's about to mount another aggravation – 6 o'clock, 7 o'clock that night – give another dose, and it calms it down. So, that was the first time I ever heard of using the same remedy repetitively, in order to keep an aggravation from mounting. I found it to be super-efficient.

That was way before I learned about the Banerjis. The Banerjis were doing it on their own. I don't know how they came to it, probably in the same way. When you have lots and lots of experience, decades – about a century and a half of the Banerjis cumulatively – you figure these things out. Look at this. You give *Lycopodium* 200 once, and it makes the person bloat like crazy. That's why they came to you was for bloating, but now the bloating is horrible! It's like a beach ball! It's terrible! There's gas, and there's indigestion and everything is worse. Oh, this is horrible! Then about two weeks later, maybe seven days later, the whole problem starts to calm down. That's a long time to wait for some people who are suffering. They have a life to live. They've got places to go, people to meet. And I don't blame them. I felt the same way. I didn't want to have an aggravation.

But by using *Lycopodium* according to the Banerji Protocols – *Lycopodium* 200 for gassiness and bloating and indigestion, and food intolerances *twice a day, every day* – now that might seem like overkill to classicals, but it's *not* overkill. It works. Now, if there's any aggravation at all, it's quite fleeting. It can still happen with this method

but it’s short-lived. It’s not as uncomfortable. In fact, for most people, it’s just a blip on the page. By the time they shoot an email to my assistant to report on it, it’s over with – usually within a day or two, tops. More often than not, we don’t see any aggravation at all.

Kate: So, let’s go back to that example. You were talking about Melanie using *Gelsemium* … I forgot even where we were. Do you remember?

Joette: Yes. I’ve got it. It was for anticipatory anxiety before she sang in church. Most likely, she used it too many times. I can’t say for sure. We don’t know absolutely. But that’s the way I would interpret this. And by doing so, she got a migraine. Now, if she had had migraines in the past all along, then I would say this is still part of the aggravation – because it’s old symptoms that she’d had in the past. But if a migraine was new for her – she’s never had one or they were extremely unusual (maybe she had one 30 years ago and now, she was having one now) – it’s unlikely that that’s what it was, an aggravation. It was mostly likely a poorly chosen remedy, potency, or frequency – and now she was causing a proving.

Kate: Right. That’s what I was going to say. It’s actually a *proving* and not an aggravation.

Proving and antidotes

Joette: That’s right, that’s right. So, a proving is when

we use a remedy incorrectly. We use it too frequently. Sometimes you can get a proving with just one dose. It's pretty unusual, but it can happen. More often than not, a proving occurs when you take a remedy again and again and again. And the symptoms that the medicine is intended to correct are then brought to the person to suffer. And they're usually symptoms you've not had in the past. Now, how do we know that that is – if we're taking, let's say, four remedies – how do we know which one it is? Well, this is where a *materia medica* comes into play. It's important to have a *materia medica*.

You can go online and just look up "Dr. James Tyler Kent, *materia medica*," and look up that remedy. Just put in *Gelsemium*. When you read *Gelsemium*, there it is. Migraines are there. I think that's … I don't know how Melanie found this out. I don't know which *materia medica* she was using. But it matters not. You look under the head section and see if there are migraines or severe headaches. If they present in the same fashion or that they're even there, now you know there's a good chance that the remedy is causing this condition because it was ill-chosen; it was ill-used, too frequently, wrong remedy to start with, wrong potency or something. So, that's the way you have to find out whether or not it's a particular medicine.

In either case, it's *not scary*. I don't think it's scary. It might be scary to the person when first it happens. Apparently, there's a classical homeopath who follows me and believes that this is imprinted forevermore, and that the remedy is imprinted, and now you are stuck with that in your life forever. I don't know. How do you find an imprint? I don't know how you would even know that. How do you know that five years from now, or two months from now, or

whatever, that's still happening? You just antidote and move on. I don't think it's as serious as people make it out to be.

In my experience, after using homeopathy for 31 years and a very, very busy practice with thousands of students, I've not yet learned of anyone who can't get over a proving or an aggravation if they follow the method – and that is to cancel it out using *Camphor*. You don't *have* to antidote. You can just let it be, and it will just go away on its own. It's not going to last forever. I've yet to see a remedy that lasts forever when it's brought up an aggravation or a proving.

So, you can use *Camphor* 200 – one dose, one day – and I've written about that in my blog. Or you could inhale mint, essential oil of mint. Put it to the nostril and inhale it; then put it to the next nostril and inhale it again. We'll put an essential oil of mint on a cotton ball and sniff it throughout the day. And put it on your pillow at night if you still feel it so you need to do that. There's also a wonderful grid that's available in the back of Kent's repertory (the one that is printed in Great Britain, not the one that's printed in India). In the back, there is a grid called "Relationships of Remedies."

Kate: Yes.

Joette: And it has this grid and it shows you the names of all the remedies – not all the remedies but most common remedies – and what's inimical, what is antidoting, what

follows well, what's complimentary for that particular medicine. So, you can look it up!

Kate: So Joette, explain to us what "inimical" means.

Joette: So, inimical means "enemy of," literally. So, it means it's not good, using this medicine with that medicine, one right after another. So, when I look up antidotes for *Gelsemium* in this "Relationship of Remedies," *Coffea* would be the most obvious. *Digitalis* is in there, *China* as well. But these are remedies that you probably won't have that on hand, but you certainly should have *Coffea* on hand.

Kate: Let's say you do, Joette, what potency would you take?

Joette: I would just use it probably in the same potency that you use *Gelsemium,* if possible. Now, if you don't happen to have *Coffea* 6 – because that's what this woman used was *Gelsemium* 6, then you might use *Coffea* 6. But, no one's going to have that on hand; it's not a common potency for that particular remedy. So, use what you've got: 30, 200, take a couple of doses and that will probably antidote it, pretty quickly.

For the highly sensitive people

Kate: So, what about people who are highly sensitive? Do you run across people who say, "When I take homeopathy, I

tend to … what I think is maybe experience a proving or an aggravation. So, I've gone to taking a water dose, and I'm less likely to experience a proving or an aggravation." What do you say to that?

Joette: I think most people are not as sensitive as they think they are. More often than not – and we will put that aside, I think that there are people who are super-sensitive – but many people come to me saying I'm super-sensitive to chemicals, and perfumes, and foods, and molds, and colds and flu, and things like that. So then, they make the assumption that they're sensitive to homeopathy and that does not follow through.

So, having said that, I think people are less sensitive than they believe they are. A lot of it has to do with anxiety for what has happened to them leading up to this use of homeopathy. I can understand that. I used to be very chemically sensitive myself. So, I assumed that I was sensitive to homeopathic medicines, as well. If a person finds that by putting a homeopathic medicine in water that it helps them being able to take it, that's great. Then by all means, do that. But that is making it more dilute, hence, more powerful. So that's actually bringing it up one. So, if you're taking a 30C and you put it in water, you've just diluted it further. It's not really a 31, but it certainly is higher than 30. So, what you'd want to do if you're sensitive to homeopathic medicines is, generally speaking, people think in terms of going lower at potency, not higher.

So, I find that more often than not, if we use the *specific* protocol for that *particular* condition, it doesn't matter if

the person is super-sensitive. It still acts. Now, there are those exceptions, but they are very rare. I work mostly with super-sensitive people. The people who come to me in my practice and in my courses don't come skipping in; they come crawling in. They're very sick and they've had lots of drugs and lots of procedures. They're very frightened, and they're feeling overly sensitive and vulnerable. It doesn't take a different potency necessarily for them to be able to react properly. I find more often than not they need *Ignatia* for anxiety.

Kate: Yes, I was going to say take an *Ignatia* first, and then take the remedy.

Joette: Yes, or *Aconitum*: a remedy that has been shown helps people who feel very anxious and vulnerable and needy and worried and frightened, etc. So, that's a remedy in and of itself. It's not a measure to determine what potency to use. That lack of determination as to what potency to use is very classical.

Classical says you take the case. You do the repertorizing. You come up with a few remedies that seem apropos. You go to your *materia medica*. You study the *materia medica;* see which one fits best. You choose one. Now, you're all alone in choosing this as a practitioner. You're all by yourself. There is nothing behind you saying, "Oh, for that condition, we've used this potency, this frequency and this is how long it usually takes." No. You're doing it all by yourself. So, you're choosing a remedy; now, you've got to choose the potency. Now, you've got to choose the frequency. Now, you've got to determine how long the person takes it for. Really? Boy, you better be really, really, *really* good at

figuring this stuff out because that's just posology that we're describing. I'm not saying that it can't be figured out, because certainly there are many conditions after we've seen them over and over and over again, it's pretty clear. But those are protocols! That's the best part. Those are protocols.

So, when we use these particular protocols and we use specifically *Gelsemium* 6 for anticipatory anxiety, twice a day only. When it's better, we stop. If there's no improvement, then that remedy is not correct in the first place. Now, we have to consider something else. Those are the rules. If we follow the rules for the recipe, the cake will rise, and it will taste delicious. But if we don't follow the rules – and I'm not saying that Melanie didn't follow the rules – but if that was the case, that was most likely what went wrong: too much frequency (used too many times).

Kate: So *Gelsemium* 6 as opposed to the 30C or the 200C potency?

Joette: Yes. It doesn't mean 30 or 200 won't act. Now, here's the thing. Does she *always* have anxiety? I like *Gelsemium* 6 for say a schoolboy who's *always* worried about school, always worried about whether or not he'll fit in. Will he make the baseball team? Will he be alright in that class? Is he going to pass that test? How will the teacher look at him? Does he fit in? Does he wear his clothes right? He's always worried. That is a chronic condition, and that's exactly what we're going to be talking about in the Mindful Class. That's when we use it, *Gelsemium*, in a 6X, twice a day – because it is a chronic condition and we want to be

able to use it every day.

If, however, it's only *just before* an exam – there's anticipatory anxiety – or a presentation or getting on a flight or something that frightens someone, we can still use *Gelsemium* 6 twice a day, from the moment it begins to bother us. So, if the flight is on Sunday and you start feeling anxious on Friday, you might start taking the *Gelsemium* 6 twice a day, commencing on Friday and going into the time that you no longer need it. But it can also be used in a 30. It can be used in a 200. You can use remedies in any potency, but what I love about these protocols is that it gives you the recipe.

Kate: So, if she had to sing, for example, and she only got nervous right before she sang, you would just take it one time?

Joette: Right, when she starts feeling it. In other words, we don't treat pathology that doesn't exist. What if she wasn't going to have anxiety?

Kate: But, it would still be used in a 6 as opposed to a 30?

Joette: I would still use it in a 6, yes.

Kate: Okay.

Joette: I've worked with a lot of musicians, performers, and also athletes. And that's what I use, *Gelsemium* 6, twice a day, leading up from the time the thought becomes laborious and invasive into their lives until they don't feel any need for it any longer.

Know your medicines

I have another question here, and her name is Kathy. She said, "I have a friend taking *Nat mur* 30 as part of the Banerji Protocol for anemia. She is taking a few others, too, *Ignatia*, *Sepia*, *Ferrum phos*, and *Kali mur*. She's been having vivid, strange dreams for a few weeks. She's also experiencing grief and has a lot of suppressed grief: lost her dad as a child and lost her oldest daughter a few years ago to a divorce. I'm trying to figure out why she's having the dreams. They are really bothering her. Could it be the *Nat mur*? I know *Nat mur* can help suppress grief? Could this be a healing, or am I just reaching here? I do not want her to stop taking the remedies. They are helping in many ways. But she is new to all of this and is wondering if it is like a bad side effect? I'm inclined to believe it is not a proving."

So, the way that I see this is this is a perfect example of why it's important to own a *materia medica*. She's assuming it's *Nat mur* because she knows the characteristics of *Nat mur*. But, she's not looked into the other medicines to see whether or not any of those could cause bad dreams, vivid dreams. And *Ignatia* is one of the premier remedies for nightmares – one of the first ones we think of. Again, I

don’t mean to keep harkening back to that Mindful Homeopathy course that we’re putting together, but that is something that we’re going to be covering.

If she had known that *Ignatia* is a remedy that is specific for vivid nightmares, she would have not even considered that *Nat mur* was not acting. And she would happily just have her friend continue with the *Nat mur* for the thalassemia and just called it a day – stop the *Ignatia*. But she didn’t give me enough information to tell me whether or not the *Ignatia* is acting. In other words, was there a lot of grief before, and the *Ignatia* is helping? Or was there no grief at all, and now there suddenly is grief? That would tell me it’s more likely to be *Ignatia*.

So, in other words, when you use these remedies, I love to be able to tell you that it’s super easy. But, if you’re going to take on chronic conditions that are complex, you really have to do your homework. You really have to read each one of those medicines and *know* them. Then when you use them, potentially expect the possibility. This won’t always happen. But if it does, you’ll be prepared. You just have to be prepared. You have to know your medicines. Once you know your medicines, then you can pick out exactly which one is the one that’s most likely causing the trouble.

Kate: Oftentimes people do not flesh it out enough like you’re saying. She didn’t mention whether or not the *Ignatia* was actually helping. So, there’s so many more details that we need to look at. We look at what’s the problem, but we don’t often look at the other things that are surrounding that. Like was this happening before? And what other remedies … Like you said, I think that we just have to be

careful to write it all down, to list everything that is going on and not just those couple of things, right?

Joette: Well, that's right. She also didn't start out by telling me that this woman had grief when she took the case. Because she lost her father when she was a child does not mean she still has grief. She had grief then. By now as an adult, if she's had a child and a divorce, that means she's a full-grown, middle-aged woman. That grief should have been finished by now. If it was not finished, and she's still suffering grief – and I don't mean hidden, I mean overt, true grief.

I think too many people believe that there are these crevices deep in our brains that holds these old thoughts, and that's holding us back. And yes, there is a memory of sorts of our sadness throughout our lives, but it's not unless it's a pathology. In other words, presenting now – still presenting, still crying over the loss of her father, still weeping, still feeling lost without her father from 35 years previous – if that's not present, then *Ignatia* doesn't fit.

Now, she may have given *Ignatia* because her daughter was lost in a divorce. (I think what she means by "lost" is that she lost custody, is my guess.) Indeed, that may be part of it, but don't make the assumption that there's grief. It could be *anger*. It could be *rage*. It could be rage against the ex-husband or the court system, against the attorney. It could be a whole mixture of issues. Then Ignatia is not really necessarily the remedy we choose for that. It depends on what her state of mind was. Was she weepy and confused and overwhelmed and can't think straight. Okay, then I could

say more *Ignatia,* but if it's not all there, you need to have the full picture. I need to have the full picture. I don't know whether or not this person had the full picture, but she certainly didn't present the full picture. So. if she didn't present it, she's not thinking that way. She's still stuck on *Nat mur* causing this potential problem.

So, a lot of times, people assume that it's a proving or even an aggravation because they know one remedy, and they know what it's supposed to correct, and they see that condition coming up without even looking at all the other potential possibilities. So, don't jump to, "Oh, my gosh! It's a proving!" Everyone is very frightened of provings, and I'm here to say, "I'm not worried about provings!" I don't know where the idea has come from that a proving is a very, very dangerous thing. It is not generally dangerous. Now, I say generally because anything, any medicine, any substance can have danger to it. So, people say, "Well, I want it to be not dangerous." Well, we all want no danger in our lives, but eating too much salt can be dangerous. Drinking too much water can be dangerous. Driving your car is certainly dangerous. So, I don't want to be facetious here, but at some point, we have to take a little bit of personal responsibility and say, "Okay, there might be some danger involved in this, but I think that the advantages are going to outweigh the potential for danger." And you have to decide whether or not you're willing to do that.

Kate: When you went to school, Joette, you actually had to participate in a proving, right?

Joette: That's right. I think it was three or four provings that we were involved in in my class. It's quite an

interesting experience. There were about 350 of us the first time in a class, and we were studying together for five years. Actually, the first class was three years long. It was broken up into three groups. One group was given the homeopathic medicine, and they did not know what it was. It's truly double-blind. They did not know what it was. By double, it means that the person who administered the homeopathic *also* did not know what they were administering to that first group. So, the first group was given. The second group was administered. And the third group simply collated all the information at the end. It was fascinating to see how these medicines presented in people, and how there were so many similarities and dissimilarities.

Kate: So, it was one medicine that they gave all the people.

Joette: Everyone got the same medicine. The first group, that one-third of the group got the same medicine.

Kate: Were you nervous doing this?

Joette: No, because I didn't take it.

Kate: What?!

Joette: I was one of the administering ones. I was in the second group. At the time, I was nursing my baby, and I did not want to take something then report on how sick I was.

Kate: Right.

Joette: I had responsibilities back home. I had three children, and one of them was a baby. I didn't want to take a chance like that. What I mean by that is you're supposed to take this remedy in spite of the fact that you need it every day. You take it every day. So, you're going to get a proving, and you can be pretty uncomfortable. Some people can get pretty uncomfortable with it because they're not supposed to be taking it. They're only doing it for scientific purposes, not to uproot and contain a condition. And, you don't know what it is when you're taking it.

Kate: So, you just have to watch and make sure that the person doesn't get too ill, just like you would if you're taking a homeopathic remedy for some condition. A proving or an aggravation may happen, but you're going to see that you're getting worse, and you'll be able to do something about it. You're not helpless.

Joette: Well, it's like taking any medication. If you take an aspirin and you get indigestion from it or you take aspirin and you get ecchymosis and black and blue marks all over your body, do you continue taking the aspirin? Of course not. You stop. It's just prudence.

Kate: Right. And hey, I think it's better than all of the cautions and side effects of the allopathic pharmaceuticals, you know, "Can cause death, can cause stroke." I mean, the funny thing is people aren't afraid to take *those*.

Joette: No. I know. I know. So, nothing is 100% guaranteed. There's no such thing in life. It just doesn't happen. But given the numbers of people who are aided with homeopathy, it's probably … and as long as you follow the rules and you use these accordingly, you should have nothing but great results and lots of wonderful stories to share with your friends and family.

To summarize

Kate: So, in summary, what do you recommend that people do if they're worried that they're experiencing an aggravation or a proving?

Joette: First, I would say startup by knowing what you're doing. What I put on the blog are simple measures, simple conditions – simple measures, pretty much – that can be followed pretty closely. By using those, most people get great results. How do I know that? I mean, I don't know for sure, but I certainly read my blog. People, I would hope, would tell me if there was a problem, but I don't see that. I don't see it or hear it in my practice or with my clients. So, those simple ones are easy to follow.

Now, when the case is more complex, then make sure you're studying. Make sure you know homeopathy, at least enough of it by taking my courses or even other people's courses. Just study as much as you can so that you know what you're doing; so that you're using the right potency …

Let me step back. You got to have the *right* diagnosis. This person was talking about thalassemia. Don't *assume* the person has anemia (thalassemia). Make sure that they *do* have it. The doctor said this person *has* a type of anemia! By all means, *now* you use the remedy that's specific to that. But what if the person says, "Well, I'm fatigued, I guess I have anemia." No, no, no. That's not a diagnosis. That's where a lot of these provings come from, because they're starting off on the wrong footing. They don't have a firmament. They've decided that it must be this or it must be that.

"It must be yeast." Why do you think it's yeast? "Well, because I love sugar." Wait a minute. That doesn't mean it's yeast. Either it's yeast or it isn't yeast.

It's the same thing with, "Oh, it must be low thyroid. Oh! I'm sure I have hypothyroidism. Why? I'm fatigued, and my hair is falling?" That's *not* a diagnosis. So, if you start with a shaky firmament and you use remedies accordingly, you're going to get poor outcome. It's just the way it is. So, you better be honest with yourself to start. Make sure you've got good information to begin, then the next step you follow exactly the protocol: name of the remedy, potency and frequency.

And, then know how to read what it is you're seeing. And that's important! After six-to-eight weeks, you have to compare where you were (or where that person was that you're working with). What has changed and to what degree? Don't expect to just "BAM" and it's gone. I wish I could say that about homeopathy: that every single situation is like that.

I often talk about those that are like that because I want you to know that there is that possibility. But for chronic conditions, it can take months, years sometimes. Just as long as we see movement in the right direction, then we know that the remedy choices are correct.

The only way you know this is by taking classes, reading (use my blog, it's free), studying, experience, experience, experience. I try to relay as much of my experience as I possibly can, but nothing beats your own experience.

Kate: For those of you who want more information, I believe there's a Facebook live recording that you can listen to that you talked a little bit more about provings and aggravations. You've mentioned that in several places. We'll include some links with this podcast so that you can refer to those other resources to learn more about provings and aggravations.

So Joette, thank you for talking us through this complex subject and giving us a little bit more insight into provings and aggravations. Thank you so much.

Joette: Well, it's my pleasure. And given that this is spring now – I haven't seen the dandelion come up yet – I've just seen the robins up here. But, this is not unlike blowing on a dandelion. When you blow on it, the seeds plant everywhere. That's what I'm trying to do is to get these seeds to plant in your home, in your neighbor's home, in your mother-in-law's home, in your friend's home, in your church community. Let's get this word out about homeopathy.

This belongs in the home. Healing belongs in your home.

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