Podcast 59 – Myth Busters!!

IN THIS PODCAST, WE COVER:

01:19 Dilution Misconception

03:51 **Storage, X-rays, and heat**

12:47 **More pellets, higher dose**

20:00 **One medicine only**

27:16 **Dosage**

33:01 Antidoting

LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

How homeopathy pellets are made

[Gateway to Homeopathy: A Guided Study Group Curriculum]

Kate: This is the Practical Homeopathy Podcast, Episode Number 59 with Joette Calabrese.

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

Kate: Today, we have a fun podcast for you. We're going to do something a little bit different. Right, Joette?

Joette: Myth Busters!!!!

Kate: Myth … Myth … Myth Busters!

So hopefully, you guys got it (that are listening). We're doing a podcast entitled, "Myth Busters." And we're going to bust those myths wide open.

Joette: All those myths around homeopathy, of course.

Kate: Yes!

Joette: So those urban legends, those … that information that's outdated that needs to be updated, and how homeopathy is used in today's world. So yeah, let's go for it. This is going to be fun.

Dilution Misconception

Kate: Yeah! Okay, so right off the top of my head, one of

the biggest misconceptions, I think, is that people think the higher the dilution, the weaker that it must be. So, what do you have to say about that?

Joette: Well, it's the opposite in homeopathy. Often, the higher the dilution (if we go from a 6C to a 30C to a 200C), it *is* diluted more greatly. But it's going in the opposite direction, and it actually becomes a more *powerful* medicine.

But, when we compare the way I teach homeopathy – which is based on protocols (mostly the Banerji Protocols and other protocols, for that matter) – we don't have to worry too much about that, which is called posology: P-O-S-O-L-O-G-Y, which means the study of (or the science of) concentration of a medicine and frequency of a medicine.

So, we don't need to be as concerned about it as you would if you were using classical homeopathy when you don't have a specific potency to use, and you have to determine, "Should I use a 6; should I use a 30; should I use a 200?" With the protocols that I teach – especially those that are all free on the website, on the blog – it's very clear. If it says *Bryonia* 30, it means *Bryonia* 30! Don't bother using it in another potency – unless you have no choice; you have nothing else at the moment. But, you don't need to think about it to such a degree.

So, even though that is the truth – that the more it is diluted at a certain point, it becomes more intense in its medical ability as a medicine – it's kind of irrelevant when we use protocols.

Kate: Yeah, I think of it like it comes into greater focus. Someone described it to me once – or I must have read it somewhere – that think of it like a projector. That when you have a projector up close and then you back it up, and you're getting further and further away, you're actually getting a clearer, focused picture than when you're up close

with that projector to the screen. So, you back it up. You're farther away but now it's coming into focus, and you can see the picture clearly. I don't know if that's helpful for anyone. But …

Joette: Well, we could get into the science of it all. But to be honest, I find that it's not as interesting as the fact is that you will notice that if you use a higher potency, you'll get a different reaction than if you use a lower potency – in many situations.

Storage, X-rays, and heat

Kate: Okay, so one of the myths that I think about is when we're traveling. A lot of people are concerned about storing their remedies in their purse with their cell phone or going through the X-ray as they go through the airports. What do you think about all that?

Joette: Well, there was a time, before there was such a thing as X-rays at airports, when there was a concern that homeopathy – homeopathic medicines – could be ruined having gone through an X-ray machine. So, people were getting their homeopathic medicines and putting them in little carry-on bags that were made of lead … as though we don't have enough to carry.

Kate: That makes your purse really heavy.

Joette: Yeah, let's just put lead in our purses with the remedies inside. And I was very cautious for a long time myself. When I've traveled, I've asked that my homeopathic medicines not go through the X-rays. I explained that this is homeopathy, and it can't go through. I suppose sometimes I'm still a little bit cautious about it.

But to be honest, I've had so many of my medicines inadvertently go through because, "Oh, I forgot I put in that *Rhus tox*. It was in my makeup bag. I put it in there

months ago, and it went through the X-ray." And then inadvertently, I go to use it, and it works perfectly!

So, I found in my experience – and I've done a lot of travel through a lot of X-rays – that they still act, and they act just as well. Now, I haven't done a double-blind study on this. If someone has any information on that, I certainly would be interested in reading it. But, this is my personal experience. Additionally, when you live in Kolkata as we have, every time you go into a shopping mall, you must put your purse through an X-ray.

Kate: Wow!

Joette: That's just the way it is in large cities in India. So, you don't go into stores without putting your purse through. There are guards there that are dressed like police, and they have weapons and all. They've had to live with terrorism for a long time. So again, inadvertently, my homeopathics go right through, and there's no trouble. I've gone through with some of the doctors who also have remedies in their purses, and the same thing – there's no concern. So, that's been my experience in the last, say, eight years or ten years or so.

Kate: So Joette, though, if you are traveling, and say you have a remedy kit or several because you're going to be gone for a long time, you would probably play it safe? Yes or no?

Joette: I have played it safe, but I'm becoming more and more nonchalant to be honest because I'm noticing that it doesn't seem to make any difference.

Kate: Yeah.

Joette: And then there's also the heat. People talk about, well, extreme heat. I've said that, too. "Be careful. Don't keep your remedies in a hot car that's going to be closed up – you know, in Atlanta – in the hot sun for a few hours. If

the heat is too extreme – such as too extreme for a human to be in the car – then your remedies might be tainted."

Well, I've had enough experience with that. I suppose all of this happens, that all of these ideas come to me after having had lots of different experiences through the years.

My sons used to ski almost every day in the winter. We lived on a ski hill in New York. So, I always had them carry *Arnica montana* 200 or 1M in their parkas. So that, if one of the others of their brothers was injured, they knew exactly what to do. They'd just get it out of their pocket and just deposit it into their brother's mouth.

So, inadvertently every spring when it was time to wash the parkas, I'd say, "Okay, empty your pockets and put your parkas into the washer."

And you think they'd listen to me?

Kate: Of course! Of course, they did!

Joette: No! Right, exactly. They didn't. So, in would go the Kleenex with the parka and the *Arnica* 1M and *Arnica* 200 and of course, inadvertently, chocolate bars and all kinds of things – raisins full of dust and stuff in their pockets. They would go through the wash, and then I would not notice that the remedy had gone through the wash until it was in the dryer because I'd hear, "Ka-chink, ka-dlink, ka-chink."

I'd say, "Uh-oh. What is that in the dryer that's clicking around in there?" More often than not, it wasn't for a good 40 minutes later that I notice the sound … thinking perhaps that it might have been just the zipper clicking. But after a while, you start realizing. And I'd opened up the dryer, the parka would be fully dried and so would the *remedy*.

So, what I would do is get that remedy and label it, "In the dryer." (Because Peter didn't take his remedy out of his

pocket!!!) “In the dryer.” And then I’d put it back in the kit. When *Arnica* was needed next time in my family, I always used that first – unless of course, it was a super-serious situation. But, I would use that remedy first, and it still acted! After having been in the wash – now it was cool water. But the dryer wasn’t cool! It was pretty hot!

Then it also dawned on me, after spending a good amount of time in Kolkata, that that is a *very* hot country. Most homes don’t have air conditioning. And yet, these homeopathic medicines still survive in little cabinets and little corners and hot places, and they still act. So, in my experience – and my deduction – I would say that I don’t believe the heat makes a difference. I think these homeopathic medicines are more capable and robust than we give them credit for.

Kate: Joette, I had the same experience. I had some homeopathic remedies, and they were sitting in a case in my car in the summertime. And it gets *very* hot in the summertime in vehicles if you have your windows rolled up. So, I came out of a meeting, and the sun was blaring down on my homeopathic remedies and its plastic case. And the remedies were actually hot to the touch!

Joette: Yes, right.

Kate: So, I labeled them on the top, “Sun.” And, I used them. Actually, when my daughter had asthma, and I gave her the one, the *Kali iodatum* that was labeled, “Sun,” and it still acted. So, I had the same experience. They’re hardier than we think.

Joette: Yes. I think that when homeopathy came back into the mainstream of thinking – and it’s still not what I’d call “mainstream” – but once it started to have greater recognition, there were a lot of rules around it. And, there was not enough experience to set those rules aside and say,

“Well, perhaps it’s a possibility, but it doesn’t look as though that is the *norm* that these remedies will be ruined after having been exposed to high heat or even X-rays for that matter.”

Which then brings us to cell phones, same idea. Be careful. It’s electromagnetic fields and those kinds of things. We have to be so careful. We can’t keep our remedies in our purse, because that’s where the cell phone is. I have not found that to be – not only for myself, but it’s been reported by many of my clients who keep their cell phones *on* in their purses, and the remedy is half-an-inch away. And they still act!

So, these are hardy little medicines. In fact, they’re so hardy – I wish we could see the visual here – but up here above my bookshelf, I have a shadow box with remedies from 1918. They were given to me by a client of mine who was in his late 80s when he used to meet with me. And that was about 25 years ago … so, he would be well into a hundred or so. And it was his *mother’s* homeopathic medicines; she was a homeopathic physician in the 1920s. So, he brought them to me as a gift and said, “I thought you might be interested in seeing these.”

So, in this shadow box, I have – I’m going to take a quick guess – about 15 medicines. They’re all in glass bottles with *cork* tops. (That’s how they actually sell them in India as well.) But, they’ve got old-time typeset on them, and you can see the date and, of course, the name of the medicines. And I’ve *used* them to test them out – from *1918*, and they work.

Kate: Right, and who knows where they’ve been.

Joette: Exactly, exactly. So, they have longevity. They have robustness. They have efficacy. They’re kind of the perfect medicine, as far as I’m concerned.

More pellets, higher dose

Kate: All right, so let's move on to another myth, Joette, the myth that more pellets equals a higher dose. I hear that one a lot. "Well, how many pellets should I take?"

Joette: I get that question on my blog regularly, and I tell them just to read the instructions that are printed on the side of the bottle. Because some of the pharmacies – the homeopathic pharmacies that are indeed regulated by the FDA, by the way, and other regulatory bodies – make the pills in a larger size and some in a smaller size. So, they will tell you how many pills comprise a dose. If it says five pills equal one dose, and you're supposed to take it twice daily, that means you take *five* pills *twice* daily – because it says five pills is a dose. If it says take two pills, then it means *two* pills comprise a dose, and you take *two* pills twice daily.

Now can you get away with less? Often you can. But, it depends on how determined you are to get rid of this condition – how trying the condition is. And if someone is *hemorrhaging,* and you need to get that hemorrhage aborted ASAP, I wouldn't play with the number of pills! If it says five, I would use five!

If, however, you're trying to abort hair loss, then you might want to use maybe only three pills and see how it goes. So, it depends on how severe it is, how important it is that you get it *exactly* right.

But you could take 500 pills, and it's still a dose.

So, we get these calls from moms or emails. I used to get calls in my office. We don't have an office like that; everything is virtual for us now. But, we get these emails from moms saying, "Oh my gosh! My child got into my kit and ate five bottles of five different remedies. Should I take him to poison control?" No, it just means that your child

got five remedies, and it was one dose of each – because the child opened his mouth and poured it in, and that's a dose!

So, it's not like taking Tylenol or aspirin or getting into a psychotropic drug. That's not the way homeopathy works. It's like lighting a match. It takes one match, or it could take 500 matches: you still get one flame. And so, what you're looking for is a gentle stimulus of the mechanism that will encourage the body to correct itself. Do you need 500 pills? No, you may need only five, but it it's still just one dose. So, there are no worries.

Kate: And the only reason we're making sure that we take enough of those pills is because the medicines are sprayed on top of a carrier pellet or ball made of something like lactose…

Joette: Lactose or sucrose or a combination of both.

Kate: So, we're just making sure that we actually get the medicine. That's why you want to take several.

Joette: That's right. That's right. It's a matter of understanding what you're dealing with. Once you understand it, everything becomes much clearer, and it opens the way.

I was just thinking about the story – I was telling someone the story today – about my husband who is from New England. He moved from New England to Buffalo, New York, where we met some 35, 36 years ago. And he was a sailor, and he has been a sailor all of his life. His father owned boats. His grandfather … his great-grandfather owned ships. He sailed his entire life, and he's actually a world-class sailor. He sailed in the Bermuda Race, et cetera.

So, his whole world has been surrounded by being on the ocean, being in ports, being on the water, sailing through dangerous waters, and navigating and understanding weather. So, when we got married, every Sunday night pretty much, he

would call his parents and ask them how they were.

And instead of saying something like an Italian family would say – I mean in my family, we say, "Okay, so how did that cannoli recipe turn out? And you didn't call me after you made the lasagna, because I wanted to know if my recipe was better than my sister-in-law's recipe. I just got to know … how did it turn out, and did the family like it?" We all talk about food!

His family talked only about the weather. "So, how's the weather?" You know, his parents were in Cape Cod. "How is the weather?" And I'd say, "What? You're asking your parents how the weather is like. Aren't you going to ask your father about how his sleep is because he was having difficulty sleeping, or how your mother's arthritis was … or whatever." And I kept thinking, "That is *so* boring!"

I just didn't get it.

Then about ten years into our marriage – actually, I used to love to go to garage sales and estate sales – I came across this book at an estate sale. (In fact, I've looked for it online, and I have not been able to find it again, and I've somehow lost it! I'm so sorry I lost it!) It was a book titled something like, "How New Englanders Think" or "Why New Englanders Think the Way They Do." And I said, "Wow! This might give me some insight about my husband and my in-laws because I don't get how they think." (You know, they're all engineers, and they're all very left-brained, and that's not really my background.) And on the back cover, it gave a little vignette of what was to be found in the rest of the book. And it talked about how New Englanders talk about the weather. They talk about the weather *only*. That's all they talk about.

Kate: All they talk about …

Joette: It gave me such insight, and I read that book with

such gusto. I devoured it because it gave me a real window into my husband's personality and my husband's family's personalities. And from that time forward, instead of thinking that was a boring discussion, it became kind of pleasurable to overhear his discussion with his parents. And then I saw the benefits of knowing the truth and understanding the nuances of him, his life, his surroundings, what he grew up in, what his parents were about, his great-grandparents, et cetera, et cetera.

So, to this day, we live in Florida on the water. We have a cottage in Canada on the Great Lakes. Everything about our lives is about being on the water. My husband is *the ultimate weatherman*. He gets it. Everyone else says it's going to rain. He says, "No, it's not." Everyone else says the wind is going to be blowing out of South, he says, "No, it isn't." He says, "You see those clouds there, you see that pattern? That means …" And then he goes on to explain why and how that works.

So, having that knowledge – finally, I got the knowledge – that he had *knowledge* instead of just a stupid little idiosyncrasy! And it opened up my world into his world.

So that's what we're hoping to do today with these little myth busters. I want to open up your world into understanding that homeopathy is easier than you thought it was. It's not as hemmed in as you thought. There are not as many rules as you might think.

One medicine only

Another rule that we have to talk about – and that is if you listeners are coming from a background of having studied or learned a little bit about classical homeopathy – the idea is that you use one medicine, and one medicine only, at a time.

Kate: Right. That's a common philosophy. Classical homeopathy teaches that.

Joette: One medicine and one medicine only. The way I teach this is: No, we use three, four, five, sometimes even as many as seven. I try not to use as many as seven. I try to keep it around four or five homeopathic medicines that are taken simultaneously – not at the same moment (we separate them by about five to ten minutes or so, as we put them into the mouth). But, they are taken in the same schedule for the same amount of time, often.

So classically-trained people will often say something like … and this is what I used to say too. So, I beg your pardon for those who have followed me for so long that they actually knew what I used to say classically speaking. I've erred, and I've changed my ways in the last many years, probably about eight or nine years now. And what I have come to realize is that one medicine often doesn't do it. It *can* do it, but often it doesn't.

Kate: So Joette, give me an example. What do you mean one remedy versus several?

Joette: What I mean is that if someone has eczema, for example, and they also have food intolerances, you might find one medicine that will act for both conditions. *Sulphur,* for example, might be an example of that, or *Hepar sulph,* or something like that.

But if that person also has gallbladder pain, and they have just had a grief (they've lost their dog), and in addition to that, on the way to the appointment meeting with you, they were in a car accident, and now they have a wry neck, and then they had a panic attack – I'm sorry; one medicine is not likely going to cover all of these conditions.

Kate: Right.

Joette: While this person is waiting in the waiting room, there is a big, bad bee that stings them. And now, they've got a swollen lip, and their tongue is swelling up. One medicine is not going to take care of all of those.

Kate: Right. So, you can't do anything about that bee sting because you're taking something for a chronic condition? I mean is that what would normally happen?

Joette: Classically, we would look at the bee sting first because we're always looking at the hierarchy: what is the most trying concern. So, we start with that issue that is the most bothersome, the most dangerous. Of course, we would probably start with the remedy for the bee sting because that could cause anaphylaxis if that person's tongue is, of course, swelling or their lips are swelling. So, we would start with that.

But, what happened to me years ago was that I would take a case, and it would be many conditions, not unlike what I just described. And I would use one medicine for the constitutional and another medicine for the acute as an SOS. Then I would say, "Well, we got to get after that deep issue that the constitutional is not going to go after, so I'll use a nosode. And then maybe I'll throw in a cell salt because I can see that the hair is thin, and the nails are poor, et cetera." So, I would have about four homeopathic medicines that I put together, and I would feel *so guilty* because it wasn't the classical method. I had been trained to not do it this way. But, I kept doing it because the more I did it, the better my results.

Kate: Okay. Then you went to study with the Banerjis, and you found them to be doing the same thing, right?

Joette: It was a little more circuitous than that because before I found the Banerjis, I was in classes studying with Dr. Ramakrishnan in Toronto, and I would ask my fellow

students who were all seasoned homeopaths (we all had to be in order to get into these classes). I would ask them. (They're from all over the world. There's a doctor from Pakistan and another one from Ireland, another one from Holland, et cetera.) I would ask, "Do you ever use more than one remedy?" And every single one of them said the same thing, "Yes, I do." "You mean in the same schedule?" "Yes, I do." Meanwhile, I was being told time and again – not by Dr. Ramakrishnan, but by other courses I was taking – "Use one remedy at a time." That's exactly what all the books were telling us. It was pokey to say the least. And I like speed! I want to see someone get better quickly.

Kate: And we're all used to that, right? We want it to happen now. That's the kind of world we live in today.

Joette: Yes. But even if we didn't, even if we came from two centuries ago, if someone is suffering, we need to help them and help them on many levels.

Not to mention that we have to compete! Our biggest competition is conventional medicine where if you've got a headache, BAM! Tylenol! If you've got eczema, BAM! Steroids, ointments! If you've got this … they will suppress those symptoms at almost any cost. Of course, you're kicking the can down the road, and there'll be more problems later. But, who cares? Right now, you want *results*. And, there is something to be said for that. But what we're looking for is speed *and* clarity as to what's coming down the road – and making sure that the road is paved for uprooting the condition, not worsening it.

Kate: So, it's very interesting to me, Joette, because I feel like it's a secret. Right? That's not very talked about. You spoke with these other homeopaths, and they were doing the same things But yet, it's on the down low. It's hush, hush. No one talks about it.

Joette: Yeah. It was like a dirty little secret.

Kate: Right, exactly.

Joette: Because that's not what the books said. That's not what the classical teachers were teaching. And many people come to me and say, "I want to become a homeopath, And so, how do I do it the way that you're doing it?" I tell them, "If you're going to become a homeopath, you really must study classical homeopathy first." You must go to a reputable, high quality, rigorous homeopathy school that's classically founded. But just know that when you get out, you throw some of that out, and you use protocols.

Take my classes. Learn how to use these protocols. Study what has been used for the last century-and-a-half by the Banerjis – and other homeopathic teachers – who have been using protocols and using more than one remedy at a time. So, I say "protocols" because generally when we use a protocol, it is more frequently used. The remedy is repeated more frequently. And, it can be used in conjunction with other protocols for other conditions that may or may not be related.

Dosage

Kate: Okay, so let's move on to another myth. That would be the myth that you would use a different dosage for animals versus small children versus adults versus the elderly. That is a question that gets asked often, I see – whether it's in classes or on your Facebook groups.

Joette: If you're treating a cow (and I have), or a llama (I've done that, too), versus a chick (a little, tiny chicken) …

Kate: Versus a horse.

Joette: Versus a horse … When you're treating large mammals

– let's put it that way – versus a tiny fowl, you would use probably a few more pellets. That's at least the way I've done it, because those large mammals are often chewing their cud. We want to make sure that the medicine gets into the mucosa of the mouth. It's *not* about swallowing it and getting it into the stomach and allowing it to get into the bloodstream. Instead, homeopathy acts on the mucosal lining, so between the gums and the teeth, or on the tongue, or under the tongue. That's where it's absorbed and utilized. So, we want to be sure that we're getting enough in there – not just because it's a large animal, but really more to do with the fact that they're often eating.

Now, a chick eats all day long, too. But because it's such a tiny, little thing, and the beak is so small, and the mucosa lining is so tiny, I don't think it needs as many pellets. So, I have treated both, and I've used approximately the same dose – the same number of pills. So, if it said five pills on the outside of the bottle, I would give a cow maybe five or six or seven pills. I would give a chick maybe two or three. That's just an average. And I don't have any studies on it. That's just my personal clinical experience that it works in the same way.

Kate: So, just to clarify, that doesn't mean that the horse requires a bigger dose. You're just trying to get the medicine into the horse's mouth …

Joette: To ensure that the horse got it.

Kate: Right.

Joette: That's right, that's right. If it's a child, a lot of times it will say on the outside of the bottle, "Two pills for a child and five pills for an adult." In my estimation, that child could get five pills, and it would still be the same. The reason I think they say that is because why waste it? Just put the pills in the mouth of the

child. It's a smaller mouth. They are a slightly smaller body, so not as much volume needs to be covered in the mouth of the homeopathic medicine being absorbed through the mucosal lining. I've used both. I've gone both ways. I've used five, "Oops, poured too many in my hand? In it goes."

Kate: Honestly, I feel – this is my own opinion – but I feel like it's just because that's what we as consumers are used to, and that's why.

Joette: I believe that's very likely as well. I think that's very possible, yes.

Kate: What about the elderly?

Joette: Same thing with the elderly. A dose is a dose is a dose pretty much across the board.

I just said something that I'm sure is going to prick up some ears – that if I put five pills into my *hand* – that is going to cause trouble. Now, I teach in my Gateway to Homeopathy course that you pour the pills into the cap. Count them out. Pour back and forth until you get approximately the right number. And then toss the pills directly into the mouth of the person who is supposed to be receiving them.

But, sometimes it's not that easy. My mother is very difficult to give pills to. So, I pour them into my hand. And I actually am getting a little bit of that medicine, and I'm not worried about it. I don't think it's going to cause me any trouble. But, I do put them in my hand and then pour them into her mouth. Because otherwise, if I don't place them in with my fingers, she will sometimes not get them all. But, the reason that we've been warned not to put them in our hands is because if you've just gassed up your car, or you've just used an antibacterial soap …

Kate: Or just chopped an onion.

Joette: Just chopped an onion, or you just used Clorox to scrub a basement or something, and you've got something on your hand, it has the potential of rendering the medicine not as valuable. So, it's cleaner, easier to pour it into the cap and just toss that into someone's mouth.

Kate: So, just to get back to the animal example for a second, I have used generally two pellets. And I put it directly into my horse's mouth or my dog's mouth or our kitten's mouth. So, I've not used five or six in my horses, and I found them to be effective.

Joette: And it still works! Yes, yes, yes. I'm glad you pointed that out because that's just what I've done in the past, but it doesn't mean it can't be done with just a couple of pellets. I know some people who put the pellets in water and allow the whole herd to drink from that water. And when my chickens were struck by fowl cholera, that's exactly what I did. I put *Cuprum metallicum* in the water that all the chickens were drinking from so that they all got it – and they were all protected because fowl cholera is extremely contagious. They would have all died had they not had that. So, we already know that 50% of the flock would have likely died.

Kate: Wow! That's very interesting, cholera for fowls. I hadn't thought of that, but I suppose that is a thing.

Joette: Yeah, it is. It is. It usually comes from wild birds that have it and come into the coop and die. And then the chickens and the ducks around that dead bird now start contracting fowl cholera.

Antidoting

Kate: Let's wrap this up with one more myth. What about the myth of we can't use, say, mint (like chewing gum or toothpaste). I guess I don't want to call that myth yet

because I'm asking you, Joette. What do you think about that?

Joette: Well, mint can antidote. It doesn't mean it *will* antidote. So, some people insist on using mint toothpaste. I don't find mint toothpaste to be important in my life, so I don't use it. I make my own toothpaste. I use baking soda, that kind of thing. But, if you have a condition that is quite trying, and you take the medicine twice daily, then it might be worth your while not to use very, very strong mint toothpaste. If the condition you've got is not so trying, then you can take a chance and say, "Well, I might be antidoted. This medicine might be antidoted, or it might not be antidoted." It depends on the person – how sensitive they are. It depends on how much mint is in the toothpaste. It depends on when and how close you take the mint to the remedy.

I think there are so many unknowns that I just urge people, don't bother using it. Use something else. Not to mention that parenthetically, that the reason I don't use mint toothpaste, for the most part, is because I don't know what ingredients are in these toothpastes. They're not required in the U.S. – or anywhere else that I know of – to list the ingredients because toothpaste is not a food. So, they can put anything in there, and you don't know about it. So, I would rather use something that I know exactly what the ingredients are and does just as well a job. Having said that, when I'm taking homeopathic medicines, I drink mint tea. I put fresh mint leaves in water, and muddle it and grind it down, and make it into a refreshing, cold iced tea drink, and I have no trouble with it.

Kate: Okay.

Joette: I've always considered myself a sensitive person. But I've been able to get past that, and I think most people can.

Now, if you want to antidote a homeopathic medicine – the action of a medicine – I believe that it takes more than just a mint to do that. I think it means opening up a bottle of essential oil of mint, holding the bottle up to one nostril, closing the other nostril and taking a good, deep inhalation of that mint. And then closing that nostril and inhaling in the other nostril and getting a good, deep inhalation of mint. For most people, that will stop the action of the medicine. That's about as strong as it needs to be for most folks for it to antidote.

Kate: Okay, so what about garlic because a lot of people ask about that as well? Say, they want to have some garlic, and they're taking remedies twice a day, and they eat some raw garlic during the day. Do you feel like that antidotes remedies?

Joette: Well, are they eating a whole bulb of garlic?

Kate: Well, if it was me, yes.

Joette: Yeah! Or a little clove? Or is it cooked? Is it raw? I mean, if it's raw – you said raw.

Kate: Raw.

Joette: I've never found that to be a problem. I've eaten lots of raw garlic in my life. I make tabbouleh and hummus. I just love raw garlic. I put it on a cracker with butter sometimes. I've not found that to be a problem. So, it's a good thing to kind of work around that and see whether or not it affects you or it doesn't. Most likely, it will not affect you.

Kate: Okay, well that's good to know. A lot of people ask about that. So, thank you. Getting back to the mint for just a second, I was remembering having a conversation with some people saying, "Well, if you want to brush with mint toothpaste – if you insist upon doing that – maybe brush

your teeth first then wait half an hour and make sure you're drinking some water.

Joette: I would say yes, and I've urged people to do that for those who insist on using the mint toothpaste. Yes. I mean, some people really don't feel as though their teeth are clean unless they taste that "minty freshness."

Kate: Right. Well, I think we've cleared up some myths and learned some things, so I want to continue this. Let's do another podcast and talk about some more myths again. So, those of you who are listening, be on the lookout for another Myth Buster podcast!

Joette: Yeah, I'm looking forward to it. Let's do it, Kate.

Kate: Okay. Thanks, Joette.

Joette: Bye now.

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

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