Podcast 88 – Confessions of a Homeopath

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LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Ignatia amara 200C

My blog, podcasts and Facebook Live events

Gateway to Homeopathy: A Guided Study Group Curriculum

Kate: This is the Practical Homeopathy® Podcast Episode Number 88 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: Welcome back to the podcast, everyone. Thanks for joining us. We're going to spend a little time reflecting today. Joette, you've been using homeopathy and seeing clients for quite some time. I believe it's been over 30 years.

Joette: Well, I've been using homeopathy, I started studying it about 32, actually 33 years ago. But I didn't go into full-time real practice where I actually hung out a shingle and met with clients full-time until about 25 years ago.

Kate: Well, that's still a very long time.

Joette: It is. It is.

The best results reserved for the purest people?

Kate: Yes, and you must have seen so much in that period of time. I imagine that you have a lot of observations that you've made over the years.

Joette: I have seen a lot. Many of the ideas that have come to me have changed through the years.

For example … we might as well just get into it. For example, I always thought – I *expected* – that those who would have the best results would be the purest people, meaning babies. I always assumed that babies would get well much faster from a chronic condition – I'm not talking about acute so much, but a chronic condition – much more readily than an adult would. An adult who had many years of medications would not respond as well as a child.

I've proven that wrong time and time again.

It doesn't mean that it's more one way or the other. But

just when you think you're going to expect to see something that's going to take six months, you see a change in three weeks, even for a chronic condition! It doesn't mean it's necessarily completely healed, but we often see a shift that's big enough that the person can say, "Oh, my gosh! This is really making a change in my life, and so I want to keep going with this."

Or with a young person, a child, a baby, that we see eczema, and sometimes it can take me many, many months to witness a dramatic change.

So, when people say to me, "Well, I know my case is more difficult because I've taken many drugs; I've taken lots of antibiotics; I've been on the birth control pill for 10 years; I've used steroids – that's going to really impede my movement forward."

I always say, "No, not necessarily. It wasn't necessarily the best way to live our lives by taking all of those meds, but it doesn't mean that you're not going to move forward quickly."

It sometimes is quite surprising how it's not what we expect.

Kate: Yes. That's *very* interesting. I would not have thought that. Someone who has had a history of many, many chronic conditions, and you would expect thinking logically that this is going to be tough, sometimes you see that

change right away and vice versa. That's very interesting.

Joette: It's the same with cancer, too. I don't take cases of cancer, but I worked in the Banerji clinic (Homeopathic Research Foundation in Kolkata). I worked at the clinic for a period of time every year over a period of eight years. I worked with Dr. Prasanta Banerji who took *only* cancer and kidney cases – when I was there, at least, those many years.

We would see a case where it was first stage cancer, and it would take an awfully long time for the homeopathics to act or perhaps not even at all. We may not crack that case. On the other hand, we've seen fourth stage cancer turn around! So, even the stages don't matter of a particular illness.

I've seen in my own work on a day to day basis. Rheumatoid arthritis that seems downright unbudgeable turn around in eight months – not to the point where the person has absolutely no arthritis or no pain, but *enough* has been removed so that even the markers show improvement! The fatigue is gone. The pain is not as extreme. The pain doesn't last as long. It's not as a sobering an illness. The person can then take up their life again as they had not done for 10 years.

So, we have these preconceived notions that the degree of illness will determine how difficult it is to get past it homeopathically, and that just is not so.

Factors that affect one’s responses to homeopathic medicines

Kate: Well, I’m thinking, and I would imagine your listeners might be thinking this as well, that, well then maybe it has something to do with how the person is living their life. Are they eating healthy? Are they taking care of their bodies? I’m guessing that you’re going to say that’s not necessarily so either.

Joette: It is not necessarily so either. You’re absolutely right.

I’ve worked with people who absolutely insist on drinking diet soda for breakfast. And I used to give them a hard time about it, and I don’t any longer, I always, of course … if people don’t know any better, but most people know enough not to drink diet soda if they’re looking for good health.

But some people just say, “I’m sorry. It’s just something I love. I’m just going to drink it.” I understand completely, and I let it go. We work beyond that. We work past it.

I believe very strongly in eating animal products. I believe in meat – red meat, especially. I believe in butter, lard, tallow and duck fat. All of that are very, very important foods. Yet, I have clients who come to me who are vegans, and they still do well.

So, I have had to adjust my thinking several times and acquiesce to the possibility that we really can be all similar and yet all quite different from each other.

Kate: So, you have no idea what the difference is or why one person might respond better than another.

Joette: I think it's innate. It could be inheritance. Inheritance is huge. But then I don't want to give too much credence to inheritance, either, because I know many people who say, "Well, my grandfather died of colon cancer, and my father had colitis, so I get a colonoscopy every six months."

I think to myself, "That's an interesting rationale."

Somebody must have said that to this person at some point. My grandfather died of colon cancer, and I have a lot of gastrointestinal conditions in my family, it never occurred to me that that would mean I have to go for a colonoscopy – ever. I've never had one.

It's the way that we interpret things. It's also the way our inheritance interprets things.

My grandfather probably had colon cancer maybe because he ate pasta every day. It's all they could afford for decades.

They ate very little meat because they couldn’t afford it until perhaps the late 40s and early 50s. But up until that time, they were eating what they could find, what they could muster up: lots of homemade bread, lots of pasta, et cetera.

Some might say, “Oh, well, foods were different in those days, and they were more pure.” But I don’t think that’s necessarily so either!

A lot of times, I’m told by folks that their belief is that the foods that we eat are very tainted because the nutrients are gone from the soil. Well, if you’re eating vegetables that are raised conventionally, I suppose you could be thinking that way.

But if you have your own garden or you buy from a farmers’ market, and you trust your farmer, or you’re buying organic (even from large grocery chains, etcetera) you can somewhat be assured that you’re getting a higher quality.

But because I’ve worked with Amish for decades who have raised their crops with the very seeds that their great, great, great grandparents passed down … They were not buying new Burpees. They’re not buying the newfangled seeds that have been tinkered with. They’re using the old seeds that their family has passed along. They’re raising cows just the way their parents, grandparents, great grandparents, great, great, great, great grandparents have done for decades.

And yet, they have the same conditions as the rest of us who

live in cities and suburbs, et cetera.

I wish we could say it's as easy as, "Well, it's your fault that you're sick. You've been doing this, this and that." I do believe that one of the causes of disease that we do have the most control over – that is the most sobering of all the causes – is the use of drugs. I think drugs are where it comes from.

When I compare those Amish families and Mennonites and other religious groups who live very simply and based on their family's origin (even from as early as the late 1600s, 1700s), we all have one thing in common: We all have an inheritance, and we've all taken drugs. They included. They, too, use synthetic drugs.

I believe that that's where a good amount of our problems arise is from utilizing drugs especially in a superfluous manner such as, for example, birth control pills, such as antibiotics for a simple ear infection or a sore throat or even a strep throat. I think that antibiotics and synthetic drugs have been *grossly* overused, even *haphazardly* overused. *That*, I believe, is where a lot of this is coming from.

Synthetic drugs

Kate: We were talking earlier about some of the clients that you've seen especially recently. You've been talking to them, and you've deduced some of the reasons for these

issues that they're having – and that it might be related to the medications that they've been taking. Tell us a little bit more about that.

Joette: Well, when I take a case, before I even meet the person for the first time, they fill out a form, and they give us information on what medications they take and what the reason is for taking it.

It's not infrequent … I was just telling you earlier before we even started talking, that it's happened so frequently that it's just part of my routine now in understanding that there's a good chance that the drug they're taking is perhaps causing one or a few of the conditions that the person is presently suffering from, and they don't make the connection.

It's not that they're stupid. It's that, we, when we're not well, get caught up in our world, and we take these drugs without thinking about it. "It's just what I've been taking for 20 years. I don't even give it a thought. What do you mean? *That* could cause *this*? Well, wait a minute."

Then they think about it.

I'll give you an example. I've been working with this lovely woman. I met with her once.

Then I met with her again the other day. She has a terrible tremor. The tremor is very severe, and she also has

horrible, horrible panic and insomnia, that it has become a sobering disease for her. It's ruined her life. This comes on – this panic and some of the tremor – come on at certain times of the day.

That's always interesting to a homeopath. We're always looking for what we call the strange, rare and peculiar. That makes it a little bit strange or unusual, and that can help us dig around and find a medicine that's very specific for the condition.

But we used the medicine called *Cuprum metallicum* for these tremors, and it did no good at all. There was no change.

Upon meeting her the second time, I looked over at my notes again. (I usually do that, I study the case before we meet again, as to what I might have missed should I have missed something.) I noted that this woman had been taking Dramamine. It didn't tell me for how long, but she'd been taking Dramamine.

I asked her about it, "How long have you been taking Dramamine?" She said about 10 years. Then I noted that the condition that she was suffering was about nine years old. So, that means that *potentially* this Dramamine could be part of this problem.

Of course, I went online, and I looked up "tremors from Dramamine."

There it was.

“Dramamine can cause tremors, panic attacks, anxiety.” From Dramamine. There it was.

Now, you can’t count on that so much as we used to because trolls go online. Trolls are those who represent perhaps the industry that sells that particular medication. They change things in a subtle way so that it appears as though you’re getting good medical information when really they’re displacing the information in such a fashion that you will not find the answer you’re looking for. Even though the title says that, when you get down to the text of that particular site, you’ll see it has nothing to do with it.

The true way to know what a drug’s action might be on you is to get the insert that is sold with the product and read it. You have to get your magnifying glass. I actually have one with a light in it. Get it out and start reading and highlighting anything that looks like it’s connected to anything you’re suffering. *Anything* that you are suffering that you may have assumed was, “Oh, well, my grandfather had that. Oh, well, of course, I have that,” or “I have this because I eat too much sugar.”

Don’t do that! Don’t rationalize or theorize as to why you have this or that. Instead, just go through the list of all of the conditions that can be brought about as a result of taking a drug.

Or, the other way is to get to know your pharmacist. I always tell folks, “Your pharmacist knows his meds. Knows them inside and out.”

Make him banana bread. Bring him some Christmas cookies. Get to know him. Make him your friend so that when the time comes that you need information like this, he has the database at his fingertips. It’s a much more sweeping and in-depth database than we can ever get our hands on unless we’re willing to pay a monthly fee.

Kate: They see these people, these clients, coming in over and over again. I actually have a friend. She’s a dear friend. She’s a pharmacist. Every time the doctor prescribes a medication for my mom, I give her the medication, and I say, “Look this up for me. Is this commonly used for this? What do you see as far as common side effects?” Because I feel like they see more than the doctors do!

Joette: They do.

Kate: Yes. The nurses actually tell me that their pharmacists are very intelligent, and they know all this information about these medications which you will never hear from your physician. I’m not against physicians. Don’t get me wrong. But I think that they just don’t have the access to the information or read the information on the medications like the pharmacists do.

Joette: Well, drugs are yanked off the market regularly. There are many drugs we can't buy anymore. It happens consistently every year. The way that the doctor learns about the next drug that will replace that is by the drug rep.

If the doctor is a man, I can pretty much guarantee the drug rep is wearing a short skirt, stiletto heels, and she walks into the office, bearing donuts or chicken wings or pizza once a month, and has these, "teaching luncheons," where she teaches the docs and the physicians' assistants and those who work in the office how to use the drugs that she's peddling.

I'm sorry to make it sound so negative. But when you boil it down, when you really distill this down, that really is what it's about. It's drug peddling.

There are times when we absolutely need drugs. You're going to have surgery, by all means, you need anesthesia, no doubt about it! There are others, too, I could come up with, but I think most of these drugs were never intended for the body to have to assimilate. The side effects can often be chronic.

So, when I mentioned this to this woman, she said, "Oh my gosh! It never crossed my mind why I should not be taking this drug or that this could be causing it." It was new to her! The thought was new.

That was not the only one. I had another case just today – and I could come up with hundreds of these – but just today, of a woman who had difficulty swallowing. Chronic difficulty swallowing. Had to take small, tiny, tiny bites, could only eat certain foods, must drink it with room temperature water, (not cold, not too warm) room temperature, and then she could get the food down. She'd been taking a thyroid medication for many years – *for just as long as she'd been having trouble swallowing*! She backed off of the medication, and within two weeks, her swallowing improved by 50%.

Kate: Wow!

Joette: That's amazing.

Kate: Yes, it is.

Joette: It looks as though the person needs this Synthroid because their thyroid numbers are up. But meanwhile, now they got a new disease that's scaring the wits out of them because they're thinking their throat is going to close one of these days. It's so uncomfortable. It's so worrisome. Particularly, it is annoying when we know we can use homeopathy to correct the thyroid! When we know we can use homeopathy for the reason for that person to be taking Dramamine!

What's interesting about the Dramamine case is that it was like clockwork that she took her Dramamine, and it was like clockwork that she awoke with panic. It was a specific time

of the day for both events.

I don’t know what’s going to come of that. I don’t know that she’ll stop the Dramamine. I don’t tell people to stop taking the drugs without working with their physicians. I’m not a medical doctor, so I do not do that. But I do make them aware of the fact that there’s the potential that that drug could be an instigator in this condition.

A lot of times, people also tell me that, “Well, I’ve always had a little difficulty swallowing. I don’t think it was the drug. It couldn’t have been the Synthroid.”

She did not say this. She was very open to this idea. In fact, I actually think *she* came up with the idea.

I always say, “Just because you had a condition before you started the meds doesn’t mean that the meds can’t make it worse. Because what synthetic drugs have been known to do – is get what the weakest link is in the body (that area that is limping along already) and drive it to a deeper state. It makes it worse.

Side effects are not necessarily those that we have never had before – those conditions we’ve never experienced – but rather the very conditions that we already have, but they worsen them. Very sobering.

Same thing, I see it a lot … I saw it in my father. I see it

in a lot of men. Where they're given a medication because of their prostate, and they have urine that doesn't flow properly, and they use that. Now, it dries them up so that they're not dribbling urine. Now, their sinuses are all dried up. Their eyes are dry. Their skin is dry. They can't swallow properly. Other mucosal areas are affected.

Then we have to weigh it out and say, "So, what's worse, *this* condition or *that* condition?"

Well, if you're thinking that the condition that the drug is supposed to be treating is so much worse than the side effect, then, God love you, stay with the drug. But always remembering that homeopathy can deal with most of the conditions that these folks come to me with.

Kate: Yes, and like you said, getting off of those medications, those conditions may in fact clear up. I remember you telling me many, many years ago, Joette, that some of the asthma medications (the inhalers) … one of the side effects is what? *Asthma*!

Joette: Breathlessness. Yes, breathlessness. Absolutely.

Kate: That's just *crazy* to me to think that you're taking this medication for this condition in which it can actually cause the same thing.

I've looked up with strokes. There are medications that

doctors prescribe for strokes.

Well, what are the side effects? The side effects are actually *strokes*! A different kind of stroke, but it's still a stroke. I'm like, "Well, you've got to weigh that out."

Joette: Right. Ritalin is a perfect example. It's supposed to calm little boys down, and if used too long or incorrectly – or even used in the very beginning, even properly – can cause them to be more dysfunctional.

We have to be careful. We need to be very cautious about our and our family's lives. These bodies that we are given, that are given to us, are the temple of our soul. We need to understand that human body was not intended to be given synthetic drugs regularly, daily, consistently.

I don't know of any tests that show that you should be taking statin drugs for 10 years – or any drug for that amount of time. Most of these drugs only have tests on people who are … First of all, those who have taken these tests, – who have taken this drug, in a double blind survey – are young people! Because you're not going to get an old person who's willing to take a test like that, and say, "Oh, gee, I'll try it. Let's see how it goes. I might be given placebo. I might be given the drug." No, it is young people who are looking for money, and who are healthy.

By the way, that's important, too, because they are *healthy* specimens to start with. They're 19-year-olds, 20-year-olds.

And they don’t give these young people this drug for 20 years – a blood pressure drug for the rest of your life from the time you’re 50 on. They’re giving it to them for months. We don’t know.

And we also don’t know the *synergistic* effects of a blood pressure drug *plus* the statin *plus* the Synthroid. We could keep going and going and going. Because I know many people who come to me, and I ask them for a list of their medications, and I’ve actually had people fill out an entire *page* of meds.

Which also brings me to the next thought.

That is people don’t think supplements and vitamins count, but they do! I believe vitamins can be problematic. Synthetic vitamins are just that. They are synthetic vitamins. Supplements can often be synthetic. We have to watch for that, too.

I could tell stories about how certain supplements have caused problems as well. When we think it’s going to help or it helps for a short period of time, and then it doesn’t help any longer. But the person doesn’t notice this. They just think that their condition is worsening in spite of taking their beloved synthetic vitamins and supplements.

So, we have to be careful of those as well. If we need vitamins, we should be getting them from our food. I trust that the food that I buy and that most people buy who have

any awareness of how to purchase foods (buying fresh vegetables and grass-fed beef or meat et cetera, if possible, but not always. It doesn't have to be 100%). But I expect that my food is loaded with nutrition because I'm somewhat careful about it.

But if I'm not getting my nutrition, if I'm not getting my nutrients from my food, I don't blame climate change because I don't think it has *anything* to do with that. I might blame more the gut, that the person is suffering from a gut that is not properly adjusting to utilizing the food properly.

If someone has a low vitamin D in their last blood test – first of all, I question that – but if it's *clear* that the person has a low vitamin D level. They're very fatigued; they're pale, et cetera. Then my next question would be, "Tell me about your gut. Do you have constipation? Do you have diarrhea? Do you bloat? Do you have indigestion? Do you have gas? Do you have any of the conditions that would be related to a gut that's not in tip-top shape?"

If [it's] not, then we can, to a certain degree, make the assumption that *that* is what needs to be worked on. So that when the foods that are loaded with vitamin D such as lard, tallow, butter that has A, D, and E in it are being eaten, then we make the assumption – and I think it's a prudent one – that the person is either not eating the proper foods or they're not utilizing the vitamins and nutrients properly as evidenced by the fact that the gut is not in tip-top shape.

We don't want a gut that bloats. If someone says, "Well, no,

I don’t bloat,”

“Well, tell me what your meals are.” That’s the next question. I ask them what they eat. If I note that they’re not eating any bread or any grains, I ask, “Do you eat bread or grains?”

If they say, “No.”

“Why not?”

“Because if I *do*, I bloat.”

That means there’s something wrong with the gut.

We should be able to eat these foods to a certain degree. I don’t think they should be our staple by any stretch of the imagination. But by just eating a bowl of Cheerios, we should not have bloating or gas or indigestion or anything like that. That tells me that they’ve simply *avoided* these foods in order to improve their digestion. That tells me there’s still a digestion problem.

Homeopathic remedy tip especially

for the holidays

Kate: Joette, we have covered so much in our last 30 minutes that we've been talking. But I don't want to leave this podcast without you giving us just one homeopathic remedy tip for the season that we're in. Why don't you share with us something that we can use right now?

Joette: Well, not unlike what I said earlier about how when we're in the thick of things, we don't realize what to do especially when it's for ourselves or someone that we're close to, our child, our husband, et cetera. I want to remind you – and perhaps you put this down on a three-by-five card or someplace that you see on a regular basis, because this is a writer downer – and I know many of you who have been following me for a long time know that I *love* this medicine. I've used it for many years, for decades. But when I worked with the Banerjis, they used it *constantly*. So, I felt freer to include it in my practice more readily as well.

That is the medicine *Ignatia* – *Ignatia amara* 200C. Particularly with the holidays coming up, the cold weather, the darkness, the long nights, long darkness, a lot of times, people have seasonal disorders where they become blue. Or there might be a family conflict. Sometimes that can happen around Christmas and the holidays.

It's a good time, if you're feeling a little too sensitive to what was said at dinner two nights ago, or if you're feeling overwhelmed especially if you're a mom – and it's

very easy for moms to feel overwhelmed at Christmas time – remember *Ignatia amara* 200C. And it's used twice daily.

We don't use it forever. Again, these are not supplements, vitamins, et cetera. These are *medicines*. We use it until we feel better. Usually, it only needs a few days, and then stop.

Then if it happens to come back, we resume its use again. We use it as needed, and we will find more likely than not that the need for it becomes less and less frequent.

That's a good one to keep in your bonnet – and on your index card.

A lot of times, if I have to remember a medicine – because I have a hard time remembering things when I'm not feeling so well – I actually tape it to the mirror above my sink in the bathroom because I'm sure to see it there. Or I put it in a place that's unusual. I pin it to my pillow. Now, I'll see it before I go to bed. It'll help me remember. Something like that. I put it in the pocket of my robe. Then when I put my hand in my pocket, there it is. "Oh, yes, that's right. I was supposed to take that," or "Remember to take this should I get this or that."

Kate: That's a great tip for the season, Joette. If we don't need it ourselves, we likely know someone that does over the winter months. So, thank you.

Joette: That's right. If you love homeopathy – I always say this, if you love homeopathy – I know that you'll love what I teach you. Because as far as I know, I'm the only homeopath (at least that I'm aware of) out there who teaches how to treat chronic conditions without taking years of study in classical homeopathy. Not that classical homeopathy doesn't have a place; it certainly has.

For those who are new to homeopathy, let me tell you that homeopathy can be super, super complex, often enough to turn some folks off!

But what I try to do in my blog, on my Facebook Live Monday night events, as well as on these podcasts, is to distill down the complex into a formula so that it's practically like a recipe. You know that for *this* chronic condition, I can use *this* medicine, *this* potency, and *this* frequency, and I can expect this or that results. It's right there on the blog for free.

I urge folks to share this with their friends. Get your friends and neighbors involved with you in homeopathy. It will make your life easier in the long run. You won't have to explain as much because that will be all explained for them. Just the way you learned; they can learn as well.

With that, I say happy Hanukkah and Merry Christmas to all and a very happy and prosperous and healthy 2020.

As I hope you know by now, on my blog, podcasts and Facebook Live, I offer as many protocols for simple conditions as I can – for free, without affiliates or advertising. But let me be clear. When it comes to more complex conditions, it's *key* that you learn how to use these medicines properly. I want you to be well-trained. So, I save discussions of the more involved methods for my courses in which I walk students through each method with step-by-step training.

I hope listening to this podcast has inspired you to follow in their footsteps. With the proper training, you, too, can nurture and protect the health of your family and loved ones with Practical Homeopathy®.

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

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