Podcast 55 – How to Take a Case



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LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Ooh! Ooh! Cardoons!

Ignatia for anxiety

You are listening to a podcast from practicalhomeopathy.com where nationally certified American homeopath, public

speaker, and author, Joette Calabrese, shares her passion for helping families stay healthy through homeopathy and nutrient-dense nutrition.

Joette: So, the satellite conditions that you hadn't necessarily thought of as important could be *critical* in determining whether or not the remedy acted in the first place, and secondarily, if it should be repeated and started up again.

Kate: You are listening to Podcast Number 55 at practicalhomeopathy.com. On today's podcast, Joette describes how to write out an acute case. And she will share with us some great tips on how to know when it's time to stop taking a remedy. So, let's get started.

Hi. I'm Kate, and I'm here today again with Joette. We're excited to bring you another great podcast packed with information. So Joette, welcome, nice to see you again.

Joette: You see, we *see* each other, but people who listen in or read don't know that we're looking at each other. So, we can make funny faces at each other. It's really fun.

Kate: So, Joette, it's summertime there, and I see lots of things blooming. Are you doing anything fun with the garden … or what's going on outside?

Joette: Well, this is the first spring that I've lived in this little cottage that my husband and I just got, and we're really enjoying it. So, I'm *totally* into my garden. I've planted a couple of rhubarb plants and some asparagus so that sometime in the future, I'll be able to harvest those. But, I've planted a lot of ground cover because I am not making a commitment to weeding every day – although I'm actually out there doing it every day. I go out for about an hour, and I water, and I weed, and I pull up this, and I move that. It really is fun. And then in the evening, I do the same thing. So, it's a blast.

But one of the things that I'm sad about in my garden is that I've moved from my property – that had 15 acres – to a little plot, and I can't find cardoons. Do you know what cardoons are?

Kate: It sounds familiar, but I don't know.

Joette: Well, cardoons are burdock, and they are eaten by Italians and French. You can buy them at some upscale grocery stores, but they never taste the same. And so, I'm accustomed to harvesting my own cardoons every spring just as the lilacs blossom, just a little later, just as they're kind of dying off then the cardoons come up, and they're at their prime. And I go with my kids every year … we've just gone and gone to the back end of our property and dug them up and washed them and cooked them up and fried them, and they're absolutely delicious. I actually have a blog on it … I wrote a long time ago about cardoons. So, I don't have any here. So, as I drive through the countryside in Canada, I drive very slowly looking to see if I can find a wild patch somewhere, and I say, "Where are the Canadian cardoons?" I don't get it. I don't understand where they are. But I'm sure to find … one of these days, if I keep my eyes peeled … I'll find them somewhere.

Kate: I imagine you going to your neighbor's property and digging around.

Joette: Well, I've asked people. We've got a fellow who comes and helps me do some of the heavy lifting here in the garden, and I said, "Okay, do you see this plant? Do you ever see this anywhere?" He said, "What is that?" I said, "It's a burdock. It's the burrs that get in your dog's fur … that's what this is." He said, "No, I can't say I really noticed them." So, he's not looking, in the same way, I'm looking. I've got my eyes directly on the ground looking under disturbed soil and places like that. Maybe next year when we do another podcast, I will be able to say, "I found

them, yay!”

Kate: Or maybe they just don’t grow there like they grow in …

Joette: No, they do. I did find one on my property, and I told my husband. Under penalty of the law, he will not weed-whack that cardoon. You leave that cardoon. It’s one sole, little, struggling cardoon that I’m hoping is going to invite others to join it.

Laying out a case

Kate: Let’s talk about some homeopathy. We thought that it would be helpful to our listeners to talk about laying out a case. How can we make this practical for our families? So, grab some paper, grab a pen and get ready to take some notes as we talk about laying out a case and making this practical for your family: How to get started. How to know when to stop. So, Joette, walk us through as we determine how to use homeopathy with our families.

Joette: Sure. So, when you have a family of … let’s say you have two boys and two girls. You get a file folder for each of them. So, the two boys get blue folders – maybe a light blue for the younger one and a dark blue for the older one (file folder). And the girls might get a dark pink folder, and then the younger one gets a light pink folder. That’s so that you can find these folders lickety-split. Your husband gets – I don’t know – a dark green or something like that so that you can differentiate. And if the dog happens to be a white dog, like Buster, then you get a white folder – so you can find them super-fast.

Don’t bother buying a book. I’ve said this before. For those of you who have followed me, this might seem trite. But, don’t bother buying a book for each member of the family. It’s a waste of time because I guarantee you will not keep that book with you when you’re traveling or when you’re at

grandma’s house and someone gets sick. You’re not going to say, “Uh-oh, I can’t do anything because I don’t have my book.” Instead, you jot down what’s going on, on a sheet of paper.

So, this is what you write down on your little sheet of paper when someone gets sick. You write down the date, of course, and you write down the CC (Chief Complaint) on the upper left corner. This is the way I’ve done it for years. So, I’m just going to pass this along. You can do it any way you like, but this is my method. And then, you write down what’s happening on a margin all along the left. So, on the left, you want to categorize it. So, if the person is freaking out, you want to put down … not “Freaking out,” that’s too many words (you want it just along the left margin) … you write “Mind” or “Mental,” (so, what’s happening in the mind or the mental condition).

And then, to the right of that margin, you’ve got the second column, and you write next to that “Freaking out, anxiety over exams,” for example.

Then, what else is happening? Oh, the person has stomach problem. So then, you go down further in the left column in that margin, and you write “GI.” Don’t write “Stomach aches” because that’s too much information because what you are going to be doing is looking at this in a year from now perhaps, or even a month, or five years from now. You might need this information, and you don’t want to be reading voluminous words. You want to have a simple method of scanning down the left-side column, along the margin, so that you can find what you’re looking for.

Okay, now let’s say there’s a stomach ache that’s associated with this person’s suffering. So, you write “GI” in the left margin. And then, the next column over to the right of that, you’re going to describe that. “Oh, there’s pain, with gas. So, it was worse before bowel movement. There’s burping. The

person finds that it’s always worse after eating ice cream, et cetera.”

Now, what else is happening? Oh, by the way, this child is tugging at his ear. So, you go further down in the left margin, and you write “Ear.” And then in the column next to that, you’re writing what’s happening, “Tugging at the ear.” Don’t assume it’s an ear infection. You don’t know that it’s an ear infection. Never leap over the logical, most obvious condition (or the obvious situation) and make an assumption. Assumptions are not scientific. They can be useful if we’re at a loss.

But the first things we always use are obvious – tugging at the ear. Or nausea – they look green and they’re burping, and they vomit. Okay, you’re going to just write down what you’ve seen or what they’ve actually reported. Don’t assume. From that stomach, don’t you dare assume, “Oh, it must mean that this person has got leaky gut.” That’s a big, fat erroneous assumption! Or that they’ve got yeast, or they’ve got – I don’t know – gastroenteritis. Don’t leap! Just go with what you’ve got.

Now, if they’ve *had* ear infections many times in the past, and the child is tugging at his ear in the same fashion as every ear infection has ensued, then of course, now you can make that assumption. But don’t go any further than that – at least not at this point. We want to use only what’s obvious. You want to look at the hierarchy. What is the most trying aspect? The child is freaking out. The child is absolutely so terribly anxious. If the anxiety is greater than the tugging at the ear and greater than the stomach touching or nausea, burping or whatever, but the anxiety is really maddening, and those other areas are just satellite conditions, you want a remedy that’s specific for the *mind*, for the mentals, for the condition that is presenting most readily. Those others are secondary and tertiary conditions.

So, the first thing you think of is, “What’s a good remedy for anxiety?” And now, let’s say you choose *Ignatia*, and you’re going to write at the top of the page, “I chose *Ignatia*.” (Don’t write, “I chose,” just “*Ignatia*.”) What potency? Usually, we use *Ignatia* in a 200. Very rarely do we use it in anything else. “How often do you think I’m going to give this? Well, I’ll give it now, and then we’ll see what happens.” So, you write “*Ignatia* 200,” and you administer the remedy to the child. Now, three hours later, the child – let’s say even an hour later – the child is much improved, calmed down, still tugging at the ear a little bit, still a little tummy going on, but the *anxiety* is gone. Now, you can go back to your paperwork and say “VMB,” very much better. We’re always looking for abbreviations because remember, you’re going to be using this as a reference someday in the future.

The reason I tell you that you’re going to be using it as a reference is because when a remedy acts for one of your family members, don’t try to figure it out again in three years from now. Three years from now, your child gets anxious. If you don’t remember that *Ignatia* helped, you’re going to go back to the file. Now, you’ve written it on a sheet of paper. When the child is very much better, you’re going to toss that paper into the file. Open it up. Put it right on top. That’s the most recent condition. And there’ll be other conditions. This child will skin his knee. This child will hit his head. This child will get an ear infection or whatever. And those will go on top. Each one of those will be represented in a different sheet of paper.

This is what I teach in my courses. I’m very, very specific on how to do this. The reason that I’m so committed to this method is because it’s worked for me for over 30 years, and it was taught to me by other homeopaths who have used it for decades as well. I think it works beautifully. So, now let’s say it’s five years from now, and this child is obviously

much more verbal. Now, he's, let's say, nine years old, and he gets anxiety, and he's freaking out – not very unlike the way it was five years previous. You open up the file, and you look. "Have I ever used anything for his anxiety in the past?" And you go through the pages of all the conditions that he's had. "Lookie here! Back in July of 2018, he had anxiety, and I gave him *Ignatia.* I wrote there that it took two hours for it to abate [or one hour, whatever]. That's what I'm going to use." So, we never tinker with what has been successful. If it's worked once, we have to make the assumption it will likely work again.

Now, someone just asked me today, "Well, what if the circumstances are different? What if the first time, he had anxiety about – I don't know – people coming over to visit. And the next time, he had anxiety because he had a test forthcoming." Those are two different kinds of anxiety; there's no doubt about it. But if it's presenting in the *same way*, meaning he's acting in the same fashion, I would first consider the remedy that worked most readily last time. You can always change it should you need to – that now it's anticipatory anxiety rather than social anxiety. So, you could parse that out if you had to, but I would start with *Ignatia* first because we know it acted in the past.

Kate: So Joette, you're talking right now about acute cases for our family members. Let's step back just for a minute, and let's talk about starting out. We want to address chronic conditions, as well, with our family members. How do we get that overall picture or even know where to begin with homeopathy?

Starting with chronic conditions

Joette: Well, interestingly, the case I just described to you of the anxiety can be a chronic condition. This child might have had anxiety since he was six weeks old, and nothing was done about it because the parent didn't know

what to do. And so, now that the parent finally learns what to do and starts using *Ignatia* – and it looks perhaps like it's an acute because it's just gotten to a pitch – but this child might have been suffering all along. And just by using *Ignatia* 200, twice a day for some time, that can easily uproot the condition that was lifelong – even a short little life (because it's a child). So, it actually works in the same fashion.

Now, just because the child was tugging at the ear does not necessarily mean that it's otitis media. It could mean that the child had otitis media a year before and was given antibiotics and now has a chronic ear condition that renders the child with a discomforted ear that is maybe a feeling of stuffiness or fullness. I hear this a lot from folks who have had previous ear infections that were, of course, met by antibiotics and rendered a sensation that stayed with them for a lifetime of hearing loss, or distorted hearing, or sensation of plugged-up ears, or itching in the ear, or a fullness in the ear. That could be what that child's complaining about by just tugging at the ear.

So, we could call this an acute case, but it might even indeed be a chronic case. Do we really, absolutely need to know? To answer that, in some situations, it would be useful to know. But a lot of times, an acute is simply a chronic that's come to the fore for a period of time. And if left to its own ways, it would dissipate eventually and go back down to its chronic level, meaning it's still there, but it's not horrible. It's not a screaming five or six or an eight in the pain or discomfort scale. It's just a quiet one or two or three.

Kate: What's interesting is, I think, sometimes people get so used to things that they don't even realize that they have that discomfort in their ear. And then when it bubbles its ugly head, then they acknowledge it. But otherwise, they don't realize it, right?

Joette: Not only that – I think you're right about that – but not only is that something that muddies the waters, but also people often say, "Oh, he tugs at his ears, but his father has always done that, too. Oh well, let's just forget that then." No, no, no, no, no. Just because his father does it, it doesn't mean that it's not a condition. It's probably that his father has the same condition, and that the child has inherited it because after all, we are only DNA. That's all we really are, plus a soul. That's the way I see it.

Let's say this child is suffering on a chronic level with anxiety and worries, then I would call it more of a chronic condition. And then, I've had people ask me, "So, how long do you give *Ignatia* for? Does this mean they have to have it the rest of their life?" Well, one of the best parts about homeopathy is that generally, it's not so. So, no, we use it until we no longer need it.

So, how do you know that? Well, if it's a chronic condition, I generally use a remedy that's for a chronic condition for about six to thirteen weeks, depending on the severity of the condition and the degree of shift after having taken the remedy. You can always test the remedy out and say, "Okay. I think maybe we've had enough. We've done it twice a day for five days. Let's try doing without." More often than not, people don't do it that way. They go on vacation or they go away for the weekend, and they forget to bring the remedies.

Kate: Right.

Joette: And then Friday rolls around, and they're on the road. Saturday, they've gotten to their destination. Sunday, they're enjoying their vacation, and they realize, "Uh-oh, we forgot the *Ignatia*." Monday, they're driving back. Tuesday, they stop. They don't get home until Wednesday, and the child's doing pretty well. Then you know, *Ignatia* is no longer necessary. It would be superfluous to go back to it again if the child no longer needs it. How do you know?

Because the anxiety is gone – beautiful!

So, now let's say on Monday, they're driving home, and they're going to stop on one more day on their trip home, and the child starts to get anxious. He gets just a *little* anxious. It only lasts 15 minutes, whereas before, this anxiety would be perpetual and would be low-level – almost like MUZAK or background music all day long – and then would get pitched when this or that happened. But now the child has a little anxiety, but it goes away on its own. It's like he handled it. He was capable of subduing it on his own and moved on, and it washed over him. He no longer needs *Ignatia* on a day-to-day basis, at least at this point. So, when you get home, he does *not* need another dose. Just because Monday, he had a little bit and had some problems doesn't mean that we start it up twice a day, every day.

If, however – here's the third scenario –now you're on your way home; he's not had it for three days: Friday, Saturday and Sunday. Monday, he starts getting anxious. He's bouncing in the backseat, and he's worried and, "When are we getting home? And Dad, you're driving too fast. And Mom, what would happen if something happened to you? And what about that test I have to take on Thursday," et cetera, et cetera, et cetera. It keeps going and going and going. *Ignatia* is needed again. He was not able to correct it within himself. He was not able to just let it wash away. So, when you get back on Tuesday, what do you do? You start *Ignatia* 200, twice a day, every day. You give it another week or so – or two weeks, or three, or four, or six weeks – depending on what you're seeing.

It's not unlike, in many ways, conventional drugs. We stop using, let's say, Tylenol once the headache is gone. We ensue using it again when the headache returns – kind of the same idea. This is not a supplement, obviously. Homeopathy is not about supplements or herbs or vitamins that you take forevermore, and you take just "because" that *perhaps* maybe

you're low in calcium, or *maybe* you need some extra synthetic Vitamin D. (I'm being a little facetious here as you can tell by my sarcastic method of saying it.) But instead, this is called a "correction." It changes the person in a very gentle, polite way. It does not *slam* us into submission. It gently stimulates, so that it knows its manners. Homeopathy knows its table manners. It knows how to be polite. And it gently nudges. When we need it again, we bring it out again.

Kate: Okay. So, this brings up a really good point. You were talking about when we go away some place, and we forget to take the medicines for chronic for two or three days, how many times can you do that before you're really messing yourself up? Do you know what I'm saying?

You can't mess up homeopathy

Joette: I don't think you'll mess yourself up, period. I really don't. That's what I mean about being polite. It's forgiving. Homeopathy is forgiving. It would just gently stimulate again and get you going where you left off. And if you mess up again; you mess up again. But, I can guarantee that you're not going to mess up. If that child is all over you with anxiety, you will never, ever forget that. *Ignatia* again then before you leave on a weekend. It's true for any symptom. If you husband has got a lot of pain in his knees, and he's driving, and he's talking about the pain, he will *not* forget it next time. The reason we always forget remedies is because the suffering is not severe enough. So, if the suffering is severe enough, those are the reminders. Pain and anxiety and worry and insomnia and stiffness and constipation are *really* powerful reminders.

Kate: That's so true, so true. This scenario that you're discussing happened recently to someone that I know. She was taking *Ignatia* twice a day, and she stopped taking it because we weren't sure if she needed it anymore. And so,

time passed, and I wasn't thinking about it. And then, we were trying to figure out why she's having such a horrible time. And then we realized, "Hey, wait a minute. You stopped taking that *Ignatia*." She started taking it again and guess what happens?

Joette: Exactly.

Kate: Yes. She was good again, and she thought, "Wow! Now I know that that was working."

Joette: That's how you find out. That's a great way of knowing. A lot of times, I work with folks, and they're feeling as though there's not much change in their case. I say, "Okay, look. Let's do this. Don't take any remedies anymore. Let's not schedule any more appointments for a while. If you start feeling like things are coming back (that you hadn't recognized were actually resolved), then start up again, and you'll know." It's a great way to test it out. A lot of times people just can't get their remedies. The pharmacy that we work with sends remedies all over the world. Saudi Arabia – very difficult to get remedies to Saudi Arabia. Very difficult to get remedies to Egypt and certain parts of South America – although homeopathy is pretty big in certain countries there. But nonetheless, if you can't get your remedies, and you expected them to come in, you'll know! Because what you thought was no improvement really *was* an improvement – because you didn't realize there were a lot of satellite conditions that also fell to the wayside.

So, let's go back to this boy again. For example, *Ignatia* is not only great for anxiety, it's incredible for sleep! The parents hadn't really been thinking about his sleep because they figured, "Well, he's a busy boy, and he doesn't fall asleep. So, it takes an hour. Yeah, it's no big deal. What the real big deal is this anxiety that he experiences all the time." So, meanwhile while he's taking the *Ignatia*,

sleep is restored. He can actually fall asleep within a few minutes. That's within the range of normal. Now, he stops taking the *Ignatia*, and perhaps the anxiety is gone, but the sleep problem has returned. That's reason enough to start on *Ignatia* again. So, the satellite conditions that you hadn't necessarily thought of as important could be critical in determining whether or not the remedy acted in the first place, and secondarily, if it should be repeated and started up again.

Kate: Joette, isn't sleep often an excellent indicator? If you do sleep deeply, soundly, you wake up feeling rested – then you know that remedy is really acting.

Joette: That is so true, Kate. What I have found time and again is that when a child … and I use them as an example because they're so easy to comprehend particularly because children get more acutes, and we can see it so readily with an acute (but you can also see this in a chronic). But, let's use an acute example: Child has a sore throat – strep throat for example – and you use *Belladonna* or *Hepar sulph* or *Mercurius sol*, *Mercurius cyn,* and you use any one of those medicines that act for strep throat so beautifully. Not *all* of them, you use. Choose one based on the symptoms, if possible. Then, you give that remedy, and the child falls asleep.

Sometimes people say, "Well, of course he fell asleep. He's sick!" No, no, no. You're rationalizing. The child was not asleep for several hours until you gave that medicine. The fact that the child fell asleep tells us something. You're watching. Remember, homeopathy hones our observational skills. We *have* to pay attention. That's why it's *so valuable* for mothers because it's the watchful eye of the mother that knows what's going on with the children. It's not that the dads don't care, they just don't have that fine-tuned aspect to them the way mothers do.

Kate: Right.

Joette: So, a mother will notice. “Wait a minute. Yes, he fell asleep. But, he hasn’t been sleeping for 15 hours! It only just happened after the remedy – within 20 minutes, or 5 minutes, or even 30, 50 minutes.” While the child is sleeping, he’s healing. One of the best places to heal is sleep. So, the child is healing. Now the child wakes up, screaming, let’s say, with the sore throat again. It’s really painful. The first thing an inexperienced mother would say is, “Oh, I guess the remedy didn’t work because look, here’s the pain again.” No, no, no. It means that’s the time to give it again. The child was doing quite well until the remedy wore off. It’s got to be *repeated*. These medicines need to be repeated. We’re talking about an acute here. So, it has to be repeated pretty frequently. So, he wakes up. He’s crying again. “Oh, my gosh! This is horrible.” Give him the remedy. Bam! Asleep again.

Now, in the morning, the child is a little bit better. The mother’s thinking, “Well, it’s a little better. But, why isn’t this remedy curing this?” Well, because it’s not one dose that does it – although I do report stories about that because I love telling these stories, and they’re so interesting. But more often than not, depending on the condition, let’s say whooping cough, it could take two weeks – but better than 100 days!

Remedy has to be repeated

So, we’re always looking at relativity. How long will it take for this disease to be corrected with conventional methods or by doing nothing? Well, whooping cough, they call it 100-day cough. So, it could take 100 days. With homeopathy, we cut that back by large, large number of days, months. Or strep throat – instead of it lasting for two weeks (or even 10 days with an antibiotic), we can uproot strep throat in two, three days, but being mindful that the

remedy is going to be repeated again and again until the condition is completed.

Writing down the most important issues only

Kate: So, let's get back to that overall family picture. So, what we would do, Joette, you're saying is make a folder for each family member. Maybe in that folder, we could start with a piece of paper that lists out their chronic conditions as well as something that they commonly have – if they frequently get ear infections – and start to study the remedies that are needed in those situations, right? Is that what you were saying?

Joette: Well, that's a little different. It's not a bad idea, but it's different than what I am saying. What you're saying is, "Let's figure out what it is my family suffers from, and own those remedies, and then know how to treat them." That's something different. That's your study sheet. What I am saying is what we're doing is taking notes. We're writing up essentially a medical chart of sorts. We're keeping notes on what the condition is that we're going to be treating right now, not all the others that are also occurring. What is right now presenting? What is the biggest issue? Anxiety? Okay, then that's what we're going to write about. Is the other biggest issue strep throat? Okay, that's what we're going to write about. What if both are happening at the same time? Then they both are written about in that same sheet of paper. And then, we approach the remedy specific to those two major hierarchal conditions.

What I mean by hierarchal is that the child may also have insomnia, but we didn't note that. Remember, the mother didn't really notice that so much because the other two issues were so big. So, once the anxiety is complete – and the strep throat is no longer repetitive, and it's gone – I would imagine the sleep has been restored as well because we used a remedy that was also useful for sleep. Now, we can

look at the fact that the child bites his nail so deeply that it's causing bleeding. But interestingly, *Ignatia* is used for that, as well. Most likely, that will somewhat abate. The mother may not notice it even though she's watching. She may notice that there is no more anxiety and may sort of notice that he's sleeping better and then notice, "Look. He's not biting his nails to the nub any longer." She'll think, "Well, that's because the anxiety is gone." Maybe, I would think it's because the *Ignatia* acted – because *Ignatia* is specific for that as well.

Kate: So, what you're saying, just so I can get this straight in my mind, is if there's a situation with a family member, write it down. Just take the case, like you're saying. Write the body part on the left-hand side (or mind, gut, whatever). And then, on the right-hand side, write down the symptoms. And then, you're going to look at the overall picture, acutes and chronics, everything. You're going to list on that one sheet of paper, right? Is that what you're saying?

Joette: Right. Well, you would only be writing down those issues that are the most important at that moment because if you start writing everything down, you'll have page after page.

Kate: See, that's what I'm thinking, page after page.

Joette: Yes. I wouldn't go that far. I have a lot of times people tell me, "Well, 20 years ago, I broke my wrist. And I'm not really interested in that unless that wrist is a problem today. I'm not interested unless that wrist was broken, and it caused osteomyelitis or osteoarthritis that remains today. Otherwise, that's kind of inconsequential. Now, if that person broke a wrist 20 years ago … and then 18 years ago they broke their ankle … and 17 years ago they had a concussion … and 16 years ago … and it's injury after injury after injury, now *that* becomes reportable, or that's

something that is noteworthy. Why is this person having so many accidents?

So then, the first thing I start thinking – I don't ask it yet, I wait until the person tells me more – "Is there a balance problem? Is this person uncoordinated? Is this person a daredevil? Is it because he loves to jump off of cliffs that this is happening?" I'm wondering why this is happening. Is this person a daredevil skier? Okay, well then, if it's someone who loves to ski and does extreme skiing, then okay! I understand. But if this is just someone who's a secretary and is walking to work, and this is happening all the time, that tells me either she's clumsy, or she's got a bone problem. There could be something going on with her bones. Is she vegan? Is she not absorbing her nutrients, so she's not getting the right nutrients so that her bones are too frail? So, you have to start thinking of all those. You don't start asking those questions, but you listen, and you pay attention. Always listening and paying attention.

So, sometimes details are superfluous, and other times they can be very telling and lead us in the right direction – old symptoms, old history. So, what I often put in that left margin is I write the word, "History" and then what part of the body it's related to: "History: ankle broken; History: wrist broken." Also, under that category, that cell – if you were to break this down into, say, a word, it would be a "cell" on the left or margin on the left – I would write down, "Concussion." Then, if there was more to say about it, then I would obviously take note of that.

I mean, I worked with folks who have had a broken ankle just by tripping on a sidewalk. I mean, a mild trip – almost nothing. And then, a couple of years later, a tooth was loose, and this person is only 25. My first question is, "So, when was the last time you had milk? Do you eat yogurt? Do you drink kefir?" "Oh, no. I'm vegan." "For how long have

you been vegan?" "Oh, since I was 10." "Why are you vegan? Do you have trouble with milk?" I mean, so you want to know these things. "Do you have a belly that distends? Do you have eczema that comes forth? Why are you not drinking and eating dairy products?" "I can't stand the thought of what they do to cows." So now, we're talking about a person who has a problem with *great* empathy, and now they have a bone problem that needs to be rectified. That's when I always have a discussion about how important it is to just buy good dairy from farmers who are responsible and take care of their cows.

Kate: Yes. There are a lot of things to think about.

Joette: Some of it just comes from experience. That's why I always tell folks, "Treat everyone you can get your hands on. Have a lot of kids." I'm not being facetious here. I mean it. Have children! If I'm speaking to a young married woman – have children! Have as many as you can possibly have. I'm serious about this. On many levels, it is very important that we grow our families. If that's not possible, you're in your 50s now, and you've only had x-number of children – I wish I had had more – then treat your pets. Own livestock. Treat your mother-in-law, your sister-in-law, your neighbor, your church mates, your homeschool friends. Join our study groups.

Look, I'm not here to try to promote my study groups – maybe I am. Okay, I am. I do want to promote it because I think they're great. I really do. They're very inexpensive, and it's an opportunity to really learn. Because you're not going to be subjected to just *your* family's conditions, you're going to hear everyone *else's* family's conditions. Guess what's going to happen? You're going to learn. It's like being in private practice and listening and learning and growing your understanding, and your experience will grow exponentially.

Kate: I agree. The more you use it, the more it's going to stick in your brain. And then, when you need that information, it's going to be there. Boom! You won't have to dig out your *materia medica*, your repertory, all your course materials. You'll know it! And in an emergency, that is so important.

Joette: Well, it's remembered more readily via story. As you hear someone's story, and you hear about a husband who – like that blog that was written by my student several months ago about her husband being handed a glass of wine in South America at a vineyard where they were wine-tasting. As it was handed to him, it shattered in his hand and severed his hand. You will never forget that story! Once you hear it; once you read it; it will be memorable to you. Maybe you won't *ever* forget it, but it's more likely to stick. And then, you'll remember the remedies that were used, and what she did and how she used those medicines to help her husband. I can guarantee *she* will never forget nor will *her husband* ever forget nor will *the taxi driver* who drove as fast as he could to the emergency room hours away from where the accident had occurred. So, it's one of those things that if we can learn through other's sufferings, it's the best way to learn.

Figuring homeopathy as our focus

Kate: So Joette, we could spend our entire days just studying this day and night. What's your recommendation for how much time we should put into this?

Joette: Well, it depends on what you want to get out of it. Of course, that's true of any subject for that matter. But Joan Rivers once said … I actually like Joan Rivers. I think she was kooky and funny and irreverent. But anyway, she once said, "If there's no door in the room, blow a hole in the wall." That is so profound to me. It's so simple. But it means, if you don't think you know the way to do it, make it

bigger than ever to find it out. Make it your life's focus to figure it out. That will give you your pathway, by blowing a hole in the wall that will open up your world. And say, "I am not going to sit back any longer and take drugs as an answer. I am not going to sit back any longer and allow someone else to make the decisions about my children and myself and my husband. I am going to take the bird in the hand, and I'm going to *run* with this – right through that blown-in-the-wall hole."

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.

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