Podcast 63 – Posology 101

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LINKS AND RESOURCES MENTIONED IN THIS PODCAST:

Join our Community: Get on our mailing list for updates on upcoming, new courses

Gateway to Homeopathy: A Guided Study Group Curriculum

Gateway to Homeopathy II: Only available for purchase through your resource page, after having taken the prerequisite Gateway to Homeopathy I (referenced above)

Get Your Kids High: blog post on fevers

How to Raise a Healthy Child in Spite of Your Doctor: Robert Mendelsohn, M.D.

Aconitum 200 with *Bryonia* 30: general cough

Spongia 200: croupy cough specifically with the sound of a saw sawing through wood

Kate: This is the Practical Homeopathy Podcast Episode Number 63 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: Hi Joette!

Joette: Hi Kate! Nice to see you.

Kate: Nice to see you. It looks like you're in Florida. And you know how I can tell that?

Joette: How can you tell? By my dress that's all flowers and pinks and blues?

Kate: That's right. That's right.

Joette: Most folks probably don't realize that we see each other. We're remote. You're up North. I'm in the South. But we see each other, and everyone else just hears us. But we watch each other and do this on a podcast that's video. It's fun.

Kate: Yeah. So Joette, before we get started with the meat of this podcast today, I know that there's something that you have in the works. Why don't you just share a little bit about what's going on?

Joette: Well, we're starting a course soon. It's on the subject of toxins and homeopathy. How to address toxins; how to remove toxins; how to not fear toxins; how to live in a world that might have toxins in it. So, just watch out for that. If you happen to be a student, be sure to go to the student page because it will all be written up there.

If you're not a student, *become* a student! Learn how to do all of this. Watch for it, we'll be giving information out about it on the blog, et cetera. Be sure to get on our email

list because *that's* where you're going to get the information.

Kate: Yes. People will be notified when you have new courses that come out.

All right, well, here we go with another podcast today. I have a subject that comes up quite a bit. We just finished actually a study group for the Gateway to Homeopathy II study guide. I had a lovely group of women. It was super fun. I'm sad actually to be finished with that because – you know how it is – when you can connect with like-minded women every week. It's just, it's awesome! So, I already miss it.

Joette: Yeah, it is awesome because it's like, you know, like a pajama party.

Kate: Right.

Joette: Probably I'm showing my age now, but we used to set each other's hair, put music on and talk about boys. Now, this is the mature type of pajama party.

Kate: Exactly. It's a mentally stimulating pajama party.

Joette: Right. I can guarantee that the ones that we had in high school were not mentally stimulating.

Kate: So, these women, when we get together, there are certain number of questions that seem to come up time and time again, or we just always want to dig deeper into them. One of the questions is: when we figure out the right remedy, how do we determine what potency to use and how often to give that particular remedy? I know you've talked a little bit about this before, but I was wondering if we could dig a little bit deeper into that today.

Joette: Actually, I'm going to correct you, Kate. I talk about it all the time. You have not apparently been paying attention.

No, I know you know that. I do mention it frequently. But people who are new to homeopathy may not have gotten that opportunity to hear me say it 500,000 times before. So, I'll say it 500,001 times, and we'll make it an odd number today. Let's do it again because this is an important subject.

The subject actually is called posology, P-O-S-O-L-O-G-Y. I'm going to read this directly from my Gateway to Homeopathy II book – the curriculum that you've just been talking about that you use with your group, and that folks would use if they started or joined a study group. The title of this is Posology, and I'll just read from it.

Posology

"*The word posology comes from the Greek words: posos (how much) and logos (meaning study). Indeed posology – the frequency and potency of a determined homeopathic medicine – is a deep study unto itself. Even today, there are differing opinions from homeopaths on how to determine posology. This subject is so complex because there are so many variables.*"

So, what are the variables? For example, "*How anxious is the person who is offering the remedies?*"

I have to mention. This is really important. Just because the mother is anxious doesn't mean that the remedy that she's given her child should be given more frequently. We have to have a cool head when something's going wrong in our child, our husband, our pet, our neighbor, our mother, et cetera. So, don't use *your* anxiety as the administrator of the homeopathic medicines as a determining factor to how frequently the remedy ought to be given. That is absolutely *not* a good way to determine posology.

Kate: That's a tall order.

Joette: Well, it is a tall order but it's an order that's worthy of learning how to control. Because if you don't

control it properly, and you get freaked out, you give the medicine too frequently. You're going to mess things up. Now, it's not dangerous. It's not horrible. But you really want to keep a cool head – just like if you were using conventional medications, and you were told to use an antibiotic, for example, every six hours. Do you freak and say, "But the child is really sick! He's got a high fever, and he's got strep throat. I'm going to give it every 15 minutes just because I think my child needs it more." No, no, there are certain rules that we have to follow. It's the same in homeopathy.

Another example of a variable: "*Is someone else hovering over you as you give the remedies waiting for a response?*" So, is it your husband saying, "You know, you need to give this more frequently. Something's going wrong. You got to do something. Do something now. You better move along." That can also be a factor that can mess up the frequency that you give the remedy in.

"*How severe is the illness?*" *Now* we're getting to something more substantial. Now, we're getting to the girding of how important it is that you do what's correct, not what your psychology or someone-else-around-you's psychology is about. So, how severe is the illness? In other words, if someone is vomiting relentlessly, you're not going to wait and give the remedy only twice a day. You're going to give it more frequently.

Or, "*How frequently is the person sick, and how healthy are they in general?*" These are all questions that do need to be considered.

"*Are other medications involved?*"

(I'm reading from my text here, and I'm skipping around a little bit.) But, "*What access is there to conventional care if needed?*" All of these are factors in determining how

frequently and even the potency that's used. So, I'm going to read again:

"*However, using Practical Homeopathy*® [which is what I teach in these classes] *and the Banerji Protocols* [which is what most of this is based upon], *posology is made easy.*" Did you hear me? I'm going to repeat that: Posology is made easy with the method that I teach.

"*That is, simply use the protocol that is assigned to the condition."*

I'm going to read that again. "*Simply use the protocol that is assigned to the condition. The potency and frequency are given with the protocol so there's no need to question further. However, when you do not have a protocol to use and need to determine a potency for a homeopathic medicine, in general, I usually teach that it's best to begin with a 30C or a 30X – unless you are quite sure of your remedy choice, and you've done it before, and the symptoms are severe.*"

So. There are circumstances in which you don't have "the recipe," so to speak. So instead, you have to use the information at hand. That is: How severe is this? Et cetera.

So, "*Having said this, I've also found that some medicines act more effectively in a lower potency such as a 3 or a 6C. You will see these lower potencies used quite often in the Banerji Protocols.*" So, use the protocols first. If you don't have a protocol, then start – generally – with a 30th potency and go from there.

Start collecting remedies

Kate: So, this is a good time to ask that, I want to say, age-old question: "Can I substitute if I don't have the correct potency?"

Joette: Well, I get this question frequently on my blog. My

answer is consistent. You may use any potency you want. But, if you want to enjoy the kind of responses that I've grown to expect by using homeopathy and especially these practical protocols (the Banerji Protocols), then use *exactly* the potency that I've taught you to use. For example, in these courses, in these study guides, on the blog, et cetera.

So, if you're doing this because you're wondering whether or not you can use a different potency because you don't want to spend money on another one – you only have it in a 200, and the protocol calls for a 30, or a 3, or whatever – this is not a time to be worried about the cost of an $8 bottle of a homeopathic medicine! If on the other hand, you live in an area where it's very difficult to get ahold of the remedies, then you use what you've got *until* you can get the correct potency, and then add to your collection. As I always say, **she who has the most remedies in the end wins**.

So, what I'm saying is start collecting. Get the potencies you need. How do you know you need them? Well, if you go through the blog, take the course of Study Guide classes, and you learn what remedies are used for what conditions in your family.

If you have all boys, then you don't need remedies that are regarding female reproductive organs. But if you have all girls, you certainly want to have all the remedies – on hand – for those that might be useful for dysmenorrhea, menorrhagia, for all of those conditions, for menses, the menarche that has not begun properly. You need to *know* those remedies and *own them*.

There's nothing wrong with owning remedies you don't use for 20 years because they last a very, very long time. I don't even know that they have a true "end date," even though some of them will have expiration dates written on them. Remedies are *investments*. I own them from the 1980s. I still use those medicines, and they still act. So, own them, put them

aside and consider them an investment in your and your family's future.

Let me also mention this. By knowing these medicines, by owning them, by owning the protocols, the freedom from fear and angst and worry about this or that condition is so uplifting and so grand that it will be worth your $8 purchase. Sometimes they could be as much as a whopping $18 for a bottle of a remedy that could save someone's life, that can make your family member more comfortable, that can uproot a strep throat, otitis media, conjunctivitis, flu, eczema. I mean, the list goes on and on. It gives us comfort in knowing that we have the capability of making this happen.

Kate: It's funny you should mention that because in the last podcast (tha tI think will be aired just before this one) when I interviewed a group of men who did this Gateway to Homeopathy I study guide together, they talked about that very thing, Joette. They said they felt a sense of freedom that they could handle whatever came along. They didn't have that fear, that worry, that dependence on someone else to help them in this situation – that they felt that freedom. So, that's interesting that you brought that up.

Joette: Yeah. Well, true health *is* freedom. So, it's not just freedom from worry because now you know what to do just in case, but also the freedom to be able to live your life fully. As you gain better quality of life through homeopathy, you'll find that you want even more of it. We humans become greedy. I want even better health than I had before. I want my child to be even smarter than he was before. Some of that can be accomplished. Not all, but some of it can be accomplished through using homeopathy and using these protocols.

Kate: I would like to ask you to go on reading. You're actually reading from Lesson 3 (just for those of you who

might have – or in the future purchase – the Gateway to Homeopathy II). So, can you just go on? Because this next section, I want to talk about just a bit?

How often to administer

Joette: Sure.

"*Now, let's say you've determined which homeopathic medicine and potency to use and are ready to administer. How often should you administer the chosen medicine? In general, remedies can be administered approximately every 3-4 hours, especially for an acute condition.* [That's what we're talking about here.] *However, taking a remedy every 3-4 hours is only necessary as long as you still have symptoms, and the remedy is helping.*

If you're concerned about waiting because the symptoms are more severe and warrant taking the remedy more frequently, this time may be shortened. In such a case, you would take a medicine every 1-2 hours or even every 15-30 minutes, which might be appropriate in some cases. Make sure that you are doing this because it is warranted and [once again] *not out of your fear.*"

Kate: So, I hear a lot of people talking about a "loading dose," and I think you know what I'm referring to when I say that. Can we just talk about that a bit? What are your thoughts about that? I know what you just read to me. It says, "If it's severe, we can use the remedies more often. If it's less severe, you use it less frequently like every 3-4 hours." So, when they talk about this loading dose, what do you have to say about that?

Joette: Well, they're talking about this for an acute condition, right Kate?

Kate: Yes.

Joette: Yes, for a flu, or a cold, or an ear infection or something like that. Well, it's a term that some homeopaths use, and they like to use it like a jumpstart: bam-bam, then bam … bam … bam! There's nothing wrong with it. *I* don't use that method. I don't think it's wrong. I just don't teach it; I don't use it; it's not what I've learned to use; it's not what I've used for the last 30-some years. So, I don't discuss it because it's not part of my method.

But I don't think it's wrong. It's not a bad idea. To me, when people are talking about loading, it means to me that they've been studying under a homeopath who uses that method.

Remember now, homeopathy was begun in the late 1700s by Dr. Samuel Hahnemann, and then it went throughout the world. So, it's been used for over 200 years by many, many physicians in many hospitals, clinics and in universities throughout the world – in very large hospitals and very small practices. So, there are many ways to skin this cat. I know folks very much want black-and-white answers. I do the best I can to parse out the complexity of homeopathy and make it super-simple. But … there are many ways to skin this cat.

In France, they do it differently than in Germany. In Germany, they do it differently than in India. In India, they do it differently than in the Midwest of the U.S. I mean now, of course, the U.S. is pretty much all one because of communications. But back in the early 1800s, there were segments of the U.S. that used higher potencies: 1Ms. In other segment of the U.S., there were homeopathic physicians who were using lower potencies.

So, there are many ways to do this. I'm teaching a specific method, and there are variations on that theme. People can use whatever they like. But if you want to see the kind of results, as I said, that *I've* seen using these particular protocols then stick with the program.

Kate: Yeah, okay, good explanation! You haven't done that, and you haven't felt a need to.

Joette: Here's another way of looking at that loading. If someone … let's go back to vomiting relentlessly. If someone's vomiting relentlessly, I'm not going to say, "Okay, I'm going to give this remedy every 3 hours."

No! They're really suffering! We want it to stop! We want to give them comfort, and we want to move the condition along faster. So, we're not going to give it one dose at noon, and then another dose at three. Of course, we're going to give it about 15 minutes later. I would call it: you give it closer together until there are results. As you see the results accruing, then you can open it up. Instead of every 15 minutes, you might give it every 2 hours.

So, it's just really, it's *nomenclature* more than anything else. I just don't call it "loading." I call it: "Use it as it's needed." That could be construed as needing to load up.

We're not talking about loading on the number of pills, by the way. We're loading up on the *frequency* that it's being administered.

Kate: Yes, yes, good point. If it's a cold for instance, you wouldn't necessarily do that. If they're not suffering greatly, it's a cold. They have a sore throat. You would just give it every 3-4 hours.

Joette: That's right. That's right. But … others might say, "Well, that's loading! Two doses in three hours, that's loading!" I would say you're just giving it accordingly – as it's needed.

Kate: Yeah, that's a good point. So Joette, let's continue reading from Lesson 3 on posology.

One remedy at a time for acutes

Joette: Alright.

"*It is best to use one remedy or protocol at a time, so you know how the remedy is acting or not. This gives you the information you need to determine if you should continue using that particular medicine. If the person is suffering horribly, you can add another remedy as needed for symptoms.*"

Now, we're talking about an acute here, not a chronic. That's why I'm urging folks to use pretty much one protocol or one remedy at a time, so that we can read the symptoms.

I'm reading again from the manuscript. "*If the remedy you have chosen is not acting, stop and consider a different one. Keep good records that include date, time, noteworthy symptoms and remedy choice. I guarantee that unless you have monumental memory skills, you're likely to lose track of what you've chosen and changed.*

Remember, this is not a supplement paradigm. These are medicines. Decrease the frequency of the remedies you are using as symptoms improve. STOP taking the remedies [or using the remedies] *when you are very much better. You should not continue taking the medicines after you feel well. Compare this to taking an aspirin for a headache. You take the aspirin every so many hours as needed. You do not continue to take aspirin for a headache even after the headache has gone. And finally, if the condition appears to be beyond your capability, get to the doctor! Use medicines* [your homeopathic medicines] *on the way.*"

So, we're talking here about an acute situation because I know what will probably come of this podcast is people will say, "Wait a minute! I know you used more than one protocol at a time." Well, yes, but that's more often for a chronic condition.

We're talking about an acute such as conjunctivitis, or otitis media, or strep throat or something like that. That's what we're discussing now. So, the paradigm is slightly different.

Kate: Right. But for an acute like a cold, you still may use a couple of different remedies to layer – to address different symptoms if they have some symptoms that really stand out (several of them).

Joette: Yes. But generally speaking when someone has for example, otitis media – it's a child who has an ear infection – they generally have a fever, pain, and they might have some cantankerous personality aspect of this, or anxiety, or something. Those three can all be distilled down to one remedy! It can often be *Chamomilla*.

If the fever is super high, say 104 or 105, then *Belladonna* fits it – all three of those: the anxiety, the pain, the fever, et cetera (even being cantankerous). So, generally speaking when it comes to an acute, you're not going to be dealing with otitis media, *plus* conjunctivitis, *plus* strep throat, *plus* sinus infection. Generally, it's *one* area that's being affected. So, in that case, we're using only one remedy that will probably cover all of the symptoms of that particular condition.

Kate: Okay, so, let's go back to the cold example. If you have a cold, you might start with *Aconite/Bryonia* which is the combination that the Banerjis often use for that, and you recommend. But maybe the person also has a croupy cough along with that. Then are you suggesting we stop the *Aconite/Bryonia*, although *Aconite* can be used for croupy cough …

Joette: Absolutely, yeah.

Kate: … or it could be *Spongia*. So, do we keep the *Aconite* and *Bryonia* and add the *Spongia*, or do we …? You know what I

mean? Just stick with the *Aconite* and *Bryonia*, every 3-4 hours and not add the *Spongia* in?

Joette: I know what you're saying. *Aconitum* is one of the most powerful remedies known to mankind for croup, so if *Aconitum* … And *Bryonia* is for a cough as well. So, if *Aconitum* 200 with *Bryonia* 30 is being administered, and the croup is not growing, not getting worse, not coming more frequently and in fact it's backing off, then the *Aconitum/Bryonia* is acting. If, however, you're using *Aconitum/Bryonia,* and you've used it in a few doses – two, three doses – and you don't see a change, then you abandon *Aconitum/Bryonia,* and you go to perhaps *Spongia* or *Hepar sulph*.

So, for an acute, you will likely find that one remedy – and *Aconitum* mixed with *Bryonia*, some will argue is actually two remedies, but **mixed together they make one**. So, I consider it as one remedy. It's one protocol. So, if you find that that one remedy is not acting, and you've given it a good try (three, four doses), and you've seen no improvement – then it's time to abandon it and go to something else for that croup.

Now meanwhile, if the child has a little diarrhea or is lethargic, et cetera, et cetera, but they have a croupy cough, what is the most obvious thing we need to go after? A little diarrhea, fatigue compared to croup cough? Croup becomes the king, and we have to pay attention to the king. So, *that* becomes what we need to focus on. Everything else is subjected to a croupy cough. And, it will likely abate dramatically once a croup cough is corrected with the correct homeopathic.

Fever

Kate: So, the child has a fever now, and they're super uncomfortable because of the fever, do you then add in a

remedy for the fever?

Joette: If the fever is 101, 102, 103, let the child be a little uncomfortable. I'm serious about this. We don't treat symptoms. We treat the person. We use the condition. So, instead of worrying about a fever – and I've talked about this many times – I would urge you, folks, to go to my old blog titled, "Get Your Kids High." Just look that up, and it talks about fevers.

Fevers are not innately dangerous. So, allow the fever to do what it's supposed to do. A fever is intended to cook off the virus.

Now, if the fever is causing delusions, and now, the fever is up at 105 or 106. And, even then, to be honest, I let my first child go to 105.5, and it worked beautifully. When I gave him the remedy *Sulphur* 30, it came down right away, and everything that he was sick with was cleared up.

So, if it's just a little garden-variety 103 fever – I know many mothers think 103 is high – that is not high. That is average, and it's normal. It's to be expected, and we *want* it.

The danger with fever always is dehydration. That is the danger! I'm going to say it again. **The danger with fever is dehydration.** Now, we're talking about garden-variety childhood illnesses. We're not talking about a fever from a head injury. We're not talking about a fever after surgery. That's not what we're discussing here. We're talking about regular, old, croup- cough, childhood illnesses for most children that are normal. So, by making sure the child is hydrated and allowing that fever to cook itself off, we're going to get the best results in the end. So, I don't treat fever per se, unless it's something that is out of the ordinary.

Now remember, I keep emphasizing about the mother and how

nervous she is. The more nervous she is, the more likely she's not been studying. She's not been reading. Mothers need to do their homework if they're going to take this on. If they're not going to take this on, or they don't want to do their homework, or they feel it's just too much for them at this point in their lives, then they must count on the advice of a doctor and go to the pediatrician. But if you want to take this on yourself – and I urge you to do that – but if you want to do this yourself, then you *must educate* yourself.

I'm going to harken back to a book that I've mentioned so many times people are probably tired of me mentioning it, but I'm going to repeat it again. It's a fabulous book written by Dr. Robert Mendelsohn called, "How to Raise A Healthy Child in Spite of Your Doctor." It's an old book. You could probably find it on Amazon. I've seen it there for a dollar. I would run – not walk – to your Amazon account and purchase that book. In fact, buy a few of them! Make them part of gifts that you give to friends that are about to have babies because it is a very, very important book. It explains how important it is to understand what it is you're seeing and not freak.

Some cold and cough remedies

Kate: So, getting back to that cold example, Joette. Let's just talk this through a little bit further. Say the croup has stopped. There's no longer that barky cough. Now, it's turned to a deep coughing up the phlegm. Now maybe their throat is sore as well. They're miserable more with the congestion and that sort of thing. So, we would stop the *Spongia*, correct?

Joette: That's right.

Kate: We would now look for a different remedy that fits the picture now.

Joette: That's right. But I'll be honest with you. What I see time and time again is if it's croup, and you use *Aconitum/Bryonia* [*Aconitum* 200 with *Bryonia* 30]– or you've used just *Aconitum* all by itself for that matter in a 200 potency – it usually will abort the croup. If it doesn't, then the next choice can be either *Hepar sulph* (depending on the time of night that it shows up), or *Spongia*. (Now, *Spongia* has a very distinct sound. Croup has a distinct sound as it is. But *Spongia* has a sound like a saw sawing through wood. It's a very strange sound of a cough.)

So, now let's say you've used the *Spongia*. It's highly unlikely that that child is not going to recover from that.

In other words, we don't usually see croup go into lingering fever, and another kind of cough and lethargy. Generally speaking, those remedies that I've just mentioned – any one of them if they are correct (and they will be if you choose properly) – will correct the entire condition.

But I know what you're getting at. I just wanted to make that distinction, however, that what I often see is that when a child has croup, and you've used the correct medicine, it's done. When it's done, it's done!

Now, it doesn't mean that the croup can't come back three days later. What do you do? You go right back to the medicine that you found acted last time. If it was *Spongia*, then you repeat it again. If it was A*conitum* and *Bryonia* then you use that again and go from there.

But I understand your point. What you're saying is what if something else comes up? Now, let's say the child does go into relentless vomiting or something, then indeed that's no longer a call for *Aconitum* with *Bryonia,* or *Spongia* or *Hepar sulph.* Now, we're talking about a remedy such as *Veratrum album*, *Arsenicum*, *Nux vomica*, that kind of thing. So yes, now you move on to the next medicine for the next condition.

So, what we would do in that case is we go right back to the remedies that helped. *Spongia*, if it helped then you continue with it. *Aconitum/Bryonia*, you continue with it. Again, *Spongia* is for a cough that is a pretty specific kind of a sound. If *Spongia* doesn't act properly, then we might go back to *Aconitum/Bryonia* because that's for an overall cough.

Kate: Right. If you have a cough that you're not sure, you've tried several remedies, then maybe *Hepar sulph* is an overall cough. I think that's what we talked about here in the Gateway II is *Hepar sulph* for a cough that you can't figure out.

Joette: Yes, you can use *Hepar sulph* for that. I always start out with *Aconitum/Bryonia* at the onset. But if it's confounding you, and it's not acting thoroughly enough or not acting at all, then yes – *Hepar sulph* is a great medicine for when we don't know what else to use for a cough.

Kate: Okay. I think maybe in general, people go overboard with their remedies. Do you see that as far as the number of remedies? That they try one right after the other instead of sticking with something for a longer period of time?

Learning with study groups

Joette: Yeah. Again, that harkens back to a mom who's too anxious. First of all, a mother needs to know what is truly serious. She has to be able to determine what is serious. What should I be freaking over and getting to a doctor for? What is not serious and is a common childhood illness that she can handle on her own. She needs to settle into that and understand it.

It's not a belief system. It's an intellectual pursuit. So, she has to read. She has to study. She has to go to the

blog, read books on homeopathy, study, take courses, join the study group, meet with others.

Then I'll tell you what I love about these study groups is that it is made up of – as you said earlier – like-minded women, more often mothers and grandmothers who are going through *exactly* the same thing. So, I find that the best way to learn or to at least *remember* something is through stories. So, if I give you a story of what happened to me with my child, and then I tell you what remedy I used, I guarantee you'll remember that. Pretty much you're going to remember that for years to come! What better way to do that is with a group of women who are all telling their stories?

"I had a child Saturday night who had a croup. I gave *Aconitum* all by itself, and it aborted it right then and there. Then three days later, it came back again. I gave *Aconitum* again. And it acted for a while, but then the croup continued to develop. So, I decided to go to *Spongia*. I used *Spongia* 200. I used it three times over a period of about 10 or 12 hours, and it's done."

That is a story!

Now, you can imagine: "It was in the middle of the night; my husband was traveling; there I was all alone with my child, and my other kids were in their beds." Now, you've got a whole picture. You will remember that. That in itself is worth its weight in gold: listening to other people's stories and what they used. And, you're all studying from the same manuscript. It's invaluable.

Kate: Yes. And they're bringing all of their experiences and learning to the table. So, I feel like you learn exponentially because you're drawing from all of their knowledge and experience. So, it just makes learning so much faster. You can learn so much more with these groups.

Joette: It doesn't have to be my group. I just happened to have them. But what I'm telling you is that any time you're learning something as a group…

You know, my son years ago, was taking piano lessons from a piano teacher who taught one-on-one. Then we moved, and we found another piano teacher who insisted on teaching three kids at a time in the studio, all of them doing their practicing and their repertory with two other kids there.

Now, she could explain, "You see how he did that. That's the proper way to do it. You see how she did that? That's how I want you to do it next time. Or you see how all three of you kids did it? That was wrong."

You learn from each other. That's why we're on this earth together. We don't want to be an island. We want to share our experiences and learn from others. I just have one little statement I was going to say. "**Suffer the pain of discipline or suffer the pain of regret.**"

Kate: That's true!

Joette: It's all about disciplining yourself to learn this stuff. That was written by Jim Rohn, R-O-H-N. I found it online. I think it's so poignant that if we don't learn and don't discipline ourselves to learn what's important to us – regardless of what it might be, learning how to cook, learning how to take care of a family, learning how to keep a house, learning how to run the finances of the household – then in the end we will suffer the pain of regret.

There's nothing bigger and better and more satisfying than raising children. If you can raise them and actually treat their health conditions yourself, that adds the frosting on the cake. So, with that, I urge everyone to learn as much as they can.

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