Podcast 98 – How to Take Your Own Case: Prioritize!



In this podcast, we cover:

01:27 Fictional Girl Named Maddy

05:58 Number Rating System
15:58 Food Intolerance
18:58 Determining what is most important
25:06 Sprezzatura

Kate: This is the Practical Homeopathy® Podcast Episode Number 98 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, this is Kate, and I want to welcome you back to the Practical Homeopathy® podcast. I'm here with Joette today.

Hi, Joette!

Joette: Hi, Kate, always great to talk like this.

Kate: Yes, we have so much fun on these podcasts.

Today, we are going to be talking about what it's like when you first start using homeopathy, and you are so excited. Right? You finally found homeopathy, and you're so excited. You're trying it for some conditions, and it's working.

And now, you want to treat everything, right?

Joette: Now let's make our bodies perfect and live forever.

Fictional Girl Named Maddy

Kate: Right.

So, what we're going to do today is we're going to talk about this fictional girl named Maddy. I'm going to give you an example of a case, Joette.

We see this all the time. I'm sure you do. I hear people in the Study

Groups who get excited, and then they want to treat everything. They want to heal every single symptom that they have, their family members have, their friends have – which is great, right?

Joette: But enthusiasm needs to be tempered sometimes, and we have to pull back and be a little more logical.

Kate: We're going to flesh this out. I'm just giving you an example, Joette.

Maddy has osteoarthritis, right? She has pain in her joints. She has food intolerances which gives her bloating and gas. She has alopecia so maybe some thyroid issues. She has white spots on her nails. She's 20 pounds overweight. She doesn't sleep well at night, and she has a little patch of eczema on her neck or her back.

Joette: How old is Maddy? It's most likely that Maddy is not in her 20s. It can happen. But most likely the osteoarthritis is usually the tipoff that she's older. She's postmenopausal. She's in her 60s, most likely 20 pounds overweight. All of this is super-common for someone in the late 60s, for example. (This is fictitious, right?)

Kate: Exactly.

Joette: Maddy is not real, so let's put her exactly where she would fit in the scope of demographic. I would say Maddy is probably about 65.

Kate: You see a lot of Maddys, I would imagine, Joette, because this may be some typical conditions that people in that age range are dealing with, yes?

Joette: Yes. You know what you didn't mention about Maddy? My guess is that she's got anxiety, too.

Kate: Of course, she does.

Joette: You bet. You bet. Things that come her way or her family's way, she worries about her grandchildren. You know, it keeps her up at night sometimes. You did say insomnia, right? Yes, she has insomnia.

Kate: Maddy is really excited, Joette. She's just taken some of your courses. She joined your Study Groups.

Joette: Down, Maddy. Down!

Kate: She's listened to all the podcasts, read the blogs, and she

wants to tackle the *world*!!

Joette: Yes, yes, great! That's good. We don't want to extinguish this excitement!
But what we want to do is then put it all together for her so she can understand how she approaches something like this.

Kate: And Maddy's dog has a tick disease. We could go on and on, right?

Joette: Yes, well, her husband's got, you know, sciatica pain, and he's about 40 pounds overweight. He has chronic constipation.

We could go on and on and on because that is the profile. It's "baby boomer" profile. That's basically what we're describing here.

The most important thing that we have to do first is to see what is it that's keeping Maddy down?

Is it the alopecia?

In other words, if her hair is so thin that she looks like she has almost no hair – she's starting to wear a wig – then by all means, that's *really* important to her!! That's going to change everything for her, especially for a woman. That is a big deal for a woman.

But if we're talking about alopecia in which, well, her hair's falling out a little bit too much, and it's thinner. It's not the same as it was when she was in her 20s, of course. Whose *anything* is the same as when we were in our 20s?

If it was just a mild case then we can put that on the back burner for now. It's just not as important.

And, it might fall into the category – like you said – it could be thyroid. We don't know that. She has not gotten tested. *We never treat just because we suspect there could be a thyroid problem. We really do want a diagnosis.*

Whether it's a diagnosis from a conventional doctor – which is what I urge folks to do – or it's your own diagnosis – meaning, "I've got a fever, I don't need a diagnosis to be told I've got a fever."

Sometimes it's obvious, and we can make our own decisions.

Or "My joints ache, and it's probably arthritis because that's the definition of arthritis."

So, getting back to the alopecia; I would put that on the back burner.

But she also has arthritis, and we're going to assume that it's not rheumatoid arthritis. (It's too big of a category to tackle on something like a podcast.)

But osteoarthritis is, of course, super-common in women postmenopausal, especially in their 60s. Now, that all depends too. Is this osteoarthritis absolutely over-the-top for her? Are her knees very painful? Does she have to flip around in bed trying to get comfortable because her hips ache? Is she so stiff in the morning that she can barely walk, get out of bed? And she can limber up, but there's still no real comfort?

I would give it on a scale of 1 to 10 … let's say her sufferings from this arthritis are maybe around a 6. That's pretty significant.

Number Rating System

Kate: Joette, you bring up a really good point: that number-rating system, 1 to 10 (10 being the most severe). That's important, right, as we're going through these conditions – to assign it a number?

Joette: It's important to assign a number so that the person who's taking the case has something from which to springboard when they review the case in two months.

I had someone respond to me the other day, she said to me, "I hate that number system because it's so subjective." But that's exactly why it's valuable!

The only person who can report on it is the person who's experiencing it. Unless you're reporting on a dog or a baby or someone who's unconscious, then you can give it a number based on your observation.

But your own personal *subjective* number is very valuable because when we compare it, we're going to be comparing it back to that *subjective person's* take on it. So, you want to use the *same* person.

Let's say you're observing – excuse me for going off on a tangent – but let's say there's a dog that's sick, and the vet says, "Oh, this pain in this dog has got to be a 9."

And the homeowner or the dog owner is thinking, "Well, gee, I thought it was a 3."

Well, you better stick with either 3 or 9 or both, and then make sure that you're comparing that in a month or two when you need to look over what you've accomplished with the homeopathic medicines.

Which one are you using? Use the *same* criteria. You need that common denominator.

Kate: Okay, let's get back to Maddy. I didn't mean to take us on …

Joette: I think I did it. Yeah, it's me. It's always me.

Kate: So, we've talked about her thinning hair. We've talked about the arthritis.

Joette: Right, the arthritis is … let's say, it's a 6.

So, he also has insomnia. What does that mean? Does "insomnia" mean it's every night she can't fall asleep for three hours? That's pretty significant.

If instead it's, "Well, once a week, I wake up at two in the morning. I go to the bathroom. I go back to bed, and I don't fall asleep for an hour." That's not so bad.

It's not horrible, especially if she doesn't have to get up in the morning and work, and she can sleep in or she can take a little power nap for half an hour in the middle of the day. That's not such a big deal.

But if she reports to us that insomnia is, "My gosh, this is ruining my life." I've worked with people who don't sleep more than three hours every night, and it's driving them mad!

Now that goes to the top. The hair's gone way down at the bottom; the arthritis is a 6. If it's very severe insomnia, we could call that maybe even an 8 or 9 with insomnia! That goes to the top!

Now, let's say this anxiety is pretty intense, too – but only sometimes. Let's say, it's only when she sees bad news on the news. (Oh, wait a minute. That's kind of all the time. That's what they report on. That's how they get the ratings. Are you kidding? Nobody is going to listen to good news. It's only going to be bad news.)

So, it's only when she watches the news that she starts getting anxiety. But she can control it, is my point. Let's say she can control it by simply staying away from those kinds of things or

reading things online or news reports that are a little bit more lighthearted or more positive.

So, we could maybe put that off to the side. But let me also point out when I'm looking at insomnia *and* anxiety, both of those are often central nervous system. Already, we're starting to clump two possibilities together. There could be possibly one medicine that would kill two birds with one stone.

Let's go back to the other areas.

She's got food intolerances; she gets bloating when she eats wheat. Let's say Maddy is eating wheat, and she refuses to change the diet. She just doesn't want to do that. I don't want to make her sound stubborn. But you know, some people have no choice, and they have to eat wheat because that's what the family eats, et cetera, et cetera. It's too hard.

So, she's eating it. Now, if she's eating wheat, and it's causing bloating, it could also be causing her arthritis. It could also, of course, be causing the weight gain that she's got.

But if on the other hand, she's got gluten intolerance (wheat intolerance), and she's got bloating, but she stays *away* from it! So, she hasn't eaten wheat in two years, and so the bloating is gone because of it – let's put that on the back burner.

Because if she can abstain from that wheat for a while – while we clear everything else up – we can go back and pick that up later on so that she is able to eat wheat. Because, of course, the whole goal of true health is to have freedom! The freedom would be from dietary restraints.

If she's doing all right … Let's say she's doing all right. She knows wheat's a problem. She knows she bloats from it, and she knows she gains extra weight from it. But she doesn't eat it now. Let's put that on the back burner because we got bigger fish to fry here.

Remember, now, she also has this eczema – or a patch of rash that's on the back of her neck. Could be psoriasis; could be eczema.

Now if this is keeping her up at night … (we don't know that; we don't know the whole case). If this is keeping her up at night, and *that's* the cause of the insomnia, then we've got something to consider here because we've got medicines that will cover not only the itching at night, but also insomnia. So, that could be covered.

What I'm doing when I'm taking this case, I'm writing down all my medicines – all the possible medicines depending on how severe they are. And then we edit!

It's like writing a novel. We want to be *wordsmiths*. We want to get it precise, as tight as we can. We don't want to just add it all up and just throw it at this person so that Maddy can take just about anything – a medicine for *every* specific condition. That's sloppy work, and that's *not* what we're looking for.

Kate: Joette, that's what I was going to ask you. I think that's a tendency – when we first learn about these protocols and learn about homeopathy – is we write down this huge list of conditions. Then we want to take a medicine for each one of those. You're saying that that's *not* exactly how to approach it.

Joette: It's a good way to start *structuring* your thinking. You're not going to actually use all these medicines that you're writing down. In fact, that is absolutely the opposite of what we're doing. Instead, what we're doing is wordsmithing.

We're choosing medicine just like we choose words in writing a novel. We choose them as carefully as we can.

But we throw all the ideas out. There are no bad ideas, so to speak. But all we're doing is laying it out so we can look at it, so we don't forget our train of thought.

But then we go back, and we choose one word, for example, when we're writing that will cover many concepts, or one word that deeply represents the feeling that you're trying to portray as the author. That's the same thing with homeopathy. We're looking at one condition, two conditions, three conditions, and we're going to try to find one medicine that can cover *all of those* on a very deep level.

Let me give you an example.

When we talk about insomnia, and let's say, that rash is itchy, and it does wake her. (Or let's say, it doesn't even wake her. It's just a very itchy rash. It's really maddening.) But if it wakes her, this puts this remedy that I'm thinking of in a clearer light, and that is *Coffea* 200.

That's a medicine that we use specifically for *three* of the conditions that Maddy has. One is insomnia. It's a great medicine for wakefulness. It's a great medicine for not falling asleep.

It’s a great medicine for itchiness, especially itchiness that might attend at night.

It’s also a great medicine for anxiety.

We’ve just killed four birds with one stone with one medicine. Instead of giving *Ignatia* for anxiety and *Coffea* fear for sleep (et cetera, et cetera and going all the way down the line), we’re going to use one medicine. Even though I’ve written all those other ones down as possibilities, we come up with one medicine.

As we’re writing these medicines down, it’s becoming clearer and clearer. *Coffea* might be the one that will cover all four. In fact, if we crack open our *materia medica*, we will find that that’s exactly what *Coffea* has the ability to do.

By killing those four birds with one stone, we’ve got something that can address all four of those conditions.

Kate: Joette, as you were talking about this, I was looking at the list, and I was thinking that also we could possibly say that the food intolerance and that patch of itchy skin and the sleep …

Joette: And the arthritis.

Kate: Might all tie into a medicine as well.

Joette: Food intolerance. Yes, absolutely. Absolutely. So, that is something that we want to very seriously consider. We’ve written that down!

We write down the medicines that are specific for food intolerances, for example, *Bovista* might be one; *Calc carb* could be another; *Lycopodium* could be another. There are many … *Carbo veg* could be another.

Those are all remedies that we want to potentially consider for food intolerances – especially to wheat. But we haven’t gotten that far. We don’t know that much about her, but we’re definitely going to write that down because it is *clearly* a part of this picture.

Kate: Don’t forget she has those white spots on her nails also.

Joette: Right. Well, we’ll go back to how we’re going to kind of tie this all together.

But the white spots on the nails is something that a lot of people like to use as well. “That means it’s a zinc deficiency or magnesium deficiency or this or that.”

In homeopathy – at least the way that *I* look at it – we don’t look at it from that point of view. I want to look at what is a pathology. I don’t see white marks on nails as a pathology. It’s not causing pain. It’s not disrupting her life. It’s not big enough.

It’s something that will possibly inadvertently melt away by changing some of these other conditions so that they become less of an issue.

And yes, it could easily be something to do with her mineral uptake which we already know could potentially be a problem because she’s got food intolerances.

When you have food intolerance, then the gut is off, and many satellite conditions fall to the wayside once that’s cleared up.

Food Intolerance

Now we’ve also got the possibility of …

I put the food intolerance away for a while. But you bring up a very important point, and that is that maybe we want to keep this food intolerance as something important.

You know, a lot of times people don’t even report to me that they have a food intolerance because they’ve been not eating wheat or dairy or soy or anything, corn, or so many foods for *so long* that they’ve practically *forgotten* that they can’t eat these foods.

I still consider that a food intolerance because, again, we want to be able to eat anything. I don’t suspect that you *should* eat just anything, but we want the freedom to be able to do so.

Let’s go back to that, Kate. I love that you brought that up that we might use a medicine such as … let’s say, we use *Bovista.* We would use that for the food intolerance that could then clear up all of the other … potentially or *help* clear up.

Meanwhile, we’re also going to clear up the arthritis, the hair loss, the rash on the back of the neck, even the anxiety, even the sleeplessness, it could all stem from the gut. We’re not going to really speculate. We’re just going to hope that perhaps that might

touch it.

So, we use something like *Bovista* for food intolerances.

We would also use, if the joints are very painful, we're going to use something like *Symphytum* for the joints and maybe *Rhus tox* because of the way she's experiencing that.

We might mix *Symphytum* and *Rhus tox* together and *Bovista* – that's basically two medicines essentially.

Then we go to *Coffea* because of the itching, sleeping, anxiety and wakefulness.

Now we have three medicines. That gives us a whole schedule. That covers an awful lot.

All of the other niggly conditions – that may or may not present here or there or daily that are not noteworthy but just something that she doesn't care for so much – may fall to the wayside, including the weight which will take time. Weight doesn't generally fall off quickly using homeopathy in this fashion. But it will help curb the destiny of even more weight gain.

Kate: Okay, so. We've given Maddy a schedule of some medicines to take. We've kind of made it all into a tidy little package. Maddy is going along day-to-day. She's taking her homeopathy.

Now Joette, she gets a cold, and it's not just a little cold. Because you've said often, if we get a cold, sometimes just let it run its course. We don't need to treat every little thing with homeopathy.

But this is a cold that's really got her down, and so she wants to use – maybe it is influenza even – now she wants to use some medicines, homeopathic medicines, for that.

What should she do? Should she keep taking her medicines for the chronic conditions and then add on top of that the medicines for the symptoms that she's treating for this acute condition?

Or should she stop taking the chronic medicines while she treats this acute condition?

Determining what is most important

Joette: Yes, this is a common question. The way that I see it is if

it is a cold in which she can just take it easy for a couple of days, make some bone stock, and make sure she stays hydrated, take a couple naps throughout the day here and there and let it run its course, then I would likely encourage someone like that to leave it alone.

If, however, it turns out to be influenza, and it's something really big, then by all means you could add an influenza protocol on top of that. No doubt about it!

One of the medicines that I like for the onset because we don't know whether or not we've got the flu or cold or what it is at the very beginning, then you use something like *Oscillococcinum* made by Boiron.

You can add that in. You're not taking it at the same *moment* as the other medicines, but you're adding it into the schedule of the other three medicines that we're already using.

Stay with the original because it's worth staying with them.

But let's say it became really serious. Let's say, instead of a cold, she got hit by a car. Now she's in the hospital, and we're worried about a ruptured spleen. We're worried about internal bleeding.

Do all those other medicines … are they still valuable? I would say we're putting those *way* off to the side. Those are for the future when Maddy can recover from her automobile accident.

It's all a matter of degree. It's all a matter of hierarchy because now she's got to deal with something much bigger than food intolerances, eczema, arthritis, insomnia, anxiety, alopecia.

We put that to the side.

Once she completely recovers, and she's all better – now it's six, eight months later and she's doing much better now – and now we may have some residual problems from the accident. Maybe she's still got some aches and pains from it. We might add something, we might add *Arnica* to this. But then we can return to the original schedule and get her up and running again.

I can't imagine that if she were in an automobile accident that she would even be considering her alopecia, her food intolerances or perhaps even her joint pain.

Kate: But even if it's a serious case of influenza, and she is down for the count for days, she again might put those to the side, right?

Joette: Yes, she might. Yes, absolutely. It's not a horrible thing to do. You have to base it on what is most important.

You know, if you have six kids, and they're all healthy, and then one of them is overseas and gets malaria, then another one has got the flu, and another one just fell out of a tree and sprained his ankle, how do you determine which one needs the most attention and needs the most concentrated effort on the mother's part?

I mean, we have to say the child who fell out of the tree and sprained his ankle, that's not great. Toss something at him, and off he goes. Or put the kid who's sick to bed, but now you've got to deal with bigger fish. When that occurs, it's just like triaging *anything* in life. That's really all we're doing is determining what is most important.

Now remember, there are times when alopecia, for example, and anxiety become so big (especially in a woman's life), that it's all she can see, and think, and hear, and sleep on it, and wakes with it, and has nightmares about it. Now that, too, could become big enough that now she's obsessing to the point where that is very important as well. (Not in light of the automobile accident but certainly in light of the scenario before she had the automobile accident. That could be one of the more important conditions that we look at.)

But if it's simple alopecia or some hair fall, then I wouldn't give it a lot of thought during an acute.

Kate: All right. So, Joette, we're going along, and Maddy has her protocols. She knows what she's doing for all these chronic conditions. She knows how to treat the occasional acute things that might come up.

But! Now it's a week later, two weeks later, and now she remembers, "Oh, yeah. Every once in a while I get this little eye twitch or eye flutter, and that bugs me. It doesn't last too long, but I remember that I have that. And, I've just learned from your courses something that might help that."

Then another couple of days later, "I remember, yes, oh my gosh, my feet! They get these cracks. It's now dry, it's winter."

Then a week later, she remembers, "Oh, my goodness, these hangnails are really bugging me. There must be some cell salt that I can take for these hangnails."

All these little conditions…

This happens to me. I'm not getting on anyone because of these things happening. They think about it, and how can we deal with this homeopathically – because it's happened to me. When I consult with you, I present all these things. Then a week, two weeks later, a month later, new things come up. Or I remember things that I didn't talk to you about. Now I'm thinking, "Now, what should I do for that?"

What do you advise to Maddy?

Joette: What happens is because we know that certain homeopathic medicines can approach those issues – and that's all taught in the Gateway to Homeopathy course. For example, *Mag phos* is known for eye fluttering or muscle twitching and that kind of thing. Cracked skin is really greatly addressed by using *Calc fluor*, et cetera. So, we can't help but want to treat that.

But that's too many medicines. It's far too many. You can use those medicines for those conditions if that's all you're treating. But you've got bigger fish to fry, Maddy!

Stick with the medicines that you *need* right now, even if you've never had that car accident.

If you've got very achy joints that are quite painful, and you're flipping around in bed from it, and your skin is driving you nuts in the middle of the night, and you can't sleep, and you have anxiety, let's work with the things that are the most prominent. Because by doing so … and the food intolerances, et cetera … by doing so, we may find that those little issues will fall away. In fact, not only *may* we find that, it *often* happens that way.

Kate: Joette, we've talked about a lot of conditions for our Maddy and talked about how she could go a number of different ways. Can you take all this information and bring it all together and wrap it up in a nice package?

Sprezzatura

Joette: Sure. One of my favorite words in Italian is "sprezzatura." I talk about it a lot.

It means that what appears to be nonchalant – kind of a way of concealing all the art that comes behind something. Behind what

someone does or what someone says, or how they appear, seems to be without effort – almost without thought behind it. Yet, it's very elegant and gorgeous in the end.

So, sprezzatura is what we're looking for. All the work that you've put into it, what we want it to do is to be refined in the end with that beautiful, simple schedule of only a few medicines – perhaps only even one, but sometimes more often than not, three or four medicines – that encapsulates the entire person as much as we can in those areas that they need the most help.

So, Leonardo da Vinci said it best, "Simplicity is the ultimate sophistication."

Joette: 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. With the proper training, you, too, can nurture and protect the health of your family and loved ones with Practical Homeopathy®.

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