Comparative Materia Medica: Integrating New and Old Remedies

By Richard Pitt

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Reviewed by Jay Yasgur, RPh, MSc, USA

The author of this massive work, Richard Pitt (1958–), wrote two other noteworthy items, Tobacco: An Exploration of Its Nature through the Prisma of Homeopathy (2006) and The Natural Medicine Guide for Travel and Home (2013). Pitt was originally a British citizen, lived in the United States for many years, and now divides his time between Africa, Europe and the United States. He has been very active in the creation and administration of the Council for Homeopathic Certification (CHC) and has also given of his clinical skills in Africa where he has conducted charity homeopathic clinics.

The present work consists of 36 chapters (Aconite through Zingiber), each follows the same arrangement: a series of introductory sections beginning first with the IDEA (e.g., in the case of Causticum—My survival is dependent on being able to maintain my passion and connection to the truth and to my ideals and not to be overwhelmed by suffering and injustice’), keypoints, intrinsic state, compensated state, decompensated state, progression (prognosis of the ‘disease’ evolution). Once these basic areas are presented, the rest of the chapter’s material is divided into sections devoted to comparative symptomatology. In Causticum, those section headings include ‘A Strange Potassium’, ‘Sensitivity, Idealism, Injustice’, ‘Excitable, Ardent, Passionate’, ‘Anxiety, Fears’, ‘Rawness’, ‘Fanaticism, Dictatorial, Haughtiness’, ‘Sadness, Despair, Cynicism’, ‘Grief’, ‘Larynx, Trachea’, ‘Joints, Arthritis’, ‘Neurological states, Paralysis, Apoplexy’, ‘Bladder’ and ‘Skin’.

Pitt’s tutorial-style introduction is lengthy (35 pages) and covers a large variety of topics, that is, ‘the second prescription’, ‘remedy differentiation’, ‘the rationale for giving nosodes’, ‘miasms, classifications, symptoms’, ‘intensity of symptoms’ and so on. Within these pages he includes his relationship to the three basic miasms:

One way to recognize the depth of action of a remedy is to use the three basic miasms as developmental structures or themes. If we use the three more as metaphorical concepts rather than merely connected to the traditional disease states, then many remedies can be said to have three levels of expression, which I have classified as the following: Intrinsic, Compensated and Decompensated states, which matches the miasmatic categorizations of Psora, Sycosis and Syphilis. The idea of remedies having different stages of action is not new and has been described by other homeopaths. The purpose here is to connect it to the idea of constitution and also to use it as a means to help differentiate remedies.

Some of the older textbooks tended to focus on the decompensated levels of the remedy, whereas this information has since been complemented with a wider comprehension of the developments that lead up to this. For example, reading Causticum, Staphysagria and Nitric acid in Kent’s Lectures on Materia Medica, one gets very specific ideas of each remedy, but these are not always seen in practice: some people needing these remedies will not show that level of symptoms and pathology. This has been an important development in our recognition of the levels of pathology within our materia medica.

Pitt, in the next five pages, talks about the three levels in detail.

The intrinsic or psoric level contains issues which concern basic identity and purpose of the person. Also addressed at this level are core ideas and motivations of a person’s life. The compensated or sycotic level is an exaggeration or distortion of the intrinsic state. It is that state which motivates the patient to see the doctor as the symptomatology becomes troublesome. If untreated, more pathology develops showing how deep the action of a remedy can proceed.

This he calls the decompensated state. Pitt explains this material as he hopes to...

...reveal the breadth and depth of action of remedies and partly to allow a more complete comparison of remedies at...
each stage of expression. Certain remedies will be compared with one another only at the intrinsic expression of their expression, whereas some will be compared more in the decompensated stage. Also, categorizing symptoms according to these three stages helps clarify the fact that anyone will only present with a limited number of symptoms of a remedy, often predominantly in one stage or another. One of the biggest mistakes that beginning homeopaths make is eliminating a possible remedy based on what is not there in the case, what they expect to always find in a remedy, not understanding that at different stages only a portion of the totality will ever be present. This is important in being able to identify a remedy based on only a select portion of symptoms in any case.

Pitt created three indices: remedy listing, chapter themes (which is a very short but helpful condensation of material found in the chapters) and a therapeutic index.

This book has a bibliography, yet no comparative materia medica works are cited. Pitt briefly mentions E. A. Farrington's work in his preface. Works which you might also investigate include Hermann Gross' *Comparative Materia Medica* (1867; edited by Constantine Hering). A book of differential comparisons. Remedies which share similar characteristics are placed side by side on a page. At the bottom of each page there is a comparison of the conditions of aggravation and amelioration. The remedies are arranged alphabetically. Gross mentions that he paid no attention to the "remedy groupings" suggested by Teste (1911; Julian Winston's *The Heritage of Homoeopathic Literature* (2001, pp. 47-48), Ernest Albert Farrington's *Comparative Materia Medica* (1874; this work was published as a supplement to Hermann Gross' 1867 work), Willard Ide Pierce's *Plain Talks on Materia Medica* (1911; it is a comparative materia medica, arranged by symptom presented in two sections, Comparisons and Materia Medica. This material is based on lectures which the author gave during his professorship at the New York Homoeopathic Medical College. I own a copy of this little known, underappreciated work and refer to it frequently), Herbert A. Roberts' *The Study of Remedies by Comparison* (1941; this small work deserves your attention), Eugenio Federico Candegabe's *Comparative Materia Medica* (1997; here seven major remedies are discussed in a narrative style. Emphasis is placed on the mentals and nearly 40 other remedies are brought into the discussion), A. Gaskin's *Comparative Study on Kent's Materia Medica* (1998), Santosh Kumar's *Homeopathy: A Comparative Materia Medica* (2002) and Samir Chaukkar and Varsha Sharma's, *Comparative Materia Medica for Students* (1997).


You might like the 'feel' of this 500-page work, yet not: you may be in a place in your homoeopathic education or practice where your references have truly become personal and thus another might not be of service. I guess what I'm getting to is because of layout issues, I hesitate in giving this work my unreserved recommendation as it is the hardware which needs improving. Let me explain by offering a few specifics. For example, the space between the gutter and text is small. This requires one to excessively flex the book for it to be easily read. Additionally, the lines of text are simply too long. When this occurs, the tendency is to lose one's way across the page requiring a re-read. This is frustrating and draining if it occurs frequently. Books, most often nonfiction works (like newspapers), set up pages in columns making lines shorter and thus easier, quicker to read.

The buff-colored paper stock is welcome, but the stock is heavy, thus creating a thick and weighty book. However, as this will be a desk rather than portable reference, this issue is probably of little consequence.

To this reviewer, the book could be improved if these issues were remedied. Other than that, Richard Pitt's assemblage of material is meaty, comprehensive and informed.

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Teste complementaries refer to the 20 remedy categories developed by French homeopath J.-A. Teste (1814–1899). His research into remedy relationship addressed the acknowledgment among the homoeopathic community that disparate remedies can have similarities. For example, Teste places Drosera in his Zincum group of remedies. "This is also recognized in animal-food relationships where an animal may consume a preponderance of one type of food and, in turn, show similar symptoms to that type of food. For example, the beaver's (Castoreum) diet consists of resinous plants which have a complementary, therapeutic relationship with Thuja..." For example, Teste's first four groups are: "**Group I. Arnica montana** (Ledum, Crot. tig., Fer. mag., Rhus tox., Spigelia), **Group II. Mer. sol.** (Argentum foliatum, Ars. alb., Sulph. ac., Merc. cor., Crocus sat., Creosota, Plumbum, Stannum, Nitr. acid.), **Group III. Sulphur** (Crot. tig., Merc. cor., Boivista, Aethusa, Creosota, Lob. infl., Merc. sol., Asterias, Citaca vir., Ratanhus), **Group IV. Arsenicum album** (1st series-Argentum, Merc., Nux v., Sepia, Alumina, Indigo, Sulphur, Ver. alb., Zincum, Lycoc., Cola, Copifoliae bals., Plumbum, Bry. alba, Cinna, Lachesis, Ferrum met., Petrol., Carbo veg., Bismuth, Nux mosch: 2nd series-Bella., Carbo veg., Caps., Cedron, Bry., Opium, Aconitum, Thuya: 3rd series-Argentum, Zirc., Plumbum, Caps., Ferrum met., Opium, Arnica: 4th series-Lobelia, Alumina, Sulphur, Merc. sol., Sepia, Ferrum, Argentum, Merc. cor.)..." "Each of these 20 groups represents a series of drugs, or rather of drug diseases, which resemble each other more or less, by their course and symptoms, if they develop (sic) themselves in physiological conditions that are similar; or, which offer, in certain cases, the appearances of an almost complete similarity, if they develop themselves in physiological conditions that are different. Hence, we may infer, that diseases occasioned by the drugs of one and the same group, may, to a certain extent, be abstractly considered as the various shades of one and the same malady, the most acute form of which (almost in every group) would be represented by the type..."–J.-A. Teste (Systematisation Pratique de la Matiere Medicale Homoeopathique, 1853; translated by C. J. Hempel-1854- The Homoeopathic Materia Medica, arranged systematically and practically, pp. 59–62)." –Yasgur’s *Encyclopedic Dictionary of Homeopathy* (unpublished).
Comparative Materia Medica: Integrating New and Old Remedies By Richard Pitt 2015 Lalibela Publishing, San Francisco, large format paperback, 527 pages, Â£39.79. ISBN 9780970691813 Reviewed by Francis Treuherz. This book joins the slim ranks of books on homeopathy which one can call literature, like the materia medica of Margaret Tyler or Roger Morrison. Long ago I wrote a paper: Small remedies, the struggle to escape. “Inside every small remedy there is a polychrest struggling to escape™” were my opening words. Richard has neatly turned this around to help us consider a wide range of possible alternative remedies when we begin, as we so often do, by considering a polychrest.