

## **Editorial for April 2011**

### **My views on evolution and development of the LM Potency**

#### **Introduction**

In this long journey of development and evolution of the LM scale it's essential to know the historical period from 1840 till the publication of the 6<sup>th</sup> edition *Organon*. Homoeopaths all over the world practiced homoeopathy either following the 4<sup>th</sup> edition *Organon* (1829) or 1<sup>st</sup> edition *Chronic Diseases* (1828) by giving one dose, wait and watch method or by following 5<sup>th</sup> edition (1833) *Organon* and firing multiple doses until improvement commences. Many of the great 19th century homoeopaths like James Tyler Kent, John Henry Clarke were masters of this latter method.

In the 5th edition *Organon* Hahnemann introduced olfaction and the homoeopathic medicine in solution as new systems of administering homoeopathic remedies. The change from a dry dose to an energized medicinal solution succussed prior to administration had an instant impact on his patients. This idea has been a very solid foundation in my practice.

During the same period that Hahnemann was mastering the method of giving medicines to his patients by olfaction method to get the highest degree of cure, he worked extensively with the medicinal solution for oral administration and olfaction. Around the year 1840 Hahnemann began to introduce his new LM potency into clinical practice to complement his already existing centesimal potencies. Between 1840 and 1843 Samuel Hahnemann used both the centesimal and LM potencies as and when required.

#### **Potencies that Hahnemann used as seen in the Paris case book**

Hahnemann always felt that 3<sup>rd</sup> centesimal potency was the first level of dilution where homoeopathic remedies become non-toxic. After years of experiments he settled on 6c, 12c, 24c and 30c as the most suitable lower potencies. With his low potencies Hahnemann started with the 30c potency and then used the 24c., 18c., etc., in their descending order.

He continued to lower the degree of his low potencies 30c - 6c in his last years 1840-1843. At the same time, the Paris casebooks record him raising his high potency C's through potencies like 197c, 198c, 199c, and 200c. Hahnemann also used 1M potency on occasions during his experiments.

The biggest dilemma that Hahnemann faced was that when he used low potencies (6c, 12c, 24c, and 30c) they would not cure completely but if he used the high potencies (200c-1M) they produced unproductive aggravations. Hence Hahnemann decided to raise the ratio of dilution of the medicine. After countless experiments Hahnemann decided on the 1/50,000 dilution ratio associated with the 50 Millesimal potency, also known as Q, LM, or millesimal potencies.

Dr. Julian Winston has given the best interpretation of H.'s method of manufacturing the LM potency as found in Paragraph 270 of the 6th edition of the Organon. There it mentions very clearly how to prepare them. The process starts with a 3C trituration. In the case of plants (where a tincture is the usual starting point), the plant material is triturated directly with the milk sugar. It is unclear how one would proceed with something like APIS which has to start with a tincture! 1 grain (or .05gms) of the 3C (1:1,000,000) is dissolved in 400 drops of distilled water and 100 drops of 90% alcohol.

Place 1 DROP of the above in a vial and add 100 drops of 95% alcohol. The bottle should be no more than 2/3 full. Cork the vial and succuss 100 times.

The granules, which are the size of poppy seeds, are placed in a small thimble with a hole in the bottom. The granules are smaller than #10 granules. (Hahnemann describes them as weighing one grain per 100). They are then saturated by pouring the liquid potency over them. When the liquid starts to run out the bottom, the granules are saturated. Spread the granules on blotting paper. When they are dry, put them in a bottle and label them 0/1. This is the first millesimal potency.

To go up the scale, take one globule of the 0/1, dissolve it with one drop of distilled water, add 100 drops of 95% alcohol, and succuss 100 times. Saturate granules with this, dry them, bottle them, and label them 0/2. These steps can be repeated up to 0/30.

Hahnemann suggested that the dose is one globule. He also suggests (#272) that the dosage be administered in water. He outlines the dosage process in #248 and its footnote. The guidelines are as follows: Dissolve one globule in 110cc of distilled water. "*Vigorously succuss this bottle*" (emphasis in the original but no number of succussions is recommended). This becomes the stock bottle given to the patient. One tablespoon of this stock solution is placed in 4-5 oz. (118 to 150 cc) of pure water and stirred several times vigorously. "Administer the determined dose

of this to the patient" (as H. put it). Hahnemann suggested that in the case of very sensitive people, a teaspoon should be put into another glass of water, stirred, and then a teaspoon or more is taken from the second glass. This mixture is good for 24 hours. If more is needed, a fresh glass should be made.

When speaking of the amount of original medicinal substance in the LM 0/1 it is similar to the amount found in the 6c potency although its remedial powers are greatly expanded due to the larger dilution medium.

The lower degrees of the LM potency are deeper acting than the 6c to 30c but they are also gentler than 200c or 1M on the constitution. They reach a depth of cure without producing the overly strong primary actions and rapid aggravations like the high centesimals. They have the stability and consistency of the low potencies in centesimal potency but the power to cure deep chronic diseases and miasms like the high potencies. However in many chronic cases that I know of, Hahnemann preferred 30c.

In my practice with patients on chemotherapy suffering from advanced cancer or on immunosuppressive drugs with auto immune disease, I prefer either lower potency Cs like 6c, 12c, and 30c. Or else I use LM 0/1 and go through the LM scale. Sometimes I need to repeat quite often as chemotherapy, radiation and immunosuppressant's exhaust the action of our medicines too quickly thereby requiring frequent repetition which can be safely done with LMs. These people do not do very well on 200c, 1M, etc. In fact, many of them are only under palliative care and unnecessarily they go into a severe medicinal aggravation because of the centesimal potency.

It is a false claim to say that the LMs cannot aggravate so they can be given daily or every other day for weeks, months and years. The Paris casebooks show that Hahnemann never gave his remedies in such a bizarre way. One must always take into account the sensitivity, susceptibility and nature of the disease before selecting the potency. In the footnote to aphorism 246 Hahnemann discusses the concept of the daily repetition of the dose. He suggested starting the case with the "lowest degree of potency" and then going to higher potencies. In 1840 Hahnemann once prescribed 0/10 potency which caused a strong aggravation. He then gave the patient a placebo and waited and watched. After the aggravation had subsided, Hahnemann lowered the potency degree to avoid further aggravations. In his last years Hahnemann tended to begin cases with LM 0/1, 0/2 or 0/3 but occasionally opened a case with 0/4., 0/5., 0/6 or 0/7.

### **Are LM potencies better and deeper acting than centesimal potency?**

Let's start with Hahnemann; he was constantly trying to improve on his selection of potency. First, he started to dilute the remedies in order to make them less toxic. He started with dilutions of one in five hundred; then he did one in ten thousand and so on. Then he went on to

make successive dilutions by changing vials. Eventually, he systematically adopted the centesimal dilutions without succussion at first and later on with succussion. He experimented with the number of succussions from a hundred down to two, and up again. Then in his last eight years, he started using higher and higher potencies. By 1840, he was commonly using the two hundredth centesimal. At the beginning of 1841, he started to experiment with the fifty millesimal. In total, he had only about a dozen remedies prepared in this way and the highest was Sulphur LM 20. He experimented with these for about two years. In the later part of 1842, he made many fewer prescriptions. In 1843, he barely practiced. He made his last patient entry in his case book in early May 1843. By that time he was preparing the sixth edition of the *Organon* for publication. Apparently, he felt that he had enough experience to authoritatively recommend the LM potencies to his colleagues. I have never been totally satisfied when I read the cases of Hahnemann treated with LM potencies. I feel his success was average.

When we study Hahnemann as a person as well as a scientist, we soon find out that he tended to be very dogmatic in his writings by rendering his last experiment as the ultimate way. This approach of his is contrary to the great scientific mind he had. When we read his works in a chronological order, at each step of its evolution he impresses upon the reader that the method has now been developed to absolute perfection with finality! Then comes the next work, and now he tells us that further experiments are now permitting him to negate what he had previously said with such great certainty and that the method has now reached a new state of perfection, and so on. If we read any work of Hahnemann, including the sixth edition of the *Organon*, we may ourselves get stuck in his dogmatism and not go beyond the last work just read.

It is likely that if the sixth edition of the *Organon* had been published earlier the question of potencies would have evolved differently. Perhaps fortunately, as soon as Hahnemann died Boenninghausen started to systematically prescribe Lehman's two hundredth centesimal. Later on, the Hahnemannians, especially in America, started to experiment with the high and higher potencies. Since our most reliable prescribers have consistently abided by them for over one hundred and fifty years, starting with Hahnemann himself, followed by Boenninghausen, Lippe, Hering, Dunham, Skinner, Nash, etc., the higher potencies have been proven and are here to stay. I am not sure if we could achieve similar results if we would limit ourselves to the lower potencies, and in reality the LM are very low potencies. I have hence balanced my practice to select my cases for LM scale with the following indications:

- Allergic disorders
- Steroid dependent skin disease

- Auto immune diseases
- Advanced cancers
- Cases with hypersensitivity.

Hence I may conclude that I firmly believe that higher potencies in centesimal scale act much deeper and more curatively than LM potencies. Also if you examine the history, a very few stalwarts in the past including Pierre Schmidt have tried LMs only to later abandon them. It does not mean they don't have a role to play but I don't think they are what Hahnemann wanted them to be, the ultimate homeopathic preparations. We cannot deny the incredible success we have had with the higher potencies on which, unfortunately, we do not have Hahnemann's experience. I do not want to take any credit away from the LM potencies but things have to be considered in a broad perspective. Hopefully, the perfection of our potencies will continue to evolve. Like Hahnemann, our aim should be to always try to perfect our method, including the potency question. Like him, we should favor positive changes.