

FIFTY MILLESIMAL POTENCIES—AN INTRODUCTION

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Hahnemann conceived an idea through the collective thought of his time, knowing that sooner or later all of us would somehow understand. He finished his life with some final thoughts but without sufficient time to furnish a proof acceptable to succeeding generations. One such thought was the *LM potenzen* or fifty millesimal potencies. Why develop what appears to be a more complicated method, when your main intention is to remain simple and direct? Now we must carefully re-explore Hahnemann's last efforts and decide for ourselves whether or not this great master was again correct. We must understand his thoughts thoroughly before we draw any conclusions couched in modern 'scientific' conjecture.

Those of us not familiar with old German idiom cannot always perceive Hahnemann's thoughts through Boericke's word for word translation of the *Organon*. So we soon will have a clarification of Hahnemann in English—a most precise and perfect re-translation of the *Organon* from the original German text and Pierre Schmidt's precise French translation. What Hahnemann said will become crystal clear, and only those who choose not to be classical in their methods will fail to perceive its essence.

I have been asking myself why Hahnemann, in the sixth edition of the *Organon*, changed his concepts of potency so radically. From paragraphs 246 through 283, there is a clear description of his experience with the LM potencies during the last years of his life. The rules for preparation and utilization of the LMs are precisely worked out (par. 248, 270)⁶ just as the methodology for use and follow-up of centesimal potencies is clearly described in previous editions of the *Organon*, in Kent's *Lectures on Homoeopathic Philosophy*, and in Vithoulkas's *The Science of Homoeopathy*.

In this report I wish firstly to outline the methods of preparation and administration of LM potencies. Next, I will describe Hahnemann's method of following the case after LM prescriptions. Finally, in order to illustrate the LM method more graphically, I will present some case reports from my own practice.

BACKGROUND DATA

Relatively few in-depth articles have been written about the fifty millesimal potencies.^{1,2} Those I have discovered provoked my curiosity and caused me to realize that more careful research must be carried out before conclusions can be drawn regarding the validity of the LM potencies. Discussions with various well-known homoeopaths and homoeopathic pharmacists revealed that their individual experiences with LM potencies were usually

limited, and their methods of using the LMs varied considerably. Basically, there seemed to be uniformity of interpretation of Hahnemann's statements regarding the LM potencies in the sixth edition of the *Organon*. However, Dr. Pierre Schmidt's French translation of the *Organon* seemed to clarify matters. Mr. Alain Naudé was kind enough to translate into English the parts of Dr. Schmidt's translation which refer to the LM potencies. I checked this data personally with Dr. Jost Künzli, who assisted Dr. Schmidt in the original translation from German to French.

It then occurred to me that further theorizing about the pros and cons of fifty millesimal and centesimal potencies was merely a waste of time, and that practical experience would clarify the essence of Hahnemann's statements. After re-reading the *Organon*, I realized that I had not seen any case histories in the literature which used the LMs *exactly as Hahnemann had described*. The most common error was not beginning the use of a remedy with the *lowest* potency (par. 246, footnote)⁸ the 0/1 or LM 1. It became imperative that I begin using the fifty millesimal potencies exactly as Hahnemann described.

The most impressive statements I have read, inspiring me to investigate further the LM potencies, are the following, by Dr. Pierre Schmidt:

"...but we must bear in mind that Hahnemann never says anything which has not been duly considered and thought out, and that all his words should be weighed with the utmost care."⁹

"Here Hahnemann expounds his absolutely new theory for the preparation of the 50 millesimals as well as the technique of their application. I had, in fact, already read years ago, in the *B.H.J.*, an article on the 'plus method'. I had even applied it... and it had been a dead failure. Since then, none of our papers has ever mentioned it. It showed, however, how important it was to have the *Organon* translated, as no one had ever applied the method in the proper way. Even today, I occasionally read in homoeopathic journals about cures effected by 50 millesimals in globules. This is positive proof that the prescribers of such doses have not understood the new method at all, as the remedies ought to be administered *in liquid form only* (par. 271)."¹⁰

"Although Hahnemann knew all about the high potencies made by Korsakoff, up to 60, 200, 1000 and even 1500, he did not know the very high potencies effected and applied in accordance with Kent's rules: 10M, 50M, 100M, etc. However his last process with 50 millesimals, if applied *lege artis*, gives really good results. The effects of this technique ought to be evaluated on the basis of a long clinical experience in order to be rightly appreciated. In most cases, Kent's new method gives such good results that this new process could be applied exclusively to chronic or serious cases, of course only if there is no response to the single dose. Remember, however, that Hahnemann did nothing lightly and bear in mind his imperative advice: Imitate me, but imitate me well!"¹¹

In Richard Haehl's *Samuel Hahnemann, His Life and Work*, there are

various references to the fact that Hahnemann knew of and used higher potencies, at least as high as 1M.³

One must realize that Hahnemann did not ignore the existence of high centesimal potencies, and did not merely improve on his 30th with the LMs. Hahnemann was brilliant, sensitive, and intuitive, and it is my opinion that he perceived some kind of deeper disruption created by high centesimal potencies, even when there were apparently curative results. These observations, in my opinion, led him to develop the fifty millesimal potencies, and to experiment with them during the last years of his life. I have not yet found enough of Hahnemann's records to substantiate my theories completely, but if any readers of this paper can provide me with more of Hahnemann's records and observations, I will be most grateful. Also, if any of my German and French-speaking colleagues have access to literature of this nature in French or in German, copies will be greatly appreciated. Furthermore, I am sure that the forthcoming translation of the *Organon* into perfectly clear English will clarify the fifty millesimal method.

WHY USE THE LM POTENCIES?

As classical homoeopaths we have an obligation to Hahnemann to do exactly as he says before we decide whether he is right or wrong. We all know how well the high centesimal potencies work, so why change to LMs? I feel that if we use the LMs and compare the responses to centesimal responses, we will have our answer. Unfortunately, there are few well-known classical homoeopathic physicians. My appeal to them is to use the LMs *exactly as Hahnemann instructed* and then publish their findings. The exacting and respected experience of the masters will prove valuable.

The LM potencies appear to work just as deeply and powerfully as the highest centesimal potencies, but more gently, and without significant aggravations. The over-all time to cure appears to be shorter (par. 246).⁴ Hahnemann's concept of the *quantity* of the dose is crucial in understanding the use of the LMs (par. 248).⁵

PREPARATION OF FIFTY MILLESIMAL POTENCIES

Let me preface my statements in this section by saying that all variations from this technique are against Hahnemann's intentions. A more detailed description of the method of preparation will be found in Dr. Pierre Schmidt's translation of the *Organon* (par. 270).

To begin the preparation of the fifty millesimal potencies, one starts with the *third centesimal trituration with sac. lac.—never from liquid*. Specific instructions for the preparation of the 3c trituration can be found in the *Organon* (par. 270).

1. To an approximately 60cc bottle to which has been added 400 drops of distilled water and 100 drops of 90% alcohol, add 5 centigrams of the 3c trituration made exactly according to Hahnemann's instructions in para-

graph 270 of the *Organon*. Mix well until diluted. One excellent source of accurate preparations is *Homoeopathische Central-Offizin Wettstein-Apotheke*, Postfach 4005 Basel, Switzerland.

2. Into a separate bottle (approximately 10cc) containing 100 drops of 95% alcohol, place one drop of this dilution from the 60cc bottle. The bottle must be large enough so that the solution does not fill more than two-thirds of it.

3. Carefully close the bottle with a cork and succuss it 100 times by holding it in the hand and pounding the hand rapidly on a leather-bound book, a surface which is resilient and elastic.

4. For this step you will need approximately 1½-2 drams of No. 1 granules (poppy-seed size). These may be slightly smaller than the usual No. 10 granules readily obtainable in America. One excellent source for uniformly made unmedicated granules (Streukügelchen No. 1) is Jso-werk Regensburg, J. Sonntag & Sohne K.-G., Fabrik chem-pharmaz. Präparate. The *Organon*, paragraph 270, gives specific instructions on granule size. Place 1½-2 drams of these granules into a glass thimble which has a small hole at the bottom. Hahnemann and Dr. Pierre Schmidt used a platinum thimble, and this is preferable if one can be obtained. Pour the solution from the 10cc bottle over the granules in the thimble, and observe until the liquid begins to leak out the end of the thimble. Then quickly pour the granules onto blotting paper and let dry. Throw away the 10cc bottle. The glass thimble can be re-used after cleaning it and heating it over a Bunsen burner until the glass glows.

5. When the granules are dry place them in a glass vial, corked and labelled I or 0/1.

6. Into a new 10cc bottle containing one drop of distilled water, add one globule of this 0/1 preparation.

7. After adding 100 drops of 95% alcohol, succuss 100 times as described in step 3.

8. Repeat step 4.

9. When the granules are dry place them in a glass vial, corked and labelled II or 0/2.

10. Into a new 10cc bottle containing one drop of distilled water, add one globule of this 0/2 preparation.

11. Repeat steps 7 through 10, increasing the potencies by single degrees (0/3, 0/4, 0/5, etc.) until you reach 0/30.

Any pharmacy which does not follow these instructions exactly in the preparation of LM potencies is not following Hahnemann. The size of the granules is important because the *quantity* of the medicine absorbed by each granule is important. Note also that one step requires 90% alcohol and another 95% alcohol. In *Samuel Hahnemann, His Life and Work*, by Richard Haehl, M.D., volume II, page 428, reference is made to Hahnemann's original pharmacy of fifty millesimal potencies, which contained many remedies,

most of which were in potencies 0/1 to 0/10 only. Only a few remedies such as *Merc.* and *Sulph.* were potentised up to 0/30. This is interesting, because if one selects the best remedy and follows Hahnemann's instructions properly, the curative action of the remedies should occur so rapidly as not to require more than the 0/10 before a different remedy is called for.

DOSAGE WITH FIFTY MILLESIMAL POTENCIES

The major reference to dosage is in paragraph 248 of the *Organon*. For my patients I place only one granule of the remedy in an amber glass bottle containing about 110cc of distilled water and a few drops of pure alcohol. Early experience taught me that more than one granule caused early aggravations, especially disruptive in sensitive patients. I cannot over-emphasize that one granule is enough. The following instructions are given to the patient with each bottle of liquid LM preparation:

Instructions for use of the remedy:

The dark glass bottle is your 'stock solution'. Keep it at room temperature away from direct light and strong odors.

Each day that you require a medicine (see bottle label), first shake the bottle 8-12 times by striking it against a firm, resilient object, such as a book.

Then place one tablespoon of this stock solution into about 4 oz. of pure water, preferably distilled water. Be sure that the glass and spoon are clean and free from odors and soap residues. If the glass was previously used for a remedy, boil it in water, heat it in the oven, or wash it in the dishwasher before using it again for any purpose. This glass of medicine is your supply for 24 hours only. Cover it and store it away from odors and direct light if you are to take more than one dose from it. Each day that you require a medicine, you will make a fresh glass of the dilution.

Your dose is one-half teaspoon, taken from the glass after stirring it vigorously. Rinse your mouth with the liquid before swallowing it. You must stir the solution vigorously before each dose.

Examples of some possible bottle labels are as follows: Take one dose every morning, as directed; or Take one dose every four hours, as directed; or Take one dose every other day, as directed; etc. Remember, your dose comes from the glass, *not* from the stock bottle.

When these instructions are followed exactly, the response is smooth and gentle. The patients almost always have some complaints when they do not follow the instructions. When they follow the instructions, the results appear at least as quick and smooth as with centesimal potencies. The most frequent mistakes are taking one full teaspoon from the glass, or taking the dose directly from the stock bottle. Almost always they will tell me, in these instances, that there was too much aggravation or no good response. Instructing them on proper dosage usually corrects the problem, if the proper remedy was chosen.

Hahnemann was very precise, but human nature being what it is, early in my LM practice I assumed that slight variations in dosage were insignificant. When we dispense 10M or CM granules, we do not usually consider that there is any difference in giving 5 or 25 granules. With the LMs it is critical! In my earlier cases there were many early aggravations and sluggish, disharmonic recoveries for the following reasons:

1. More than one tiny granule was dissolved in 110cc of water.
2. The patient took the dose directly from the bottle instead of diluting it in four ounces of water; or the patient used impure water.
3. The patient took more than $\frac{1}{2}$ teaspoonful as a dose. (Boericke's translation says one teaspoon; Schmidt's translation says one coffee-spoonful.)
4. The patient decided to save water and proportionately reduce the quantity of water in the glass and the amount of liquid taken from the stock bottle. It appears that the actual volume in which one-half teaspoon is dissolved is important.
5. The patient forgot to success the bottle or stir the glass before the dose.
6. The patient was given the dose dry on the tongue, or one or a few granules were dissolved in one dram of water and given as a dose in the office.
7. The patient's condition was ameliorated, then aggravated, as Hahnemann said would happen, but he continued dosing during the aggravation. In contrast to centesimal high potency dosing during an aggravation (or giving more than one dose), overdosing effects with fifty millesimal potencies quickly wear off after the remedy is discontinued. Also, in the event the remedy is not proper, but close enough to disrupt the case, discontinuation of dosing allows for quick recovery. With wrong high potency centesimals recovery to the previous state of health may not occur so quickly (par. 283).

I am sure at this point that the reader is wondering why he should bother using fifty-millesimal potencies, when one dose of a 10M followed by sac. lae. is quick and easy and saves bottles and water. Although my results are preliminary, it appears that the LM doses are easier on the patient, while the centesimal doses are easier on the doctor and office staff. However, we have had far fewer phone calls because of centesimal aggravations, and the patients seem to recover quite smoothly in either case. As discussed in paragraph 270 of the *Organon*, Hahnemann recommended LMs because the immediate reaction of high potency centesimals may be too great for the weak patient. In my office the LMs have worked wonderfully smoothly in cases of physical pathological change.

FOLLOW-UP AFTER BEGINNING TREATMENT

In Kent's *Lectures on Homœopathic Philosophy* and in Vithoulkas's *The Science of Homeopathy*, it is clearly described how to follow up cases after high potency centesimal prescriptions. These rules must be obeyed

when using the centesimal potencies. However, with fifty millesimal potencies the rules are different. The rules for follow-up of the case after LM potencies are stated most accurately in Pierre Schmidt's translation of the *Organon*, paragraphs 248-283. Fifty millesimal potencies are different from centesimal potencies in the following ways:

1. Continue giving ascending potencies so long as the patient is improving.

2. Amelioration followed by aggravation is a curative response.

3. The quantity of the dose is critical.

4. The lowest of the fifty millesimal potencies can act as deeply as the high potency centesimal and yet be gentle enough not to harm in cases of pathological tissue change.

5. If an aggravation occurs early in the treatment, too much quantity of the medicine was used. One must decrease the quantity of the dose and increase the interval between doses.

6. If the patient antidotes the remedy, for example by drinking coffee, the use of ascending potencies daily or every other day will quickly overcome this.

7. Patients understand this method much more easily because of its resemblance to the allopathic method of dosing.

8. Because of the quick and clear action of LMs, disruption of the case by the wrong remedy is quickly noticed, but also wears off much more quickly than a disruption created by high potency centesimal doses.

9. Sensitive patients are more easily treated by merely decreasing the quantity of the dose. If a patient is sensitive, the dose can be reduced to 1/4 teaspoon, or 1/2 teaspoon from the glass can be placed into a second glass containing 4 oz. of water, stirred and the patient given 1/2 teaspoon from the second glass. Third, fourth or even fifth glasses can be used in hypersensitive patients.

10. If a patient is improving from a centesimal dose, do not begin LM doses until there is a reversal of progress.

11. After an aggravation with an LM potency, do not resume treatment with the same potency. Expect amelioration, and resume treatment when needed only with the next higher potency.

CASE REPORTS

I have only been using LM potencies actively for about nine months. However, I have used them enough to observe that the properly-selected remedy works deeply, quickly, smoothly, and without initial aggravation. I will select from a variety of cases in order to illustrate the ability of the fifty millesimal potencies to act favorably on all levels—mental, emotional, and physical.

Case No. 1: 28-year-old male with a chief complaint of fits of anger for no apparent reason. There was a definite history of grief preceding the onset

of the chief complaint. The patient was thin, desired salt, and had other symptoms allowing the selection of Nat. mur. Nat. mur. 0/1 was given, a dose each morning. The patient began to feel better within 24 hours and continued to feel better until the sixth day, when he developed an aggravation. I thought this was quite early in the case for an aggravation, so I had him take a dose every other day after diluting the remedy in a second glass of water. This dose also aggravated, so the remedy was stopped. The aggravation subsided after 36 hours, leaving the patient feeling well for the past 5 months.

Case No. 2: 55-year-old obese female with hypertension and spells of dizziness and headache for many years. Based on what I thought were proper symptoms, Puls. was given, but with only temporary relief, and slight lowering of the blood pressure. Later the patient recalled that her spells may have begun after a head injury in childhood. The case was difficult for me, but other symptoms fit Nat. sulph. also. Nat. sulph. was begun in the 0/1 potency every other day, and followed by Nat. sulph. 0/2, 0/3, 0/4, and currently 0/5. There has been no aggravation, the blood pressure is normal, the spells are infrequent now, and she is losing weight with improved energy. Nat. sulph. will be continued in gradually ascending potencies until there is aggravation, or the symptoms change to another remedy.

Case No. 3: A lachesis patient, whose main complaint was fatigue, called for further treatment after his improvement stopped 4 months after a dose of Lach. 1M which created a short initial aggravation. He was given Lach. 0/1 with marked improvement after four doses, one dose daily. Six weeks later he felt a reversal and took another dose from the 0/1 bottle without calling me. He felt somewhat better but had an immediate flare-up of painful, bleeding hemorrhoids on the left side, an old symptom. This cleared on sac. lac. after five days. In this case, the patient should have called, and Lach. 0/2 should have been prescribed. The response probably would have been smoother because the effect of the 0/1 potency had been completed six weeks earlier.

Case No. 4: 40-year-old female with chief complaints of a swelling above the eyelid and a marked sensitivity to drafts accompanied by weakness. The swelling was classic for Kali carb. and the case was started with the 200th potency. She came to see me before I began to use the LM potencies and there was some minor pathology in the kidney related to surgery for prolapsed kidney, so I was reluctant to use higher than 200. She felt much better for about 6 weeks, but it was clear that she needed a higher potency in order to cure. Kali carb. 1M was given followed by strong and disruptive aggravation. The dose was not premature because there was definite reversal of the case following amelioration from the 200th. She felt poorly for about one month but then seemed to recover and feel somewhat stable for the next 6 weeks. At that time Kali carb. 0/1 was begun and followed by ascending potencies on an every other day dosage. With these

LM potencies she is feeling stronger than ever without aggravation and is currently taking the 0/7. The swelling above the eyelid is slowly shrinking. I suspect in this case that there may be pathological change in the kidney which is intolerant to the 1M dose, but responsive to the gentle, deeper action of the fifty millesimals.

Case No. 5: 58-year-old woman fell, sustaining a left ankle sprain and bruised over the ankle and tibia. Arnica 200 afforded temporary relief for two hours; a repeat dose helped temporarily. Arnica 0/1 every four hours relieved the swelling and pain steadily over the next 36 hours.

Case No. 6: 2-year-old boy fell off a platform striking his head. He became stuporous but a full neurological exam. at the local hospital revealed nothing else. After the first dose of Arnica 0/1 there was immediate complete recovery.

Case No. 7: 28-year-old woman sustained a left mid-forearm ulnar nerve injury after having the automobile door closed on her arm. The pain travelled upward and the fingers were numb along the distribution of the ulnar nerve. She was given a dose of Hyper. 30 from her first-aid kit and sent to the neurologist. He said the nerve may take several weeks to heal. I saw her later in my office because the Hyper. 30 had no effect. By then she had a terrible headache, but Hyper. 0/6, one dose, relieved the headache instantly, the numbness was 50% improved after one minute and completely resolved after 30 minutes. There was some return of pain and numbness after 24 hours, but repeating the dose relieved the problem. I started this case with 0/6 because I did not have the 0/1 in stock.

Case No. 8: 40-year-old woman sustained crushing compound fracture of two fingers in an automobile accident. It required surgical pinning, suturing and casting. Hyper. 0/1 every four hours relieved all pain and swelling and fever within 48 hours, even after anesthesia and tetanus toxoid were given in the hospital.

Case No. 9: 76-year-old sulphur patient with typical 11.00 hr. aggravation and bladder infections felt temporary relief for two months after Sulph. 200, Sulph. 1M was given, but she sustained a long and somewhat debilitating aggravation lasting 6-8 weeks. Her age and weakened state had no tolerance for a 1M, so I repeated Sulph. 30 when the problems returned shortly after the aggravation. This also relieved temporarily. Sulph. 0/1 taken every other day created gradual relief without aggravation. This was followed with Sulph. 0/2 and she continues to improve.

Case No. 10: 37-year-old woman with painful, persistent right ovarian cyst about 4cm size. One year prior to this she consulted me because of night sweats and edema. She was constitutionally a kali carb. patient and she was given the 10M, but sustained a long aggravation followed by weakening of her condition. I concluded that she must have some internal pathology based on the effect of the remedy, the family history of cancer in close relatives, and the past history of recurrent infections and long-term birth-

control pill use. A few months after the aggravation I started her on Kali carb. 0/1, progressing through 0/6, with steady amelioration, increasing energy and emotional well-being. During the 0/6 she had an aggravation, but stopping the remedy afforded no relief, and she became weaker, with left-sided pharyngitis and fever resembling Lach. Lach. 0/1 cleared the problem after three hourly doses; there was no resultant setback of her over-all condition. A few weeks later she fell ill with the ovarian cyst, but the picture was now Lycopodium. Lyc. 0/1 was prescribed every two hours. After three doses, she slept deeply, waking intermittently during the night only to urinate. By morning she had lost five pounds, there was no right pelvic pain or ovarian swelling, and she felt much better generally. She has continued to improve generally on ascending every-other-day doses of Lyc. through 0/8. Her over-all energy and stamina has greatly improved.

Case No. 11: 21-year-old college student, constitutionally Nat. mur. His main complaint was inability to concentrate on and remember his school work. I began his case with Nat. mur. 0/1 ascending to 0/7, which he is currently taking. He is improving generally and his memory and concentration became normal during the 0/2 dosage. There has been no aggravation.

Case No. 12: 15-year-old girl with a chief complaint of warts on the hand. She was quite withdrawn, angry, and constitutionally fitted Nat. mur. After the 0/3 bottle of Nat. mur. given every other day beginning with 0/1, the warts were gone and she was definitely more open and communicative.

SUMMARY

I have done as Hahnemann requested and have followed his instructions exactly. My experience with fifty millesimal potencies over the past nine months, with approximately 400 patients, has proved to me that Hahnemann was correct. The patterns of responses were exactly as he said they would be, provided that one begins treatment, whether acute or chronic, with the 0/1 potency. The potencies work most often without aggravation but with the same curative effects as centesimal potencies. They effect healing gently and rapidly on mental, emotional, and physical levels. I hope that my further work and the work of others around the world will help to clarify the advantages of the fifty millesimal potencies over the centesimal potencies. Hahnemann, early in his career, used low potencies, but later was aware of and used centesimal high potencies. Why did he conclude that fifty millesimals were better? I encourage other classical homocopaths to submit their work with the fifty millesimals for future publication and discussion in *Homeotherapy*. My continuing work is convincing me that there are probably no inimical remedies when LMs are used, that Lycopodium can probably follow Sulphur, and that LM potencies can be repeated often and safely in weak patients and in patients with serious tissue pathology.

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