

ORIGINAL ARTICLE

Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases - A retrospective study

S. Abarna, Jayakrishnan Venugopal¹, T. Sivaranjani², Kurian J. Poruthukaren¹, Praveen Raj, Sucharitha Suresh³

Access this article online

Website:

www.ijrh.org

DOI:

10.4103/0974-7168.159535

Quick Response Code:

ABSTRACT

Introduction: The 50 millesimal potency, is not fully utilized in our day to day practice. This retrospective study was done to reveal a new horizon for the physicians who use it occasionally and an eye opener for those who have never tried it.

Aim: The aim was to evaluate the usefulness of 50 Millesimal potency of indicated medicine in the treatment of chronic diseases from a retrospective study.

Materials and Methods: Cases treated with 50 Millesimal potency (LM) during January–May 2014, were screened and based on eligibility criteria, 50 cases were selected to study retrospectively. Treatment outcome was analyzed based on follow-up criteria. Data were statistically analyzed with Chi-square test in GNU PSP Software.

Results: 50 Millesimal potencies have the potential to give significant improvement ($P = 0.01$) in the treatment of chronic diseases. There were no cases reported with aggravation. The action of LM potency is not influenced ($P = 0.97$) by previously used Centesimal potency. Constitutional prescription has proved to have significant ($P = 0.01$) association with treatment outcome with LM potency, whereas Sector prescription ($P = 0.12$) does not. Irrespective of age, gender, and duration of illness, 50 Millesimal potencies act advantageously.

Conclusion: The data suggest that 50 Millesimal potencies have significant beneficial effects in the treatment of chronic diseases.

Keywords: 50 Millesimal potency, Aggravation, Chi-square, Constitution, Nanoparticle

Department of Organon of Medicine and Homoeopathic Philosophy, ¹Repertory, ²Materia Medica and ³Department of Community Medicine, Father Muller Medical College, Mangalore, Karnataka, India

Address for correspondence:

Dr. S. Abarna,
Department of Organon of Medicine and Homoeopathic Philosophy, Father Muller Homoeopathic Medical College, University Road, Deralakatte, Mangalore - 575 018, Karnataka, India.
E-mail: abarnahomoeopath@gmail.com

Received: 01-10-2014

Accepted: 26-05-2015

INTRODUCTION

The discovery of 50 Millesimal potency by Dr. Samuel Hahnemann was resultant of the quest for a perfect method of potentization, which took around four decades of eventful, valuable efforts. In his words, 'this method of dynamization (the preparations thus produced, I have found after many

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Abarna S, Venugopal J, Sivaranjani T, Poruthukaren KJ, Raj P, Suresh S. Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases - A retrospective study. *Indian J Res Homoeopathy* 2015;9:96-101.

laborious experiments and counter-experiments, to be the most powerful and at the same time mildest in action, that is, as the most perfected) the material part of the medicine is lessened with each degree of dynamization 50,000 times, yet incredibly increased in power.^[1]

Dr. R.P. Patel emphatically quotes that ‘after giving more than 30,000 prescriptions, I have observed only 2 times ‘aggravation’ and never antidoted, but stopped repetition.’^[2]

Though rated high by many stalwarts and Master himself, very few followed this method sincerely, some others rejected wholeheartedly and many looked at it with suspicion as it was published posthumously. From a detailed study on Dr. Hahnemann’s handwritten manuscripts and experiments, it is found that, from the year 1837 to 1843, he has done 1836 prescriptions of 50 Millesimal potency. Master’s conception about the superiority of the 50 Millesimal in comparison with the Centesimal potency was based on a significant number of experiments with the two scales.^[3] Based on these observations, we can be sure about the authenticity of the sixth edition of Organon of Medicine.

It is obvious that, the full utility of such an advanced and preferable potency is not done in our day to day practice. When compared to the other potencies, 50 Millesimal potency has got great advantages like, possibility of frequent repetition, least aggravation which could be very much admissible for hypersensitive persons, least quantity of material doses which is basic for prescriptions and above all it helps to hasten the cure. It has been shown in the recent studies that, though very rare, the occurrence of aggravation in the treatment with LM potencies is associated with better outcome.^[4]

In a paper where he shares his clinical experiences with LM potencies, Dr. Luc de Shepper expresses that the use of LM potencies call for more investigations so that this treasure of the 6th edition of Organon is not lost.^[5] The position of Homoeopathy in modern Medicine must be understood on the basis of a conception of chronic disease and it is chronic disease which the doctor must try to cure.^[6]

For the cure of chronic diseases, Homoeopaths are utilizing LM potencies. Although this by no means indicates that the high-potency debate has come to an end, the gentle power of the small dosage

convinces an increasing number of people. However, the kind of evidence required is still not available.^[7] Many cases found to obtain a desirable result with the help of 50 Millesimal potency, which made us to study retrospectively on the effect of this potency in the treatment of chronic diseases. This study was undertaken to reveal a new horizon for the physicians who uses it occasionally and an eye opener for those who has never tried it.

Objective

To evaluate the effectiveness of 50 Millesimal potency of indicated medicine in the treatment of chronic diseases from a retrospective study.

MATERIALS AND METHODS

Cases recorded in Standardized Case Records (SCR) in which LM potency was prescribed, in the period of January 2014–May 2014, were selected from the outpatient medical record department of Father Muller Homoeopathic Medical College, Mangalore. Total number of 50 cases were selected ($n = 50$) according to eligibility criteria hence purposive sampling was used shown in Table 1.

Selection of Medicine

The homoeopathic medicines were selected as per the law of similia and prescribed singly at one occasion. Detailed case taking, its recording and interpretation of the symptoms was done in SCR. The symptoms were classified and evaluated to erect the totality. Help of repertorization was taken as and when required. Cases were either repertorized by conventional repertories (Kent’s repertory, Boger Boenninghausen’s characteristic repertory) or modern repertories (Synthesis, Murphy’s homeopathic repertory). Constitutional prescriptions were based on the totality formed by analyzing and evaluating the mental generals, physical generals, characteristic particulars, and miasm. Sector prescriptions were based on location, sensation and pathology, modalities, concomitants,

Table 1: Eligibility criteria

Inclusion criteria	Exclusion criteria
Cases recorded in SCR	Cases treated simultaneously with centesimal and 50 millesimal
Cases in which only 50 millesimal potencies were used	Cases without proper follow-up for at least 2 months
Cases having duration of illness more than 3 months	
Cases previously treated with centesimal potencies	

SCR: Standardized Case Record

and causation. 50 Millesimal potencies were selected in all cases.

Prescription in each case was based on individualization. Repetition and dosage varied in each case. No uniform diet schedule was maintained in all the cases.

The dose of medicine was decided based on individual susceptibility. All the medicines used were prepared in strict accordance with Homoeopathic Pharmacopoeia of India.

Study Design

Descriptive study.

Analysis

Majority of the patients were reviewed, during the follow ups on a fortnightly basis to assess the subjective and objective symptoms. Each case already followed for a minimum of 2 months from the commencement of treatment was analyzed according to follow-up criteria mentioned below to elicit the trend of prognosis of the treatment:

- Aggravation of the chief complaints
- Amelioration of the chief complaints
- No change in the chief complaints
- Disappearance of the chief complaints
- improvement in generals of the patient
- Emergence of new complaints.

The follow-up criteria were further simplified into three categories and are as follows [Table 2].

The frequency of cases falling under each category was ascertained and subjected to statistical analysis. The analysis to determine the association between the follow-up categories with factors like age, gender, previous treatment, duration of illness, prescribing totality, system involved were performed by conducting Chi-square test in GNU PSP Software (Version 0.7.9 for Windows 7). The software has been utilized to analyze the descriptive statistics through the option cross tabs. Here each variable was subjected to Chi-square test to find out whether there is statistically significant association with the treatment outcome.

RESULTS AND OBSERVATIONS

Among the 50 cases studied, Mean age is 39.27 (Standard Deviation 20.61, median 38). 42% are male and 58% are female among the group. The frequency of cases with respect to duration of illness

and affected human body system is as shown in Tables 3 and 4. This variable of duration of illness is statistically analyzed for association with treatment outcome.

As the number of dermatological and respiratory cases are comparatively more, few observations are drawn from the data and projected in Table 5.

On analyzing the 50 cases, it was found that 35 cases were previously treated with other potencies [Table 6]. Hence, this variable was also statistically analyzed for association with treatment outcome.

Basis of prescription and remedies used with their frequencies are enlisted in Table 7.

Contrast in response between sector and constitutional prescription is highlighted in Figure 1. It was observed that 25 cases out of 50 were treated with constitutional prescription and the rest with sector prescription. All the above mentioned variables were analysed whether it is significantly associated with the treatment outcome [Table 8]. The potencies administered ranged from 0/1 to 0/6.

The data acquired from the study [Figure 2: Distribution of cases according to the treatment outcome] was subjected to Chi-square test using GNU PSP Software for confirming the association between various variables [Table 8].

Table 2: Categories of follow-up criteria

Categories	Follow-up criteria
Markedly improved	Absence of the chief complaint
	Amelioration of the chief complaint
	Generals of the patient improved
Improved	Amelioration of the chief complaint
	Generals of the patient improved
Not improved	No change in the chief complaint
	Aggravation of the chief complaint
	Emergence of new complaint

Table 3: Distribution of treatment outcome according to duration of illness

Duration of illness	Number of patients with treatment outcome		
	Markedly improved	Improved	Not improved
3 months-1-year	4	8	1
2 years-5 years	6	3	2
6 years-10 years	7	4	3
11 years-15 years	3	2	1
>16 years	1	5	0

Table 4: Percentage distribution of cases according to system involved

System involved	Percentage of cases	Markedly improved	Improved	Not Improved
Dermatology	48 (24 cases)	10	11	3
Respiratory system	20 (10 cases)	3	5	2
Musculoskeletal system	18 (9 cases)	4	4	2
Central nervous system	6 (3 cases)	2	1	-
Endocrine	4 (2 cases)	1	1	-
Gastrointestinal system	4 (2 cases)	2	-	-

Table 5: Treatment outcome among dermatological and respiratory cases

System	P value
Dermatological cases	0.01
Respiratory cases	0.02

Table 6: Distribution of treatment outcome according to previous treatment

Previous treatment with other potencies	Number of patients with treatment outcome		
	Markedly improved	Improved	Not improved
With previous treatment	15	15	5
Without previous treatment	6	7	2

Table 7: Distribution of cases according to basis of prescription

Constitutional prescription	Number of cases	Sector prescription	Number of cases
<i>Arsenicum album</i>	2	<i>Nux vomica</i>	1
<i>Silicea</i>	2	<i>Sulphur</i>	10
<i>Natrum muriaticum</i>	3	<i>Rhus tox</i>	4
<i>Pulsatilla</i>	1	<i>Kali carbonicum</i>	2
<i>Phosphorus</i>	5	<i>Arsenicum album</i>	6
<i>Sulphur</i>	4	<i>Petroleum</i>	1
<i>Sepia</i>	2	<i>Bryonia</i>	1
<i>Lycopodium</i>	2		
<i>Nux vomica</i>	1		
<i>Lachesis</i>	1		
<i>Thuja</i>	2		
Total	25	Total	25

DISCUSSION

The study group involves cases of various body systems in Table 4. In the light of the observations made among them, it indicates that 50 Millesimal potencies have the potential to give significant improvement ($P = 0.01$) in the treatment of chronic diseases. The findings are in conformity with Dr. De Schepper,^[5] who observed that LM potencies are advantageous, not only for hypersensitive, but also

for all other types of patients, because of their great power to heal without major aggravations. LM potencies have been recently tested in randomized, controlled studies showing therapeutic effects in chronic diseases.^[8-10]

Repertorisation of remedies is essentially a process of elimination of all drugs other than the similimum.^[11] The tool has been used advantageously in all the cases. On analysis, it was found that 25 cases were treated with constitutional prescription and 25 based on sector prescription. As both are equal in number, this variable was also considered for better understanding of the action of LM potencies. Treatment outcome is significantly efficacious in constitutional prescription ($P = 0.01$) and not significantly efficacious in sector prescription ($P = 0.12$).

Though the potency range used in the study group was limited (0/1–0/6), advantageous effects are noticed. Hence, extensive usage of further potencies can be suggested.

One of the positive outcomes of the study is that, there were no cases reported with aggravation, which is a valuable point to be discussed. During the preparation of 50 Millesimal potency, drug undergoes more succussions at each level than Centesimal potency. (Centesimal - 10, LM - 100). These vigorous agitations might have led to the formation of more nanoparticles and aggregates of drug molecules than those formed in centesimal.^[12] These remedy nanoparticles mimic as a low level stressor which signals the need for time dependent, sensitized compensatory adaptation mechanisms which are known as hormesis. This mechanism carries forward the organism toward health.^[13] Hence, the significant action of 50 Millesimal potency, without any aggravation, can be correlated to the key mechanism of formation of more nanoparticles and aggregates of drug molecules during their preparation. This study paves the way for further exploratory study on the hypothesis.

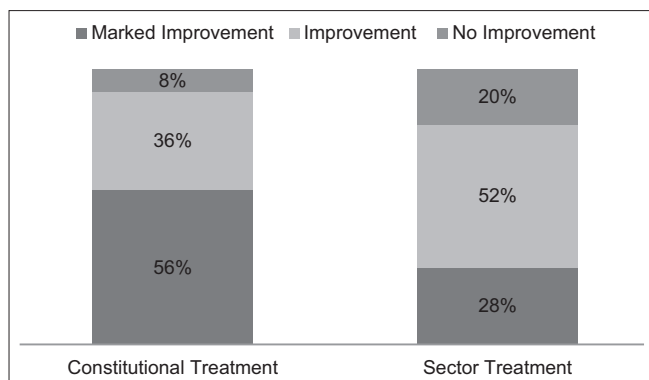


Figure 1: Contrast in response between sector and constitutional Treatment

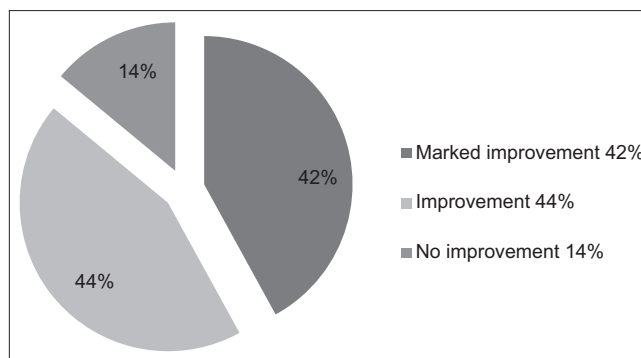


Figure 2: Distribution of cases according to the treatment outcome

Table 8: Association between various factors and treatment outcome - analyzed by Chi-square test in GNU-PSPP software

Association between various factors and treatment outcome	P	Inference
Treatment outcome with 50 millesimal potency	0.01	Treatment is significantly efficacious
Previous treatment and response to treatment with 50 millesimal potency	0.97	No relationship to previous treatment and outcome
Prescribing totality and treatment outcome		Treatment outcome is statistically efficacious in constitutional prescription and not significantly efficacious in sector prescription
Constitutional prescription	0.01	
Sector prescription	0.12	
Duration of illness and treatment outcome	0.38	Treatment outcome is independent of duration of illness

Dr. Close^[14] opines that selection of potency is influenced by susceptibility factor, which is in turn related to age, chronicity of complaints etc. Hence, centesimal potency is to be selected carefully according to these factors. The finding from this study reveals that the action of 50 Millesimal potency is independent of age and duration of illness.

Further, it can be inferred that the action of nanoparticles and aggregates of the drug molecules in 50 Millesimal potency is independent of age, gender, duration of illness, and previous treatment with centesimal potency.

As George Vithoulkas proposes, research in homoeopathy is the need of the hour.^[15] Each and every research effort adds validation to our field. And this descriptive study has been helpful in proposing new hypothesis for further studies on the usefulness of 50 Millesimal potencies. As the sample size is large ($n = 50$), the results obtained are more reliable.

Potential limitations of the study can be improvised by further research in prospective multicentric design with longer follow-up on larger sample size. The usefulness of LM potencies can be assessed by analyzing cases with a limited age group of similar disease.

CONCLUSION

Finally, the results from the retrospective study suggest that 50 Millesimal potencies have significant beneficial effects in the treatment of chronic diseases.

Acknowledgments

The Authors are Grateful to the following people for their constant support and encouragement: Dr. Shivaprasad K., Principal, HOD, Department of Organon of Medicine, Dr. Roshan Pinto, Professor, Department of Organon of Medicine, Dr. Rita Chakraborty, HOD, Department of Repertory, Dr. Srinath Rao, HOD, Department of Materia Medica, Dr. Sunny Mathew, Medical Superintendent, Professor, Department of Materia Medica, Father Muller Homoeopathic Medical College, Mangalore.

Financial Support and Sponsorship

Nil.

Conflicts of Interest

There is no conflicts of interest.

REFERENCES

- Hahnemann S. Organon of Medicine. Translated by William Boericke. Reprint. New Delhi: B. Jain Publishers (P) Ltd.; 2002. p. 294.
- Patel RP. My Experiments with 50 Millesimal Scale of Potency. 5th ed. Reprint. Kottayam, Kerala: Hahnemann Homoeopathic Pharmacy publisher; 1986. p. 73.
- Adler UC, Adler MS. Hahnemann's experiments with 50 millesimal potencies: A further review of his casebooks. Homoeopathy 2006;95:171-81.

Abarna, et al.: Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases- A retrospective study

- Rossi E, Bartoli P, Bianchi A et al. Homoeopathic aggravation with Quinquagintamillesimal potencies. *Homoeopathy* 2012;101:112-20
- De Schepper L. LM potencies: One of the hidden treasures of the sixth edition of the Organon. *Br Homoeopath J* 1999;88:128-34.
- Paschero TP. Homoeopathy is a constitutional medicine. *Asian Homoeopathic Journal* 1992; July-Sept: 26.
- Jütte R. The LM potencies in homoeopathy: From their beginnings to the present day. Vol. 78. Stuttgart: Institute for the History of Medicine of the Robert Bosch Foundation; 2007. p. 78.
- Adler UC, Krüger S, Teut M, Lüdtke R, Bartsch I, Schützler L, et al. Homoeopathic Individualized Q-potencies versus fluoxetine for moderate to severe depression: Double-blind, randomized non-inferiority trial. *Evid Based Complement Alternat Med* 2011 (2011): Article ID 520182
- Frei H, Everts R, Von Ammon K, Kaufmann F, Walther D, Hsu-Schmitz SF, et al. Homoeopathic treatment of children with attention deficit hyperactivity disorder: A randomized, double blind, placebo controlled crossover trial. *Eur J Pediatr* 2005;164:758-67.
- Bell IR, Lewis DA, Brooks AJ, Schwartz GE, Lewis SE, Walsh BT, et al. Improved clinical status in fibromyalgia patients treated with individualized homoeopathic remedies versus placebo. *Rheumatology (Oxford)* 2004;43:577-82.
- Patel RP. *The Art of Case Taking and Practical Repertorization in Homoeopathy*. 6th ed. Kottayam, Kerala: Hahnemann Homoeopathic Pharmacy publisher; 1998. p. 67.
- Chikramane PS, Suresh AK, Bellare JR, Kane SG. Extreme homeopathic dilutions retain starting materials: A nanoparticulate perspective. *Homoeopathy* 2010;99:231-42.
- Bell IR, Koithan M, Brooks AJ. Testing the nanoparticle-allostatic cross-adaptation-sensitization model for homeopathic remedy effects. *Homoeopathy* 2013;102:66-81.
- Close S. *The Genius of Homoeopathy*. Reprint. New Delhi: B. Jain Publishers (P) Ltd.; 2006. p. 191-200.
- <http://www.vithoulkas.com/some-guidelines-concerning-research-in-homoeopathy>. [Last accessed on 2014 Aug 13].

दीर्घकालिक रोगों के उपचार में 50 सहस्रांश शक्तियों की प्रभाविकता का मूल्यांकन करना – एक भूतलक्षी प्रारंभिक अध्ययन।

सार:

प्रसंग: हमारे दिन-प्रतिदिन के चिकित्साभ्यास में, 50 सहस्रांश शक्ति, जो एक उन्नत एवं वरीय शक्ति है, का पूर्ण उपयोग नहीं होता है। आशा है कि यह अध्ययन इस शक्ति का यदा-कदा उपयोग करने वाले चिकित्सकों के लिए एक नया क्षितिज प्रकट करेगा और जिन चिकित्सकों ने इसका उपयोग कभी नहीं किया है उनके लिए यह आँखें खोल देने वाला अध्ययन सिद्ध होगा।

लक्ष्य: दीर्घकालिक रोगों के उपचार में निर्दिष्ट औषधि की 50 सहस्रांश शक्ति की प्रभाविकता का मूल्यांकन करना – एक भूतलक्षी अध्ययन।

सामग्रियाँ एवं विधियाँ: जनवरी से मई 2014 के दौरान 50 सहस्रांश शक्ति द्वारा उपचारित प्रकरणों का विविकितकर निरीक्षण (स्क्रीनिंग) किया गया एवं पात्रता मानदंडों के आधार पर 50 प्रकरणों को भूतलक्षी अध्ययन के लिए चुना गया। उपचार के परिणाम का विश्लेषण अनुवर्तन मानदंडों के आधार पर किया गया। आँकड़ों का सांख्यिकीय विश्लेषण जी.एन.यू. एस.पी.एस.एस. सॉफ्टवेयर में काई वर्ग परीक्षण द्वारा किया गया।

परिणाम: 50 सहस्रांश शक्तियों में दीर्घकालिक रोगों के उपचार में उल्लेखनीय सुधार (पी=0.01) देने का सामर्थ्य है। किसी भी प्रकरण में अपवृद्धि होने की सूचना नहीं मिली। एल.एम. शक्ति की क्रिया पूर्व में प्रयुक्त शतांश शक्ति द्वारा प्रभावित नहीं हुई (पी=0.97)। एल.एम. शक्ति द्वारा उपचार के परिणाम के साथ शास्त्रोक्त विहितकरण (कांस्टीट्यूशनल प्रेस्क्रिप्शन) की उल्लेखनीय संबद्धता (पी=0.01) सिद्ध हुई है, जबकि खंडीय विहितकरण (सेक्टर प्रेस्क्रिप्शन) की नहीं (पी=0.12)। 50 सहस्रांश शक्तियाँ लाभकारी ढंग से कार्य करती हैं, भले ही आयु, लिंग एवं रोग की अवधि कुछ भी हों।

निष्कर्ष: हमारे आँकड़े बताते हैं कि दीर्घकालिक रोगों के उपचार में 50 सहस्रांश शक्तियों के उल्लेखनीय रूप से लाभकारी प्रभाव हैं।