

**Hahnemann's experiments with 50 millesimal potencies: *a further review of his casebooks***

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## Abstract

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**Background:** This research is based on a review of Hahnemann's clinical records at the Institute for History of Medicine of the Robert Bosch Foundation in Stuttgart. Until the end of his long and productive life, Hahnemann continued to refine his clinical method, based on his series of clinical cases. His "most perfected method" motivated him to write the sixth edition of his principal work, the *The Organon* of the Healing Art, proposing solutions controlling the side effects he frequently observed with repeated doses of homeopathic medicines. Unfortunately, this was published many years posthumously. The 6<sup>th</sup> edition of *The Organon* introduced the pharmaceutical innovation known today as the fifty-millesimal scale because it involves diluting the medicine approximately fifty thousand times at every stage of dynamization. **Objectives:** To identify the clinical cases treated with fifty-millesimal potencies and analyze Hahnemann's use of them.

**Results:** 1836 prescriptions of fifty-millesimal potencies were found, used between 1837 and 1843 in three phases: initially sporadic; later compared regularly to centesimal dynamizations; and finally systematically, as in the instructions of the 6<sup>th</sup> edition of *The Organon*. 35 medicines were identified in fifty-millesimal prescriptions, 7 in potencies higher than 10 and only 3 (*Sulphur*, *Mercurius solubilis* and *Rhus toxicodendron*) used up to the 30<sup>th</sup> degree. This accords with Haehl's information about the remedies in Hahnemann's case of fifty-millesimal potencies.

**Conclusions:** Hahnemann probably decided to write the 6<sup>th</sup> edition, in 1840, to incorporate his latest experience with the repetition of potentized doses and periodically modified potencies. He must have revised it after February 1842 to include his latest findings with fifty-millesimal potencies in ascending degrees. Hahnemann's conception about the superiority of the fifty-millesimal in comparison with the centesimal dynamization was based on a significant number of experiments with the two scales.

**Keywords:** Fifty-millesimal, Hahnemann, Homeopathy, Krankenjournalen, Casebooks, DFs, dynamization.

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*"...by means of this method of dynamization (the preparations thus produced, I have found after many laborious experiments and counter-experiments, to be the most powerful and at the same time mildest in action, i.e., 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.."*

*Samuel Hahnemann<sup>1</sup>*

## **Introduction**

*Ubiratan C. Adler*

Among the innovations presented by Hahnemann in his posthumous 6<sup>th</sup> edition of *Organon* is a new method for preparing homeopathic medicines known today as fifty-millesimal, LM or Q (*quinquagintamillesimal*), since the dynamization includes a dilution of more than 50 thousand times for each degree of potency.

Until now little has been published about the experiments that Hahnemann himself conducted with fifty-millesimal potencies that led him to the conclusion about the superiority of the "new" dynamization in relation to centesimal potencies<sup>1</sup>.

In 1997, Rima Handley published a study about Hahnemann's practice in Paris<sup>5</sup>, with interesting historical data about the first patients treated by the illustrious homeopath. Handley used the notation  $\circ$  as the criterion to identify a fifty-millesimal prescription in Hahnemann's manuscripts, kept in the library of the Institute for History of Medicine of the Robert Bosch Foundation. According to Handley, the  $\circ$  sign would be an indication from Hahnemann for using a globule instead of a drop in successive dilutions of the fifty-millesimal preparation. Handley claims to have observed only 12 medicines prescribed in this scale, the first being a case of Sulphur 10 LM, prescribed in 1840.

Unfortunately, Handley must not have had the opportunity of reading an article published in 1995 in the journal of the Institute for History of Medicine of the Robert Bosch Foundation, *Medizin Gesellschaft und Geschichte* (MedGG), which proposed criteria for identifying fifty-millesimal potencies in Hahnemann's clinical records and I presented a list of 27 medicines, used in 681 Q prescriptions, starting 1838<sup>6</sup>.

Ten years ago, the research was not planned. The objective of my visit to the Institute was to observe how Hahnemann would have developed the new dynamization. However, a study of the cases treated with Q potencies was not that easy.

When I noticed the clinical records of Hahnemann during his stay in Paris (1835-1843), written in French and with his annotations in German (Deutsch-Französisch - DF), I sensed that a clinical case might be scattered in the same DF or in different casebooks, in a laboriously identified chronological order. This form of recording cases is certainly known by all who have studied a DF, but is probably ignored by a majority of the readers.

Different from Handley's understanding, it became clear to me that Hahnemann did not always use a sign to identify a potency prescribed in the new dynamization method.


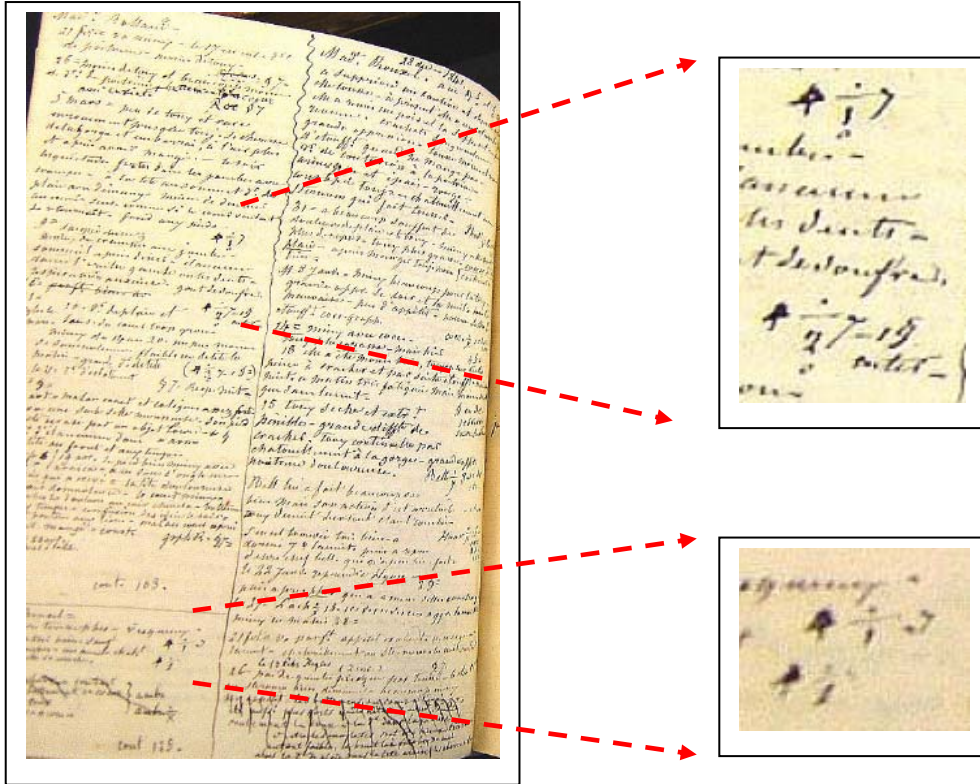
Figure 1 is a digital photo showing how Hahnemann used to divide a page for recording the consultations of different patients, showing *Sulphur* -  - prescribed in the fifty-millesimal, with or without the sign  $\circ$ .

Figure 1: example of using a page for recording the consultations of three patients and Q prescriptions with or without the sign  $\odot$ , enlarged at the side.



Source: DF 13, p. 90.

Given the uncertainty regarding the meaning of the sign  $\circ$  and the prescriptions of *Sulphur* 1 without any sign, I chose to follow the clinical pharmaceutical criteria of the 6<sup>th</sup> edition of *Organon* for locating fifty-millesimal potencies. I started from the following premises:

- in the 6<sup>th</sup> edition of *Organon*, Hahnemann recommends that in the “new” dynamization method, potencies from 1 to 30 be prepared and that the treatment be started with lower potencies<sup>1</sup>. The same medicine must be repeated for months if required, as long as it is beneficial to the patient and the potencies are gradually increased.<sup>2</sup>
- Centesimal potencies less than 4 would not have been prescribed by Hahnemann, as they were products of trituration<sup>7</sup>.

I therefore considered Q as the record of a potency:

- less than 4 or
- more than 3, when prescribed in a sequence that had started in a potency less than 4 of the same medicine.

The results then obtained were consistent since potencies up to Q8 were found, coinciding with the historic record kept by Haehl according to whom, Hahnemann's medicine box of fifty-millesimal potencies contained medicines in the 10 lowest degrees<sup>10</sup>. Unfortunately, this medicine case is not with the Robert Bosch Institute and it was not possible to locate it yet.

In 2002, the Q-potencies in *Krankenjournalen* returned to the list of MedGG. Luise Kunkle<sup>11</sup> considered the criteria proposed by me logical but correctly observed that the research located only 27 Q prescriptions till the end of February 1842 when the 6<sup>th</sup> edition of *Organon* had been finished. With such a reduced number of cases treated, Hahnemann could not have concluded about the superiority of fifty-millesimal dynamization over centesimal dynamization, as he clearly did in the 6<sup>th</sup> edition.

Kunkle proposed a new theory: the notations 190 in the *Krankenjournalen* would signify Q-potencies, because of the calculation  $1/50000 = 0.0002$  and Hahnemann affirms that his new dynamization method used to dilute more than 50 thousand times in each stage. Thus, in Kunkle's understanding, when Hahnemann administered a dilution greater than 1:50000, say 1:51000 (= approximately 0.0000196), he would represent it in a simplified manner, i.e., 1/196, etc.<sup>11</sup>

Though being creative, Kunkle's hypothesis cannot be carried out in the pharmacy. From the second degree of potency, Hahnemann introduces the globule as an additional dilution factor. That is, the standardized microglobule (made of sugar and starch in such a way that 100 of them weigh 1 grain), carries with it a fraction even smaller than 1/500 of a drop. This can be demonstrated since 500 of these microglobules are not sufficient to completely absorb a drop of alcohol, as Hahnemann would observe<sup>1</sup>. Kunkle suggests that Hahnemann could control dilution, that is, by administering one 1:53000 (196) or one 1:52000 (192) when he wished, which is technically not feasible with the methodology described in paragraph 270, since it is not possible to purify globules with this precision. Moreover, the standard of the globules established by Hahnemann for preparing the Q-potencies is fixed.

In April 2005, upon returning from Germany to report the Brazilian clinical experiment with Q-potencies<sup>12</sup> at the 60<sup>th</sup> Congress of the *Liga Medicorum Internationalis*, I was kindly welcomed by the Institute for the History of Medicine of the Robert Bosch Foundation for reviewing the original study and this time with the collaboration of my wife, Maristela Adler, homeopathic doctor from our Brazilian team.

The review was necessary because the initial difficulty in understanding the *Krankenjournalen* and defining a research methodology, together with the urgency to manage to do the work during my first stay in Stuttgart could have prejudiced the results of the original work.



In addition to the review, the authors widened the inclusion criteria by adding the potency records accompanied by sign  $\circ$ , after analyzing the signs associated with Q prescriptions found by following the clinical pharmaceutical criteria. Finally, integration of the results enables inferences about the use of the fifty-millesimal potencies by Hahnemann.

The authors are grateful to the professionals at the Institute for the History of Medicine of the Robert Bosch Foundation, especially to Prof. Robert Jütte, Ph.D., (Director) and to Prof. Martin Dingues, Ph.D., (Deputy Director and Archivist) for his friendly support to the completion of this work.

## Objectives

- ❑ To identify prescriptions of Q-potencies in Hahnemann's Krankenjournalen that had not been found in the first research, following the same clinical pharmaceutical criteria of 1995.
- ❑ To determine the frequency with which the sign  $\circ$  or any other sign used by Hahnemann in association with Q prescriptions located by the clinical pharmaceutical criteria.
- ❑ If there are clues that the  $\circ$  sign or any other sign is indicative of a Q prescription, to use it for locating cases that started their treatment with potencies greater than Q3.
- ❑ To analyze Hahnemann's rationale behind implementing and developing the fifty-millesimal scale at an experimental clinic.

## Methodology

All the DFs were reviewed for locating the records of Q-potencies, following the criteria in the 6<sup>th</sup> edition of *Organon*, i.e., a prescription was considered as a Q-potency if the degree registered was:

- ❑ less than 4, or
- ❑ more than 3, when prescribed in a sequence that had started in a potency less than 4 of the same medicine.

Each author reviewed different DFs but the doubts about the notations were analyzed together, filling up a worksheet with the following fields:

- ❑ DF number;
- ❑ page number;
- ❑ date;
- ❑ month;
- ❑ year;
- ❑ medicine;
- ❑ potency;
- ❑ sign associated with the potency, when available;
- ❑ name of patient.

After finishing the review, the authors analyzed the signs used by Hahnemann associated with the Q-potency prescription. Since they considered that they had enough clues to conclude that in the majority of cases, Hahnemann used a blank circle to identify a Q prescription, the DFs were reviewed again in search of records with the  $\circ$  sign that had not been included by the clinical pharmaceutical criteria.

After collecting the data, the authors assembled together the records found by means of clinical pharmaceutical criteria and those identified only by sign  $\circ$ . The ordering of the prescriptions by patient and by year and month enabled an analysis of how Hahnemann used his new method of dynamization.

The research was conducted at the Library of the Museum of the History of Medicine of the Robert Bosch Foundation in Stuttgart on 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup> and 28<sup>th</sup> April 2005.

The researchers received a scholarship from the Robert Bosch Foundation.



Maristela Adler in the library of the Robert Bosch Institute

## Results

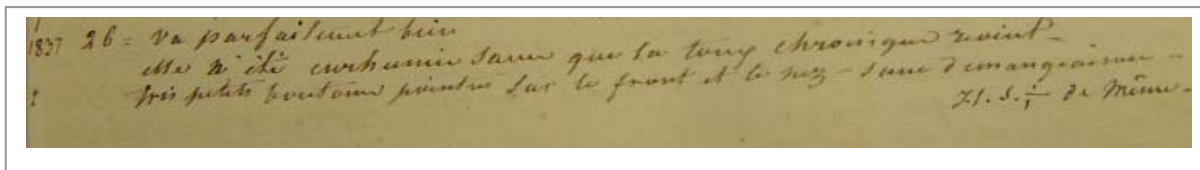
The complete list of fifty-millesimal potencies identified in this review is found in the Library of the Institute for the History of Medicine of the Robert Bosch Foundation. The authors shall be pleased to furnish a copy to those interested, upon e-mail request.

The Q-potencies located by the sign  $\circ$  were recorded in *italics* so that a distinction can be made of the records included through clinical pharmaceutical criteria.

A total of 1001 prescriptions of Q-potencies were identified and located, following the criteria in the 6<sup>th</sup> edition of *Organon*.

A Q-potency prescription prior to 1838 was located: *Hepar sulphuris*, prescribed on 26<sup>th</sup> February 1837, as reproduced in the digital photograph in figure 2.

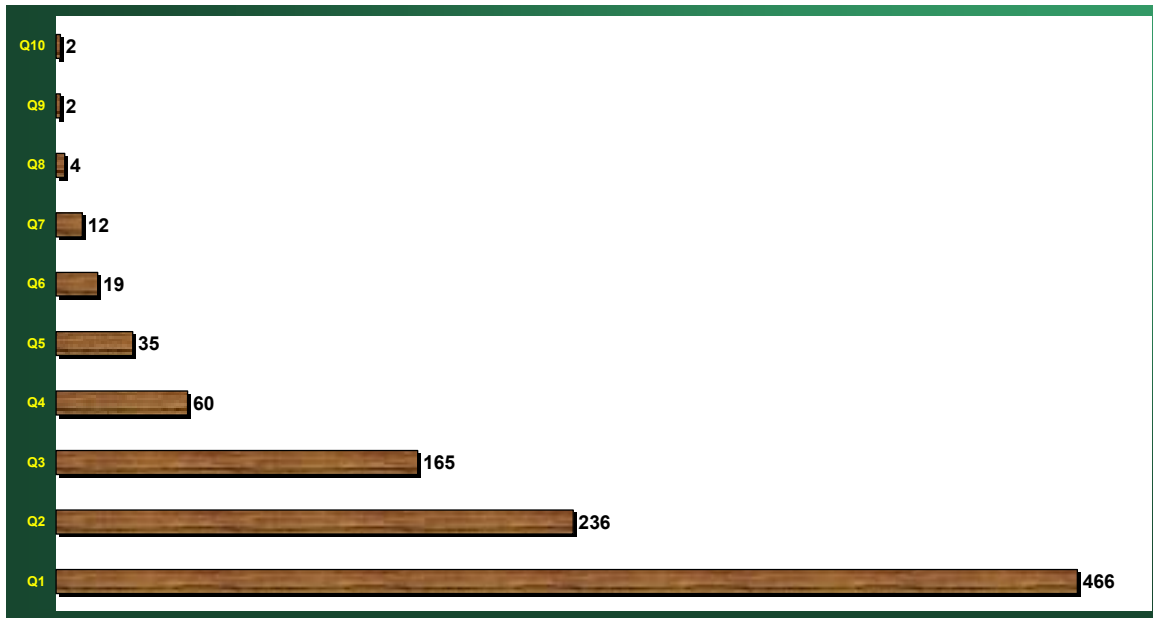
Figure 2: digital photograph of the oldest record of a Q- potency prescribed by Hahnemann.



Source: DF6, p.89.

34 medicines administered by Hahnemann in the first 10 potency degrees were identified. The frequency of use of each of these potencies is illustrated in chart 1.

**Chart 1: number of prescriptions in each degree of Q-potency, identified by clinical pharmaceutical criteria.**

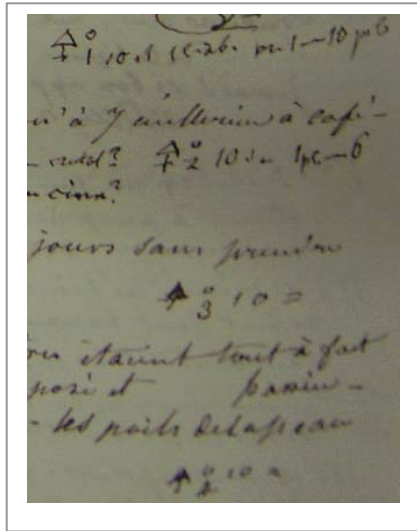


Source: Krankenjournalen - DFs.

The authors decided to add the sign  $\circ$  to the inclusion criteria, after considering that:

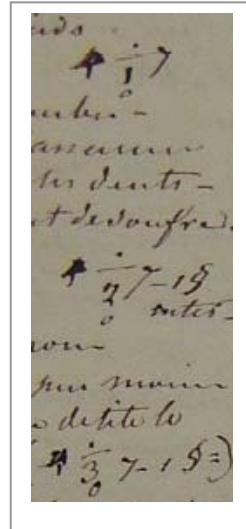
- ❑ the small empty circle  $\circ$  is a “new” sign in Hahnemann’s cases. It appeared for the first time in 1838, associated with the first cases of *Sulphur* prescribed in the fifty-millesimal (DF 2nd, p. 22; DF 6 p.145; DF 9, p.92);
- ❑ **73.6 %** of the Q prescriptions found in the 1<sup>st</sup> phase are accompanied by sign  $\circ$ , in superscript or subscript, in relation to the number that defines the degree of potency (Figures 3, 4 and 5).

Figure 3: ○ superscript



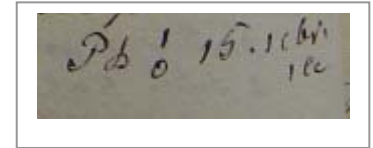
Source: DF 8, p. 278.

Figure 4: ○ subscript



Source: DF 13, p. 316.

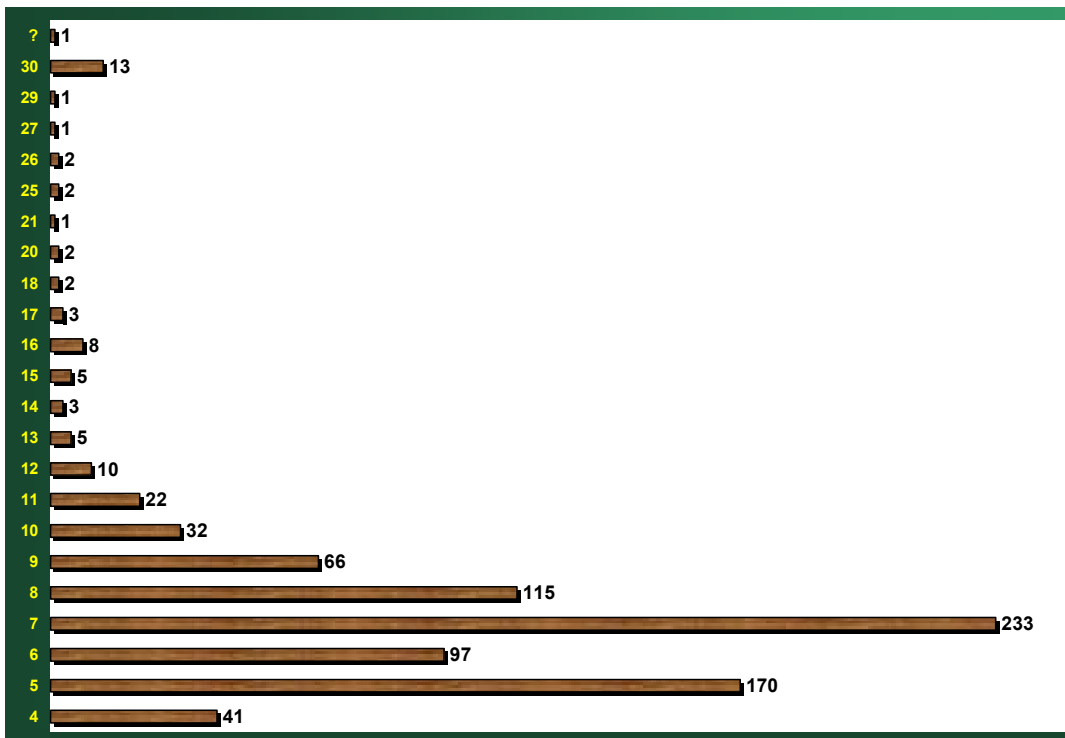
Figure 5: ○ subscript



Source: DF 13, p. 40.

A new review of the DFs found 13 medicines accompanied by sign ○ (only *Chamomila* does not figure in the list identified by clinical pharmaceutical criteria), used in 835 prescriptions of potencies that vary between 4 and 30, according to chart 2.

Chart 2: number of prescriptions in each degree of Q-potency, identified by the sign ○.



The integration of the records identified by clinical pharmaceutical criteria with those located by sign  $\circ$  resulted in a total of 1836 Q-potencies prescribed by Hahnemann. The medicines used, in absolute numbers and in relation to prescriptions, are listed in table 1.

**Table 1: medicines used in the fifty-millesimal scale by Hahnemann, with the respective absolute numbers and relative to prescriptions.**

Medicine	No. of prescriptions	% of prescriptions	Medicine	No. of prescriptions	% of prescriptions
Acon	2	0.1	Ip	9	0.5
Alum	11	0.6	Kali-c	4	0.2
Ambr	1	0.1	Lyc	31	1.7
Ant-c	1	0.1	Merc	23	1.3
Ars	11	0.6	Nat-m	19	1.0
Aur	2	0.1	Nit	1	0.1
Bell	89	4.8	Nux-v	26	1.4
Bry	14	0.8	Pb	1	0.1
Calc-c	55	3.0	Phos	17	0.9
Carb-v	5	0.3	Puls	1	0.1
Carb-a	2	0.1	Rhus-t	33	1.8
Caust	2	0.1	Sep	8	0.4
Cham	1	0.1	Sil	22	1.2
Chin	3	0.2	Spong	2	0.1
Cinn	3	0.2	Sulp	1266	69.0
Cupr	1	0.1	Thuja	8	0.4
Grap	15	0.8	Verat	1	0.1
Hep s	142	7.7	?	5	0.3

Source: Krankenjournalen - DFs.

? = undetermined

The annual distribution of these prescriptions and the identification criteria are found in table 2.

**Table 2: annual distribution of Q-potencies identified by 6<sup>th</sup> edition criteria and by sign ○.**

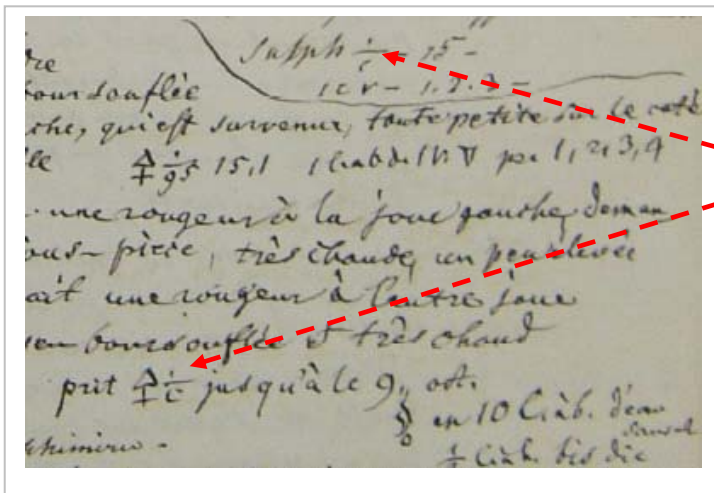
Criterion	Year ?	1837	1838	1839	1840	1841	1842	1843	Total
6. edition	15	1	4	2	10	20	588	361	1001
○	53	0	0	0	9	556	188	30	835
<b>Total</b>	<b>68</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>19</b>	<b>576</b>	<b>776</b>	<b>392</b>	<b>1836</b>

Source: Krankenjournalen - DFs.

? = undetermined

The integration of the results enabled visualization of three distinct phases of use of fifty-millesimal potencies by Hahnemann.

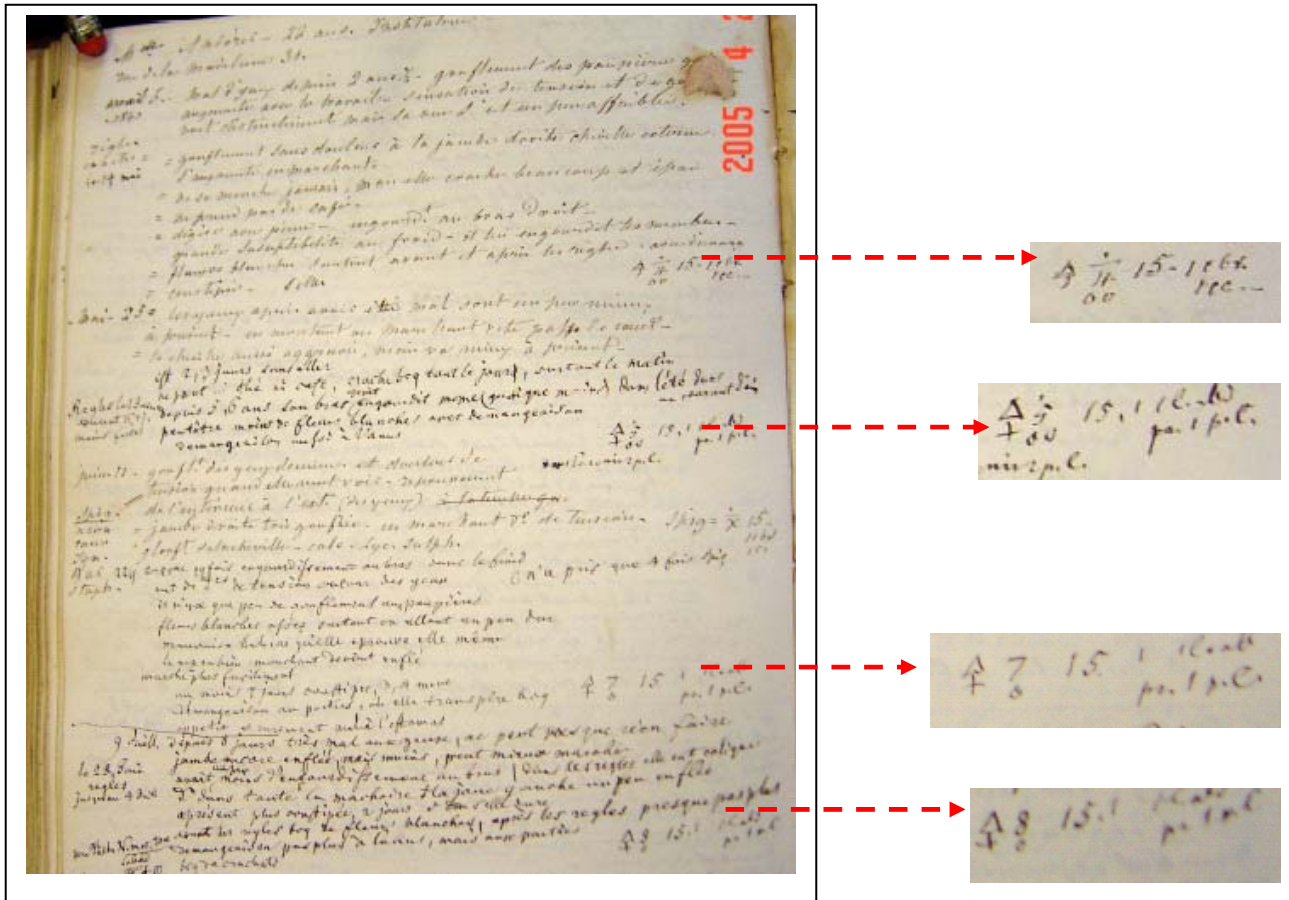
In the first phase between 1837 and 1839, which we will call **initial**, Hahnemann used the fifty-millesimal in rare prescriptions of *Sulphur* 1 or *Hepar sulphuris* 1, spread among the experiments that he conducted with relatively high centesimal potencies (whose analysis deviates from the objectives of this research), all of them always administered in solution, for use during several days. Figure 6 illustrates this inaugural phase, with a *Sulphur* Q1 being tested before a *Sulphur* C95, in the year 1838.



**Figure 6: initial phase of the use of Q-potencies (1837-1839): rare prescriptions of Sulphur Q1 in between relatively high centesimal potencies (in this case, a Sulphur C95).**

In the second phase, from the second semester of 1840, Hahnemann started comparing the fifty-millesimal sequences with centesimal sequences regularly, mainly between 4 and 10 degrees, though there were records of use of higher Q-potencies as shown by chart 2 above. In this phase, which we call **comparative**, Hahnemann used to administer a determined medicine in centesimal potencies starting from C4 (since, as mentioned earlier, lower centesimal potencies would be trituration products), accompanied by the sign  $\circ\circ$ , followed by the same medicine in adjacent but fifty-millesimal potencies, accompanied by the sign  $\circ$ . Figure 7 shows the prescriptions of 1841 that illustrate this comparative phase.

Figure 7: comparative phase of the use of Q-potencies (1841): frequent comparisons between potencies of similar degree, centesimal and fifty-millesimal, as amplified on the side.

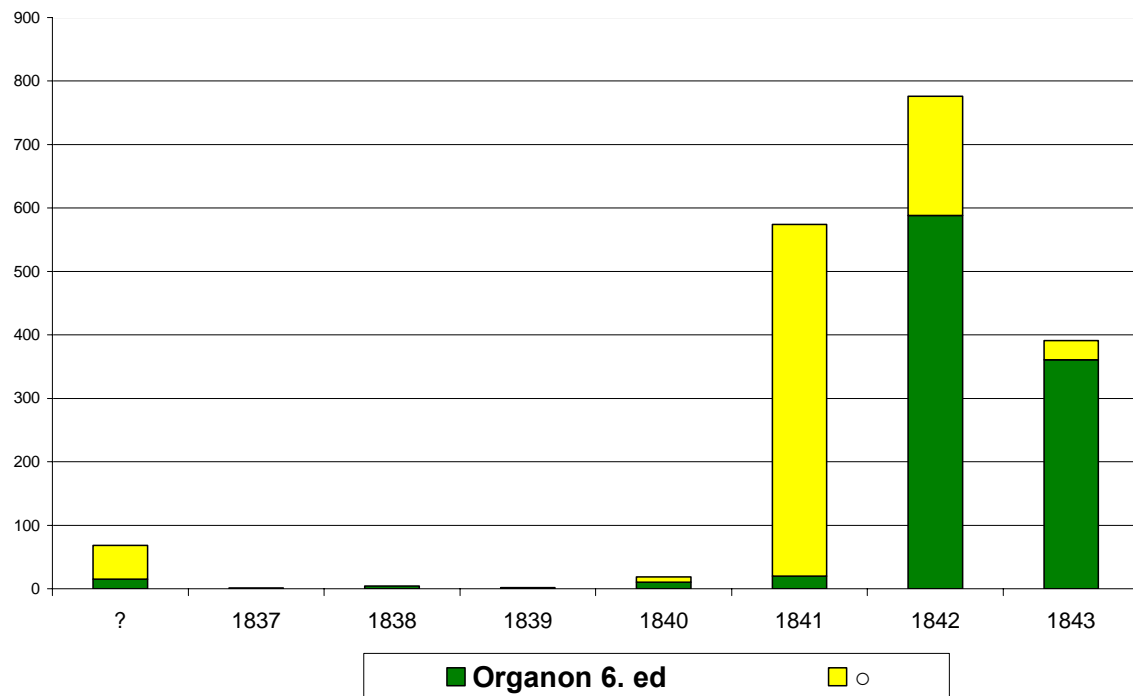


Source: DF 12, p.240.



By the end of 1841, the comparative phase gave way to prescriptions that tended to follow the method described in the 6<sup>th</sup> edition of *Organon*, with low fifty-millesimal potencies, generally 1 or 2 and usually prescribed in the ascending order. Chart 3 illustrates this transition between the comparative phase, whose records were located by the  $\circ$  sign, and the **methodological** phase, in which the potencies were identified according to the clinical pharmaceutical criteria and administered according to the method in the 6<sup>th</sup> edition of *Organon*.

**Chart 3: contribution of the Q prescriptions identified according to the criteria in the 6<sup>th</sup> edition of *Organon* or by the sign  $\circ$ , to the total of Q prescriptions located every year.**



Source: Krankenjournalen - DFs.

? = year undetermined.

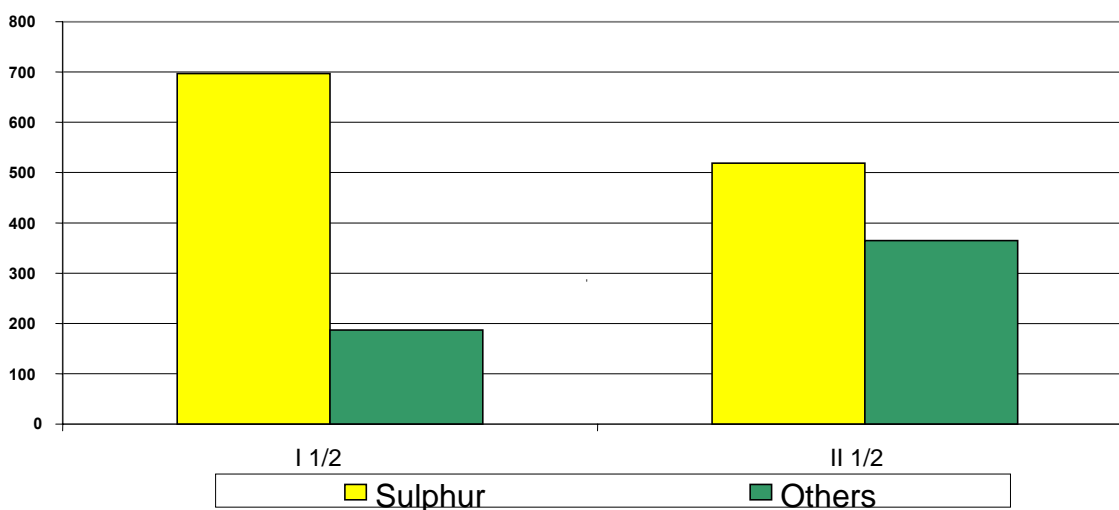
The Q prescriptions for the patient Louis Gosselin, summarized in table 3, personify this evolution in Hahnemann's use of fifty-millesimal between 1841 and 1842.

**Table 3: prescriptions of Sulphur for a patient, demonstrating the evolution in the use of fifty-millesimal by Hahnemann between 1841 and 1842.**

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
Louis Rolland Gosselin	Sulph	7	○	1841	5	15	8	294
Louis Rolland Gosselin	Sulph	8	○	1841	6	29	8	294
Louis Rolland Gosselin	Sulph	9	○	1841	7	10	8	294
Louis Rolland Gosselin	Sulph	10	○	1841	8	23	8	294
Louis Rolland Gosselin	Sulph	11	○	1841	11	23	8	294
Louis Rolland Gosselin	Sulph	1	None	1842	3	9	8	295
Louis Rolland Gosselin	Sulph	2	None	1842	3	30	8	295

Source: DF 8.

Regarding the known predominance of *Sulphur* prescriptions in the DFs, we observed that, as Hahnemann consolidates the method of the 6<sup>th</sup> edition of *Organon*, he increases the proportion of other prescribed medicines. To demonstrate this observation, we divided the total of records (with date determined) located = 1768, in two halves. The first 884 Q prescriptions (from February 1837 to April 1842) contain 699 (79%) Q-potencies of *Sulphur*, while those in the second half (from April 1842 to June 1843), 519 (59%) Q-potencies of *Sulphur* were administered, as shown by chart 4.

**Chart 4: number of Q prescriptions of Sulphur versus those of other medicines in the 1<sup>st</sup> and 2<sup>nd</sup> halves of the records located and dated.**

Source: Krankenjournalen - DFs.

The very date on which the medicine located was prescribed for the first time in a Q potency suggests a greater interest by Hahnemann for medicines other than *Sulphur*, from 1842, as shown by table 4.

**Table 4 date (month and year) in which each medicine located was prescribed for the first time in Q potencies**

MONTH/YEAR	1837	1838	1840	1841	1842	1843
Jan	<i>Hep-s</i>	<i>Sulp</i>	<i>Lyc</i>	<i>Rhus</i>	<i>Sep</i>	<i>Aur</i> <i>Carb-an</i> <i>Ip</i> <i>Kali-c</i> <i>Thuja</i>
Feb					<i>Caust</i>	<i>Cinn</i>
Mar					<i>Calc</i>	<i>Ambr</i> <i>Ant-c</i> <i>Cham</i>
Apr					<i>Acon</i>	<i>Pb</i>
May					<i>Carb-v</i> <i>Nat-m</i>	<i>Cup</i>
Jun				<i>Nux v</i>		
Jul			<i>Bell</i>		<i>Ars</i> <i>Chin</i> <i>Phos</i>	
Aug				<i>Merc</i>		
Sep			<i>Sil</i>			
Oct				<i>Grap</i>	<i>Puls</i> <i>Spong</i>	
Nov				<i>Bry</i>	<i>Verat</i>	
Dec				<i>Alum</i>	<i>Nit</i>	
<b>Total / year:</b>	1	1	3	5	<b>14</b>	<b>11</b>

Source: Krankenjournalen - DFs.

## Discussion

Using two different criteria for locating Q-potencies in the *Krankenjournalen*, this research ended up identifying three phases in which Hahnemann initially experimented “occasionally”, some potencies of *Sulphur* or *Hepar sulphuris* Q1, comparing them regularly with centesimal potencies of a similar degree, and finally using them according to the method described in the 6<sup>th</sup> edition of *Organon*.

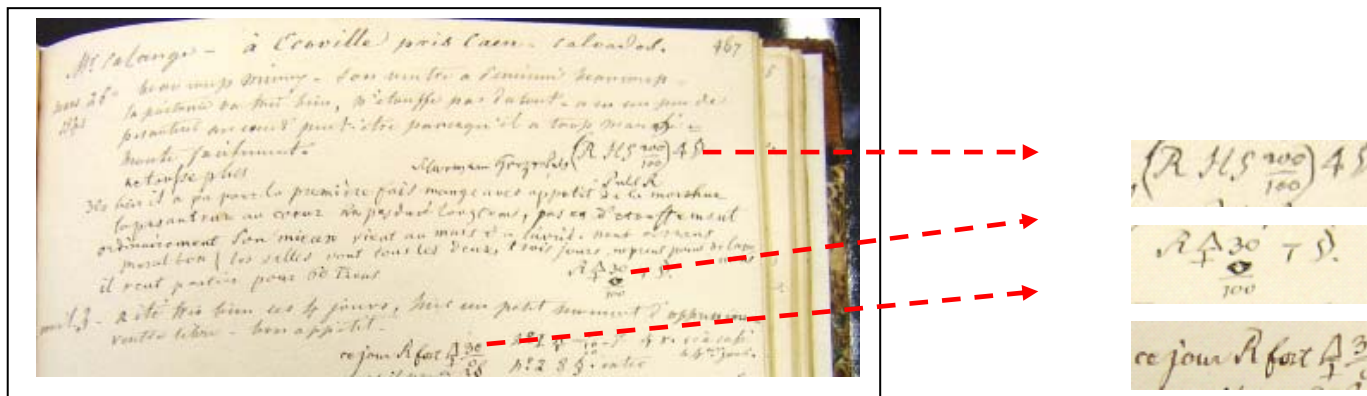
Following the same clinical pharmaceutical criteria of the first research, 1001 Q prescriptions of a total of 34 medicines were found, administered in the first 10 degrees of potency.

The total, 47% more than was found in the first research, reflects better planning of the present work and the division of tasks among the authors. Yet, it is possible that a few records have not been located but the numbers will certainly not influence the analysis of results.

Locating Q-potencies exclusively by sign  $\circ$  led to finding 835 Q-potencies, 80 (9.6%) in dynamizations higher than the 10<sup>th</sup> degree (4.3% in relation to the 1836 identified potencies). 7 medicines were prescribed in potencies higher than 10 and only 3 - *Sulphur*, *Mercurius* and *Rhus toxicodendron* - were prescribed in the 30<sup>th</sup> degree, which is in strict accordance with Haehl's information about the remedies kept in Hahnemann's case of fifty-millesimal potencies<sup>10</sup>.

It is highly improbable, that the finding of those 30<sup>th</sup> degree potencies is an error in interpretation because in 1841, *Sulphur* 30 of the fifty-millesimal (30  $\circ$ ) clearly appears as an extra experiment among the highest centesimal attempts, as figure 8 shows.

**Figure 8: *Sulphur* Q30 (30 $\circ$ ) after an unused hypothesis of *Hepar sulphuris* C200, with the prescriptions amplified beside.**



Source: DF 12, p. 467

The limit of dynamization found - Q30 - is in accordance with the instruction in *Organon* for preparing fifty-millesimal up to the thirtieth degree <sup>1</sup>.

There are different hypotheses for trying to understand the initial predominance of fifty-millesimals of *Sulphur* and the greater frequency of prescriptions of other medicines from 1841-1842:

1. As the advantages in the action of Q dynamizations of *Sulphur* began to be noted, Hahnemann himself prepared or ordered the preparation of other medicines.
  - ❑ According to Haehl, Hahnemann's box of Q medicines contained “150 of the most important homeopathic remedies”<sup>10</sup>, which Hahnemann must have ordered without having had the opportunity to use them.
2. *Sulphur* may have been a kind of standard medicine used by Hahnemann for testing and comparing diverse potencies and dosage systems. To the extent Hahnemann defined himself towards the method in the 6<sup>th</sup> edition of *Organon*, new variables i.e., new medicines other than *Sulphur*, could have been tested.
3. Despite the claim that treating a case of chronic disease must be with various homeopathic medicines<sup>3</sup> (one at a time) and these diseases cannot be cured only with *Sulphur*<sup>9</sup>, Hahnemann may have sought in *Sulphur* a solution for the majority of his chronic patients, giving up this “single medicine” experiment in 1841.

For a clearer understanding of the relation of using *Sulphur* with other medicines in Hahnemann's work, an analysis of all the prescriptions (and not just the fifty-millesimals), before and after the theory of Psora would be necessary.

In February 1842, Hahnemann informed his publisher that the 6<sup>th</sup> edition of *Organon* was ready after 18 months' work<sup>4</sup>. Going by this piece of information, he would have commenced work on the 6<sup>th</sup> edition around August 1840.

It is quite improbable that, at the age of 85 and with a busy consultancy, his principal objective was to add or modify theoretical and philosophical concepts in *Organon*. Also improbable is that he would have decided to present the "new method of dynamization", because, according to the results of this research, he would have only made 20 prescriptions of fifty-millesimal potencies by September 1840.

The 6<sup>th</sup> edition shows what Hahnemann called his "most perfected method", summarized in paragraph 246, which minimizes the side-effects of repeated homeopathic doses, allowing for quicker cures. To sum up, the well chosen medicine must be administered in the smallest therapeutic dose and in liquid form (so that it can be shaken before each dose by means of succussions) with periodical changes of potency<sup>2</sup>.

An outline of this "most perfected method" had already appeared in a Preface in 1837, "About the homeopathic technique"<sup>8</sup> (still with centesimal potencies), but not in *Organon*, whose 5<sup>th</sup> edition contained solutions already surpassed for repetition of doses<sup>13</sup>.

As the authors understand, Hahnemann's initial objective for working on the 6<sup>th</sup> edition and insisting on its publication was his awareness about **the ill effects caused by frequently repeated, but not modified homeopathic doses**<sup>8</sup>. On the other hand, liquid doses, altered by succussions before each intake and by periodical changes of potency, would have their therapeutic effect with less "side-effects".

If in 1837 this new system of repetition of doses had already been mentioned<sup>8</sup>, 5 years and thousands of cases later, Hahnemann must have been feeling the need to incorporate it in *Organon*, communicating his “most perfected method” to his disciples and future generations.

The concept of the superiority of the dynamization today called fifty-millesimal, LM or Q in relation to centesimal potencies, had most probably been formed in February 1842 because, till the end of that month, Hahnemann had already gathered at least 737 observations about the action of fifty-millesimal. However, February and March 1842 appear to have been the months of transition between the comparative and methodological phase, when Hahnemann would establish, little by little, the ascending order of potencies starting from the lower degrees. The cases treated in tables 5 and 6 illustrate the transition during this period.

The homeopathic aggravations observed with the highest fifty-millesimal potencies had probably led Hahnemann to use lower degrees and in an ascending scale, as already suggested by David Little (<http://www.simillimum.com/TheLittleLibrary/Bookreviewsarticles/Laterhahpeter.html>, accessed on 23<sup>rd</sup> December 2005). However, when Hahnemann first announced conclusion of the 6<sup>th</sup> edition, he still started experimenting this route, which would be consolidated in the months to come.

**Table 5: examples of patients treated with Q-potencies between January and March 1842.**

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
<i>M. Delero</i>	<i>Sulph</i>	15	o	1842	1	21	4	159
<i>M. Delero</i>	<i>Sulph</i>	20	o	1842	1	28	4	159
<i>M. Delero</i>	<i>Sulph</i>	21	o	1842	2	11	4	160
<i>M. Delero</i>	<i>Sulph</i>	25	o	1842	2	26	4	160
<i>M. Delero</i>	<i>Sulph</i>	26	o	1842	3	6	4	160
<i>M. Delero</i>	<i>Sulph</i>	1	o	1842	3	26	4	160
Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
<i>M. Bancherau</i>	<i>Sulph</i>	5	o	1841	12	9	11	412
<i>M. Bancherau</i>	<i>Sulph</i>	5	o	1842	1	3	11	412
<i>M. Bancherau</i>	<i>Sulph</i>	6	o	1842	1	9	11	417
<i>M. Bancherau</i>	<i>Sulph</i>	7	o	1842	1	30	11	379
<i>M. Bancherau</i>	<i>Sulph</i>	7	o	1842	1	26	11	417
<i>M. Bancherau</i>	<i>Sulph</i>	8	o	1842	2	4	11	417
<i>M. Bancherau</i>	<i>Sulph</i>	1	o	1842	3	3	11	418

Source: Krankenjournalen - DFs.

**Table 6: patient treated with Q-potencies between April and May 1842.**

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
Amini Monttagnon	Sulph	1	None	1842	4	2	13	145
Amini Monttagnon	Sulph	2	None	1842	4	12	13	145
Amini Monttagnon	Sulph	3	None	1842	5	3	13	145
Amini Monttagnon	Sulph	4	None	1842	5	17	13	145

Source: Krankenjournalen - DFs.

The 6<sup>th</sup> edition was “ready” in February 1842, but this would not prevent its author from altering this first version. Since it was a copy of the 5<sup>th</sup> edition, to which Hahnemann attached pages containing his handwritten modifications, it would be enough if he added new attachments for new ideas or discoveries. And with so many experiments conducted with the new dynamization method, would Hahnemann omit including his best observations about new potencies? Certainly not!



According to Schmidt<sup>14</sup>, there is almost a meter's length of observations about Q-potencies attached to paragraph 270, indicating the importance Hahnemann attributes to the new pharmaceutical technique. Figure 9 brings a digital image of these attachments made by a colleague of our group.



**Figure 9: 6<sup>th</sup> edition of *Organon*,  
handwritten by Hahnemann.**

Source: University of California, S. Francisco.

Photo graciously provided by Ana Elisa Padula

With this analysis of the epilogue of Hahnemann's work, the authors hope to have helped so that the many experiments and contra-experiments have not gone in vain as, together with the therapeutic system of *Organon*, the fifty-millesimal dynamization concludes 50 years of Hahnemann's work as a simple and genial pharmaceutical solution and as a promising therapeutic resource for those who look forward to an even more effective and mild Homeopathy.

## Conclusions

1. Hahnemann probably decided (in 1840) to write the 6<sup>th</sup> edition in order to incorporate to the *Organon* his 5 years of experience with the repetition of potentized doses and periodically modified potencies.
2. He must have improved the 6<sup>th</sup> edition even after February 1842 to include his latest achievements with fifty-millesimal potencies in ascending degrees, which became a trend in his casebooks from the 2<sup>nd</sup> quarter of 1842 on.
3. Hahnemann's conception about the superiority of the fifty-millesimal in comparison with the centesimal dynamization was based on a relevant number of experiments with the two scales.

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