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**LM or Q potencies:
retrospection of its use during 15 years in Brazil.**

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WMP; PADULA, AE; SOUZA, IC.

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SUMMARY

São Paulo, July 1989: five homeopathic doctor colleagues initiated a revision of Hahnemann's work. The six edition of *Organon* was used as a systematic structure to which principles that were in concurrence from *Materia Medica Pura*, *Chronic Diseases* and *Lesser Writings* were added. This standardization soon reached the Pharmacy, in a permanent search for the best quality LM preparations. **Jundiaí, 2003:** after 15 years of clinical and pharmaceutical development, a renovate multidisciplinary team of collaborators launched the first course in Specialization of Homeopathy held by a Medical School in the State of Sao Paulo – the Jundiaí Faculty of Medicine – where Hahnemann's "most perfected method" has given evidence to be an effective and safe therapeutics, simple to be applied and taught, due to its easily comprehensive principles.

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Introduction

Ubiratan C. Adler

São Paulo, July 1989: guided by the necessity of standardizing our homeopathic clinic, four homeopathic doctor colleagues and the author opted in selecting Hahnemann as our criterion trend. We initiated a revision of Hahnemann's work, following the rule that Hahnemann's last development on each topic would be the principle to be recorded for medical practice purposes. The six edition of *Organon* was used as a systematic structure to which we added the principles that were in concurrence from *Materia Medica Pura*, *Chronic Diseases* and *Lesser Writings*. This revision was completed in **1993** and gave origin to the "IAKAP Clinical Handbook" ¹ (IAKAP is the name of the philanthropic Institution where a homeopathic clinic has since then and up to this place in time been functioning).

The sixth edition of *Organon* introduces a new dynamic process; today named fifty-millesimal (LM or Q), which is capable of providing a smoother action to the medication, and simultaneously be more potent, according to Hahnemann's ² clinical experience. To gain knowledge of this experience directed the author in 1994 to the **Robert Bosch History of Medicine Institute**, in Stuttgart, where Hahnemann's medical diaries are maintained.

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At that time, the clinical cases of the period in which Hahnemann had indeed practiced in Paris had still not been identified and the Homeopathy historians had very little information with reference to them³. The author spent three weeks researching the 17 manuscript volumes of the Parisian period (comprising from 1835-1843), and established a ruling for identifying the fifty-millesimal potency prescriptions supported by the method described in the 6th edition of *Organon*.

The research resulted in the identification of 681 fifty-millesimal potency prescriptions, which is an additional historical evidence of the authenticity of the 6th edition, as the respective clinical cases recorded in the manuscripts date from the period between 1838 and 1843, in accordance with the note in paragraph 246, where Hahnemann affirms having had four or five years of experience in the use of these potencies. The table below is part of an article published on the research⁴ and indicates the distribution of the cases throughout these five years:

Table 1: Number of prescriptions/year prescribed by Hahnemann with fifty-millesimal potencies in accordance with the 6th edition of *Organon* method.

| <i>Year</i> | <i>Number of prescriptions</i> | <i>%</i> |
|-------------|--------------------------------|----------|
| ? | 4 | 0,6 |
| 1838 | 2 | 0,3 |
| 1840 | 3 | 0,4 |
| 1841 | 6 | 0,9 |
| 1842 | 437 | 64,2 |
| 1843 | 229 | 33,6 |
| Total | 681 | 100 |

Source: Manuscripts containing Hahnemann's clinical cases in the Parisian period (DFs 1-17) maintained by the Robert Bosch Foundation of the History of Medicine Institute in Stuttgart.

? : date of clinical appointments records unidentifiable.

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In contrast to the smoothness promised by Hahnemann, our first patients treated with fifty-millesimal potencies showed intense aggravation, which led us to study the pharmaceutical techniques recognized in *Organon* and to question what was being practiced in the Brazilian pharmacies at the beginning of the 90's decade. In partnership with the **HN-Cristiano Pharmacy**, we identified problems in the origin of the raw materials quality control and in the processes of preparing the medications, principally regarding the adequate standardizing of the micro-globules.

Pharmaceutical Standardizing

Amarilys de Toledo Césarⁱ

At the end of the 80's decade, the approximately ten homeopathy pharmacies in the city of Sao Paulo had available irregular yellowy inert micro-globules and medications in the fifty-millesimal scale, of Mexican origin. The medications had been distributed in the 7 and 31 LM potencies and the pharmacies dispensed the 8 and 32 LM potencies. Thus it went on for some time, until the following potencies were prepared, namely, the 9, 10, 11, e a 33, 34, 35, and so forth. Doctors to begin with prescribed the 8 LM and after the 32LM. As time elapsed they began prescribing the 8, to 9, to 10LM, etc, and when there were no more potencies ready available, they went on to the 32, to 33 to 34 LM. To more readily meet this demand, some pharmaceuticals started changing the intermediates that they had dynamized. New inert micro-globules of Argentine origin appeared in the market, however, their weight was above that standardized by Hahnemann² and of irregular shape.

ⁱ Homeopathic Pharmacist, Doctor in Public Health, Ex-secretary of the pharmacy of the *Medicorum Homoeopathica Internationalis League*.

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That was the LM medications existent situation in our inventory when a group of doctors, coordinated by Dr. Ubiratan Adler, contacted our pharmacy asking if they were in a position to prepare medications, considering that they had already studied the 6th edition in detail and continued having aggravation of the illness problems with their patients. We then became conscientious of the importance of the standardized globule for the dynamics of the fifty-millesimal and of the quality control of the ground raw materials. We then began to recreate our inventory, from the mineral origin antiserum relying on the help of Chemical Engineer Antonio Sacco Neto. We soon realized that other stages of the preparation also required to be standardized; the grinding had to be performed with strength, however not so intense as to not allow for the scraping to be effected in from 3 to 4 minutes⁵; the manual succussions would have to be performed with strong, ample and rhythmic movements.

The standardizing of the globules demanded a lot of work. We learned that minor humidity, temperature, granulation of the sugar, and other variations, alter the size, weight and aspect of the globules. We managed that a cellulose derivative used as an aggregative by the producer be removed, in order that the globules would come to only contain saccharine and starch, as documented by Hahnemann².

As we did not have fresh vegetables to be ground available, we opted on purchasing them from **Nelson** an English pharmacy, influenced by the citation found in Pathel⁶. We received various medications in the LM1 potency and we went ahead with the dynamization of these pills, work done by the Pharmacist Ilza Marcia Anelli.

Some years later we became acquainted with the German Researcher, Peter Barthel, who at that time performed grinding of fresh materials, from their natural habitat. We accompanied Barthel on his trips to Brazil looking for plants to be ground and were able to observe the quality in the preparation of freshly collected material, which led us to opt for this method of grinding products from fresh plants.

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Clinical Standardizing

By resolving the problem of quality of the medication, we were able to give continuity to clinical standardizing.

In the sixth edition of the *Organon*, Hahnemann presents us with what he himself called the “most perfected method” which promises to overcome the difficulties still observed by him in the 5th edition of *Organon*, principally regarding the “undesirable reactions of the Vital Force” which appeared during the repetition of the homeopathic medicines in centesimal potencies⁷.

According to Hahnemann, the principles of his “most perfected method” are:

1. Perfectly homeopathic medication, selected with greatest care;
2. Highly potentized medicine (through the “new dynamization process”, today called fifty-millesimal);
3. Medication diluted in water and administered:
 - 3.1. In a small dose adequate enough for performing a brief cure
 - 3.2. In repeated doses for as long as necessary
 - 3.3. Initiating the treatment with the lower potencies
 - 3.4. Gradually raising the potency every 7 or 14 days
 - 3.5. Slightly altering the dynamization before each dose, through succussions applied to the medicinal solution phial.

For homeopaths it is unnecessary to emphasize the degree of similarity or homeopathic value between medication and the case of the illness to be treated, it is directly proportional to the degree of success in the treatment. However, when Hahnemann stresses the need of an “*perfectly homeopathic medication, chosen with the utmost care*”, he included in this careful choice of medication, knowledge and practices he had been aggregating throughout his clinical experience. Amongst them:

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- The identification, as far as possible, of the whole extent of all the accidents and symptoms belonging to the illness, prior to discovering the medication that would totally homeopathically encompass the original illness by means of their peculiar⁸ symptoms;
- The selection of the medication based on the "original sources"⁹;
- The preferential selection of an antipsoric medicine for the treatment of natural, not venereal, case of chronic disease¹⁰.

Seeking to follow Hahnemann:

- We evaluate the totality of symptoms before selecting a medication, including chronic symptoms no longer present on the occasion of the medical appointment;
- From the totality of symptoms, we use as directing symptoms those characteristic (that is, well defined, intense and peculiar symptoms), always seeking among them to identify and include the changes in the patient's¹² mental state, without any other hierarchical selection;
- We look for the characteristic symptoms in an original source of provings, having used until then Hahnemann's *Materia Medica Pura* or *Chronic Diseases* and sometimes Timothy Allen's *Handbook of Materia Medica*), with or without the assistance of any software or of a repertory, but in this case, not to repertorize, but yes to indeed obtain indications of medications, whose symptoms are confirmed in the *Materia Medica*;
- In the selection of medication we give preference to the antipsoric medicines (listed in the "Chronic Diseases") for the treatment of a (not venereal) case of chronic illness.

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Relative to the dosage, Hahneman did not establish an absolute pattern for the use of LM potencies. He suggested the dilution of the micro-globule in volumes that vary from 2,5 ml to 600 ml, besides the successive dilutions in case of aggravation¹².

The answer relative to the dose problem is based on the principle that the micro-globule must be diluted in a hydro-alcoholic solution. It is up to the doctor to determine the dilution volume, that is, based on his/her experience and careful observation of each patient's¹³ sensibility, using as parameters the improvement of the case and the absence of aggravations, as these are signs of excessive¹⁵ dosage.

In our experience, we used the following standard dosage for the beginning of the treatment:

- 1 drop (dropped on the tongue) of the solution of
- 1 micro-globule of the medication diluted in
- 20 ml of alcohol at 30%.

In cases of aggravation, this dosage should be reduced by successive dilutions, or by a larger interval of time between the dosages. These shall be repeated once a day, or every alternate day, in case of chronic illnesses, and several times per day for treatment of acute diseases¹².

We started the treatment with LM1, going on to higher potencies, step by step, every 7 to 14 days. Basically the same medication shall be repeated for as long as the patient is not cured, showing improvement (progressive remission of all the symptoms) and does not develop any significant new symptoms.

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From formation of multipliers up to the actual instituting of the teaching of Homeopathy in the State of São Paulo.

The clinic and pharmaceutical standardizing assisted in divulging the method published in the 6th edition of *Organon*. Homeopathic doctors and dentists became interested in a simple, rational and efficient practice. The authors met and went through a period of clinical improvement, between the years of 1995 and 2000, in the **São Paulo's Homeopathic Association**. Between January 2001 and March 2003 this improvement was directed at the treatment of patients from the public health network, and took place in the **Pinheiros Health Centre**, also in São Paulo.

Currently, the authors are responsible for the Post-Graduate courses on Homeopathy of the **Jundiai Faculty of Medicine**. This is the first course in Specialization of Homeopathy held by a Medical School in our State, and one of the few to follow this path in Brazil, notwithstanding Homeopathy having been recognized as a medical specialization in the country since 1980. Besides the teaching, the course also has a social role, since the homeopathic medical ambulatory of the Jundiai Faculty of Medicine shall be the reference point in homeopathic patients in Jundiai's public health network, chiefly frequented by low income population.

To exemplify the homeopathic clinic in accordance with our understanding of the 6th edition of *Organon*, we have summarized below a clinical case of a girl who was taken for a medical appointment by her mother, with a main complaint of severe atopy dermatitis, an eczematous illness commonly associated with other manifestations of allergic nature (asthma and/or allergic rhinitis).

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Clinical Case

Maristela S. Adlerⁱⁱ

D.B.C., born in 1992, female sex, white.

Prime complaint: generalized eczema, with unbearable pruritus since 1997. Awakes at night to scratch to the point of drawing blood from the skin, without any relief of the itching. Feels a lot of burning and pain after scratching. This pruritus is worse in the knees, elbows and dorsum of the feet. She can only wear certain types of cotton clothes. She screams to have a bath due to the cutaneous burning. The skin becomes worse after sea and/or swimming pool swims.

Other complaints: since 1998 she has fortnightly asthma crisis. Her urine has had a strong odour over the last six months. She feels very thirsty. Wakes frightened, crying, in the middle of the night because of nightmares that make her scared. She screams while sleeping. For several years now she startles when about to fall asleep abundant perspiration in the head, when sleeping. Wakes up tired. She has weepy, down phases and sadness (especially in the morning). Before she was happy and sang a lot. These were the patient's words in her first visit:

"...I am loosing my childhood because of this illness....

Am I going to get well?

*...I am tired of this, I cannot take it any more
and I want to die!...*

ⁱⁱ Medical Doctor, Homeopath, Dermatologist

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Personal background:

- Sties, chronic conjunctivitis, furuncles (thighs), prior to appearance of the atopic dermatitis.
- Up until the first visit her medication was topic and oral corticoids, besides anti-histamines, without any significant improvement of the cutaneous lesions.
- There were previous experiments with homeopathic treatment, having used the following medications, in centesimal potencies, of C30 a C200: *Sulphur, Phosphorus, Silicea terra, Chamomile, Arsenic album, Lycopodium pollen, Natrum muriaticum, Pulsatilla, Calcarea carbonic.* These medications were used for several months, however, still without any significant improvement in the clinical chart.

Family, Relatives Background: obesity.

Physical exams (significant data):

- Skin: generalized chronic eczema, accentuated in the elbows, lower limbs, buttocks and face (with erythematic and furfureaceous flaking of the skin), excoriations in limbs and torso, intense liquefaction in the ankles and dorsum of the feet. Ungula cyanosis. Two warts in the sole of the right foot.
- Height: percentage 10. Weight: percentage 90.

Principal clinical diagnosis: atopic dermatitis, bronquial asthma, and moderate depressive episode.

Miasma tic Diagnosis according to Hahnemann´s Chronic Diseases theory: Developed *Psora*.

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Selection of medication

(Characteristic symptoms x Sulphur¹⁵ symptoms):

- *Unbearable pruritus, awakening at night to scratch, reaching the point of drawing blood from the skin, without any relief burning and pain after scratching.*

Itching spots hurt after scratching. (Sulphur #1659)

- *...pruritus is worse in the knees, elbows and dorsum of feet.*

Itching about the knees (Sulphur #1530).

Itching in the elbow-joints and the wrist-joints, especially on the hands, mainly in the evening... (Sulphur # 1377)

- *Screams when sleeping. For years has startled when at first falling asleep.*

Screaming in sleep. (Sulphur # 1871)

She startles when first falling asleep in the evening in bed, twice in succession. (Sulphur # 1808)

- *She is weepy, down in spirits and sad (predominantly in the morning).*

Very ill natured, peevish and inclined to weep, especially in the morning and evening. (Sulphur #36)

- *"...I am loosing my childhood because of this illness ...am I going to get well?*

She finds her state very agonizing and she is apprehensive about the future. (Sulphur # 11)

- *"I am tired of this, I cannot take it any longer, I want to die! ..."*

Often during the day, attacks lasting for several minutes, when she feels utterly miserable, without any reason, such as melancholic, she wants to die. (Sulphur # 4)

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Treatment

Between April 2001 and March 2003 the patient was medicated with forty potencies of *Sulphur*, from LM1 to the LM40, receiving on a daily basis 1 drop on the tongue of a solution (20 ml of 30% alcohol) of the globule of the indicated potency, in a 30 ml phial, to which were applied 10 succussions prior to each dose.

Progress

After two years of treatment with *Sulphur*, the patient no longer shows signs of cutaneous pruride, pain, burning or flaking. She can wear any type of clothing (even synthetic materials) without any complaints. Shows no objections to having showers, sea or pool swimming (for one year she has been having swimming lessons). She uses "makeup" and coloured nail polish. The warts on the soles of her feet have disappeared. The last bronchitis crisis occurred in October 2002 (during a period in which the mother had left her with no medication). Normal thirst. Urine coloration is normal. When asleep she only startles when having had an agitated day, especially when she argues with someone (at an average frequency of once a month). She no longer has nightmares, and does not awaken in the middle of the night. Screams, crying or talking when sleeping have disappeared as well as the abundant perspiration in the head. She wakes up in a good mood, feeling well, and without crying. She laughs, plays, and is always singing.

Her humour has greatly improved. She has come back to being a happy child, sweet and smiley. At school she again has good grades, actually the highest in the group, as it was before. Her fear of losing her dear ones has gone. And no new symptoms were evidenced.

The photographs on the next page record the evolution of eczema lesions, before and after treatment with *Sulphur*.

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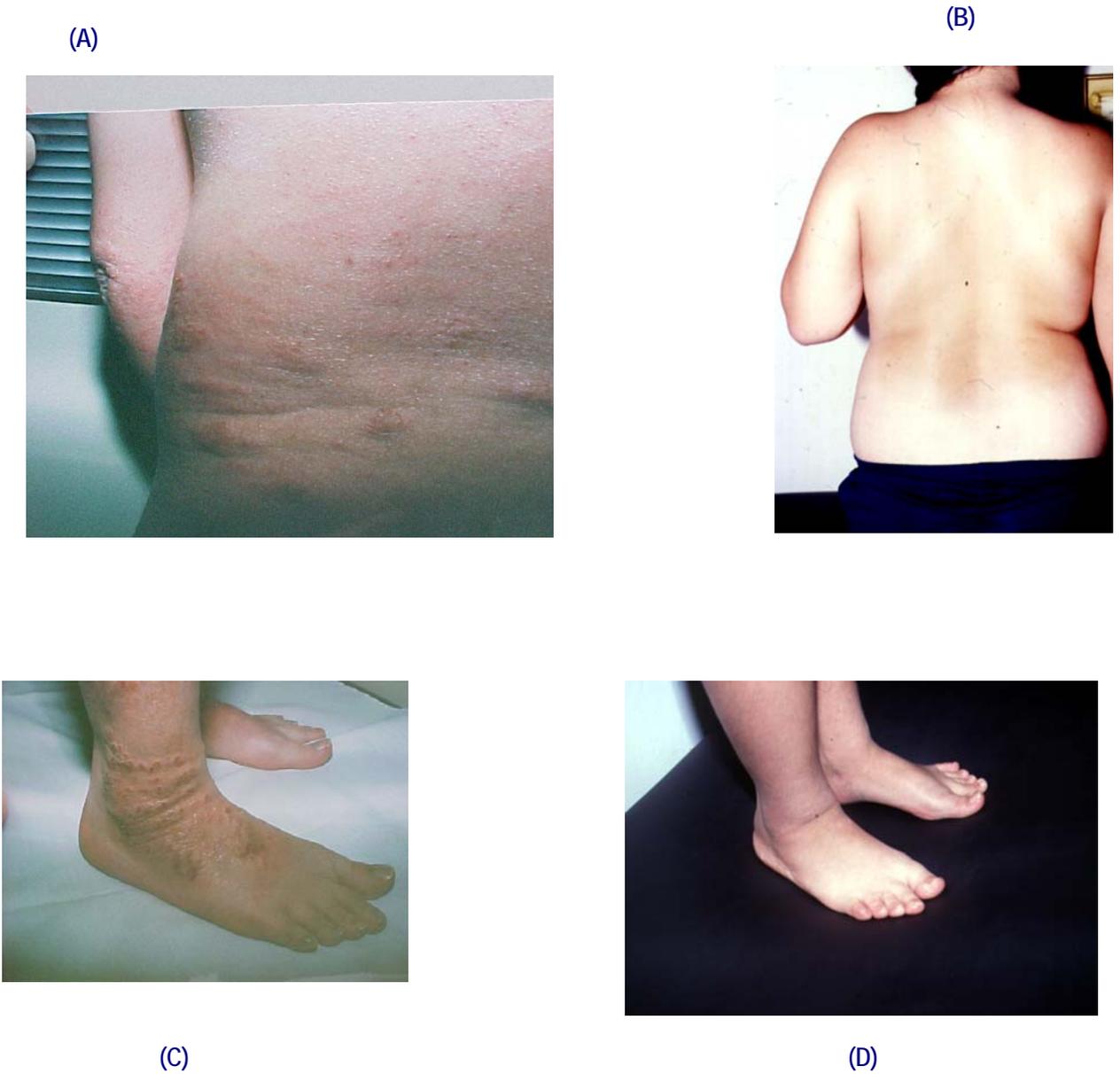


Figure 2 A,B,C,D: Comparison of the cutaneous lesions before (A and C) and after (B e D) two years of treatment with *Sulphur* (LM1 a LM40).

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Discussion

When we initiated our researches about Hahnemann's work, 15 years ago, we did not know that the 6th edition of *Organon* was an illustrious unheard of in the homeopathic community.

Treated as an historical referential or as a superseded document by new homeopathy techniques and understanding, the 6th edition of *Organon* in reality represents the highest point of Hahnemann's genial experience and has never been surpassed, by the simple fact that it was rarely practiced, or precisely practiced, since to accomplish this, medications are required to be prepared with this self same exactness.

The thousands of cases already treated by the authors with the 6th edition of *Organon*'s clinical-pharmaceutical method, as well as the observations made by colleagues of other Brazilian States with whom we have shared experiments, has convinced us that "*the more perfected method*" is undeniably an efficient therapeutics, safe and **simple to be applied and taught**, thanks to his easily comprehensive principles, as Hahnemann¹⁶ wanted and managed to accomplish. Due to these characteristics we used this method exclusively in our daily clinic and chose it as the foundation for the structure of our students, in the Jundiai Faculty of Medicine.

We place ourselves at our colleagues' disposal to exchange clinical "tips" on the use of LM potencies and to receive you on a visit to our course in Jundiai, when travelling through the beautiful Brazilian landscape.

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