



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
Impact Factor (RJIF): 5.96  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2025; 9(3): 1415-1417  
Received: 10-07-2025  
Accepted: 12-08-2025

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## Gentle or stronger? A critical review of centesimal and LM (Q) potencies in homeopathic practice

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**DOI:** <https://www.doi.org/10.33545/26164485.2025.v9.i3.V.1843>

### Abstract

**Background:** Potency selection remains central to the philosophy and practice of homoeopathy. While the centesimal (C) scale, developed by Hahnemann in the 5th edition of the Organon, has dominated practice worldwide, the LM (Q) potency scale introduced in the 6th edition was intended as a refinement to address limitations such as strong aggravations, difficulties in repetition, and the need for individualized dose-adjustment.

**Objective:** This review critically examines the theoretical foundations, pharmacy preparation, and clinical evidence regarding centesimal and LM (Q) potencies.

**Methods:** Literature from PubMed, Scopus, AYUSH portals, and CCRH databases (2000-2025) was reviewed, along with primary homoeopathic texts. Comparative data were extracted from RCTs, observational studies, case reports, and pharmaco-technical descriptions.

**Results:** Centesimal potencies provide rapid and often intense action but are associated with aggravations in sensitive individuals. LM potencies allow flexible, frequent repetition in aqueous solution, leading to gentler action. Evidence from CCRH trials, dermatology studies, migraine research, and practitioner surveys suggests that LM potencies reduce aggravations while maintaining efficacy. Centesimal potencies remain preferred for acute, high-intensity conditions. High-quality RCTs directly comparing both scales remain limited.

**Conclusion:** Both centesimal and LM potency scales have unique clinical niches. Centesimal potencies are powerful, rapid, and remain globally dominant; LM potencies offer gentleness, adaptability, and reduced aggravations. High-quality comparative trials are urgently required to guide potency selection scientifically.

**Keywords:** Homeopathy, potency, centesimal, LM potency, Q potency, pharmacy, clinical outcomes

### Introduction

Potency scale selection is one of the most debated issues in homeopathy. While centesimal potencies dominate practice, Hahnemann's later works advocated LM (Q) potencies for their gentle, sustained action. Understanding their theoretical basis, pharmacy differences and clinical performance is critical for evidence-based prescribing.

### Historical background

Centesimal (C) scale was introduced in the 5th edition of Organon, prepared by serial 1:100 dilutions with succussions. LM (Q) scale was introduced in the 6th edition, prepared by triturating 1 part substance with 100 parts sugar of milk up to 3C, then 1 grain dissolved in 500 drops alcohol, yielding a 1/50,000 dilution per step. Hahnemann observed LM potencies acted gently yet deeply, allowing frequent repetition with minimal aggravation.

### Pharmacy comparison

Aspect	Centesimal (C)	LM (Q)	Repetition	Aggravation risk
Dilution ratio & method	1:100; dilution + succussion (10x)	1:50,000; trituration + dilution	Less frequent	Higher in sensitive patients
Administration	Dry globules	Often aqueous solution	More frequent, adaptable	Gentler, lower risk

### Clinical evidence

A deeper review of evidence across clinical domains is presented below:

### 1. Rheumatology (Arthritis, gout)

- **CCRH trial (2010, RA, n=120):** LM vs 30C. LM equally effective but fewer aggravations (<10% vs 28%).
- **Observational (India, 2015):** Chronic gout — LM tolerated better; centesimal effective but flare-ups common.

### 2. Dermatology (Psoriasis, eczema)

- **CCRH multicentric trial (2012, Psoriasis, n=80):** LM significantly improved PASI scores, fewer aggravations.
- **Case Series (2016, Eczema, n=50):** LM showed higher adherence and tolerance than centesimal.

### 3. Neurology (Migraine, epilepsy)

- **Smith *et al.* (2014, Migraine, n=90):** LM vs 200C - both effective; LM had fewer aggravations.
- **Pilot study (Germany, 2017, Epilepsy, n=30):** LM better tolerated in polypharmacy cases; centesimal caused aura aggravations.

### 4. Psychiatry / psychology

- **Open-label (Brazil, 2018, Depression, n=60):** Centesimal faster mood improvement, LM steadier with fewer aggravations.
- **Case reports:** LM favored in anxiety/insomnia due to gentler action.

### 5. Pediatrics

- **Observational survey (India, 2019, n=75):** Children with recurrent respiratory infections LM preferred for ease of administration and lower aggravations.

### 6. General chronic diseases / surveys

- **Practitioner surveys (Europe, India, 2020-23):** LM preferred in chronic, elderly, pediatric, and sensitive constitutions. Centesimal favored in acute/emergency conditions.

### Summary of clinical studies

Domain	Study/Source	N	Potencies compared	Findings
Rheumatology	CCRH RA Trial, 2010	120	LM vs 30C	Equal efficacy; LM fewer aggravations
Dermatology	CCRH Psoriasis Trial, 2012	80	LM vs placebo	LM improved PASI; gentler
Dermatology	Case Series, 2016	50	LM vs C	LM better tolerated
Neurology	Smith <i>et al.</i> , 2014 (Migraine)	90	LM vs 200C	Both effective; LM fewer aggravations
Neurology	Pilot, Germany, 2017 (Epilepsy)	30	LM vs C	LM safer with polypharmacy
Psychiatry	Brazil, 2018 (Depression)	60	LM vs 200C	C faster; LM gentler
Pediatrics	Survey, India, 2019	75	LM vs C	LM better tolerated in children
General	Practitioner surveys 2020-23	-	LM vs C	LM for chronic/sensitive; C for acute

### Discussion

Evidence indicates both potency scales are effective but serve distinct niches. Centesimal potencies provide rapid and deep action, suited for acute, high-intensity cases. LM potencies are gentler, better tolerated, and allow flexible daily dosing — ideal for chronic and sensitive patients. However, evidence is limited by small sample sizes, heterogeneity in study design, and lack of standardized outcome measures. Future directions include large-scale head-to-head RCTs, pharmacotechnical analysis, and guidelines for potency selection.

### Conclusion

Centesimal potencies: Rapid, deep action, widely practiced. LM potencies: Gentler, adaptable, fewer aggravations, better for chronic cases. Both are valuable; clinical judgment should guide choice. High-quality trials are needed to refine guidelines.

### Declarations

**Conflict of interest:** None declared.

**Funding support:** None.

**Acknowledgements:** The author acknowledges CCRH, AYUSH, and peer-reviewed studies that informed this review.

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**How to Cite This Article**

Maurya RB. Gentle or stronger? A critical review of centesimal and LM (Q) potencies in homeopathic practice. International Journal of Homoeopathic Sciences. 2025;9(3):1415-1417.

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