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Effectiveness of 50 millesimal potency in chronic disease-case series

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Abstract

“The highest ideal of cure is the rapid, gentle, and permanent restoration of health.” – This is an aphorism that has always inspired homoeopaths to restore health from disease. In the 6th edition of the Organon of Medicine, a new dynamization method (LM or Q) is introduced to truly fulfil this second aphorism.

These four cases highlight the effectiveness of LM potency, providing valuable guidance on the administration of LM potency and remedy reaction.

Keywords: History, 6th edition, new dynamization method, chronic cases

Introduction

The LM potency is recognised as highly effective, yet it remains undervalued in our field. One reason for its limited popularity is the timing of its publication. Even Dr Kent employed ascending potencies such as 30CM, 200CM, and 1M (the doctrine of 'Series in Degrees'), which bear similarity to the LM potency. The publication delay attracted criticism, nearly 25 years after the world became aware of this “new dynamization method.”

In her study of Dr Hahnemann's later works, Dr Rima Handley highlights cases where Dr Hahnemann applied the new dynamization method during his time in Paris. Despite its proven effectiveness, many physicians hesitate to utilise this potency due to the complexities involved in its administration. We appreciate its value when we see the results or effectiveness. the 6th edition of the Organon of Medicine, footnote 270f^{1/6}, elucidates the distinction between CM potency and the new dynamization method (LM), emphasising both the power and gentleness of its action. Interestingly, a close associate of Dr Hahnemann remained unaware of this advancement. Dr Croserio shared with Dr C.M.F. von Boenninghausen that, “I at once went to Mrs. Hahnemann to inquire about the method of preparing medicines which our honoured Master, during his final days, regarded as the best and accordingly practised But she gave me a decidedly evasive answer, and this because she considered it unsuitable (pas convenable) to publish this new discovery in any other way than in the 6th edition of the Organon” [2]. Very few people are aware of the discovery made during Dr Hahnemann's time.

In 1833, EXPERIMENTS AND OBSERVATIONS ON THE GASTRIC JUICE AND THE PHYSIOLOGY OF DIGESTION by Dr W. Beaumont [3], in which they experimented on a person who suffered a puncture wound in the gastric region. For the first time in medical history, he revealed the entire process of digestion and the role of gastric juice in digestion. This was revolutionary for medical science. This was also the era when Dr Hahnemann worked on the ‘new dynamization method’, so not only is it the last gift given by our master, but also a part of the revolutionary period of medical science.

In his book "50 Millesimal Potency," Dr H. Chaudhary highlights the limitations of CM potency and explains why Dr Hahnemann shifted to LM potency. According to Dr Chaudhary, the main difficulties with the Centesimal scale are⁴:

- Rapid and gentle cure is often unattainable.
- Undesirable medicinal aggravations can arise even after administering a well-selected remedy.
- Challenges with repetition of doses.
- Problems surrounding the administration and selection of potencies.

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I am sharing a successfully cured case that employed LM potency in strict accordance with Dr Hahnemann's instructions. This case demonstrates how the LM potency method aligns with and fulfils the requirements of Aphorism 2 of the Organon of Medicine, achieving a rapid, gentle, and permanent restoration of health, in accordance with Hering's Law of Cure.

Materials and Methods

Study Setting

This study was conducted at a private outpatient department (OPD). Comprehensive case-taking was performed for each participant using detailed clinical and investigations, as indicated.

Individualised Homoeopathic Approach

- **Remedy Selection:** An individualised homoeopathic approach was employed. Remedies were selected for each case based on careful repertorisation with reference to the Materia Medica.
- **Case Taking Instructions:** The case-taking process followed the guidelines laid out in the Organon of Medicine, specifically Aphorisms 83 to 104.

Case Inclusion Criteria

- Only cases with consistent follow-up were included.
- Medico-legal cases were strictly excluded.

Tools and Techniques

- **Software:** Homoeopathic repertorisation was conducted using the Radar Opus Expert version.
- **Total Cases:** Four cases meeting the inclusion criteria were recruited in the study.

Follow-Up Protocol

- Scheduled follow-ups occurred every 15 or 30 days.
- In acute cases, follow-up evaluations were conducted every 7 days.

Medication Preparation and Administration

- **Potency Selection:** Used the (LM) scale, adjusting the potency to suit each individual's unique needs best.
- **Preparation:** Remedies were prepared in accordance with the Organon of Medicine, Aphorism 248 and its footnote, which detail the methods for preparing and administering LM potency.
- **Dose:** Administration followed in liquid form.

Duration - ensure a minimum follow-up period of 3 months after cessation of treatment to monitor health status.

This systematic and individualised approach ensured that each case was managed as per the principles elucidated in the Organon of Medicine, upholding homoeopathic standards.

Case -1 essential tremor

C/O- a girl, 21 yr. She was suffering from Essential tremor. Due to this condition, her hand had trembled since childhood, with no other physical complaints.

P/h-NAD

F/h-

Father- healthy

Mother- she is suffering the same condition.

Grandfather- healthy.

Grandmother- healthy.

Physical general

Appetite-3 times/day

Thirst- 3 to 4 glasses/day

Desire- spicy.

Aversion- sweets.

Urine- 4 to 5 times/day

Bowel- once/day; brownish; no offensive smell.

Sleep- 8 hours with refreshed.

Dreams- not remembered.

Perspiration- as per season.

Thermal state- chilly.

Mental general

The individual expressed a sense of isolation, feeling abandoned by her friends. She demonstrates a high level of caution and experiences significant anxiety before examinations, particularly concerning her family. Additionally, feared failure in the exam and being left alone. There was a notable lack of self-confidence, which contributes to her restlessness during anxious periods. She often became emotionally distressed over minor mistakes. Observation-weep during complaints.

Analysis and Evaluation

Feeling of isolation -Mental gen.

Caution- Mental gen.

Anxiety before examination- Mental. gen

Anxiety about her family- Mental gen

Fear of failure in an exam- Mental gen

Fear of being alone- Mental gen

Lack of Self-confidence- Mental gen

Weeping during complaints- Mental gen

Aversion to sweets- Physical general

Chilly- Physical general

Restless- Physical general

Thirstless- Physical general

Trembling arm- Physical particular

Repertorial Totality

1. Feeling of isolation
2. Anxiety before the examination
3. Anxiety about her family
4. Fear of failure in an exam
5. Fear of being alone
6. Lack of Self-confidence
7. Weeping during complaints
8. Aversion to sweets
9. Thirstless
10. Trembling arms

Prescription – Pulsatilla nig. LM/1 (15 days), as per Dr Hahnemann's instructions^{1/7}. (Medicine abbreviations have been taken from the synoptic key⁵).



		puls.	ars.	phos.	rhust.	lyc.
		10	8	8	8	7
		23	16	15	11	18
► MIND - Forsaken, deserted, friendless, ...	(21) 1	4			1	
► Mind - ANTICIPATION, general	(77) 1	3	2	2	1	3
► Mind - ANXIETY, general - family, abou...	(24) 1	1	1	1	1	
► Mind - FEARS, phobias, general - exami...	(28) 1	1	1	1		3
► Mind - FEARS, phobias, general - alone,...	(85) 1	3	4	4	1	3
► Mind - CONFIDENCE, lacking, no self e...	(105) 1	2	2	2	2	4
► MIND - Weeping	(19) 1	3			1	2
► Food - SWEETS, general - aversion, to	(53) 1	1	2	2		2
► THIRST - Thirstlessness	(83) 1	4	3	2	2	1
► UPPER EXTREMITIES - Trembling - arms	(26) 1	1	1	1	2	

0 symptom(s) / 231 remedies Sum of symptoms (sorted dec)

Fig 1: Case 1 repertorisation sheet

Table 1: Follow up

Date	Result	Medicine
01.03.2025	Feel mentally calm and experience reduced anxiety. Trembling has improved by 20%.	Pul. LM/2 (15 days)
16.03.2025	No weeping. Trembling reduced by 30%.	Pul. LM/3 (15 days)
31.03.2025	Trembling improved by 45-50%.	Placebo (15 days)
15.04.2025	Anxiety and trembling increased again with weeping.	Pul. LM/4 (15 days)
30.04.2025	Trembling improved by 90%.	Pul. LM/5 (15 days)
15.05.2025	There are no complaints of tremors, and the individual demonstrates good mental sound. There is no emotional distress, such as weeping. The individual expresses a sense of calmness with no fear of failure or solitude.	Placebo (15 days)
30.05.2025	No complaints.	Treatment stopped.
	She was monitored for 3 months without recurrence of symptoms.	

Outcome: The patient experienced a gradual reduction in anxiety and trembling. Trembling improved from 20% to 90%, with occasional exacerbations. By June 20, 2025, the patient reported complete relief from tremors and mental distress, expressing calmness and no fear of solitude or failure. Treatment was discontinued on May 30, 2025, with continued monitoring for 3 months without recurrence.

Case 2: migraine

The patient, a 22-year-old girl, reports persistent pain in the right side of the head, right ear, and mastoid area. Pain increased gradually and decreased gradually, accompanied by a bursting sensation. Pain worsens: <sunlight exposure, dry hair, during summer, particularly between 12 p.m. and 6 p.m., and during menstruation. There is relief noted under certain conditions:> cold weather, tight bandages, darkness, sweets, and cold items. Dandruff for a long time.

P/h: Paroxysmal fever every month.

Covid vaccination.

F/h: Father- h/o eczema.

Mother- suffering a knee pain.

Grandmother- suffering a diabetes, hypertension.

Uncle- cancer(died).

Physical general-

Appetite: decreased, 3 times/day.

Thirst: 6-7 glasses/day.

Desire: sweets, ice cream, candy, paneer sabji.

Aversion: cauliflowers, spinach.

sour things, agg. itching.

Perspiration: armpits, stains light yellow.

Bowel: constipated, dry-hard stool, dark brown, non-offensive.

Urine: 3-4 times/day.

Sleep: 7-8 hours, feeling refreshed.

Sleep position: left side preferred.

Thermal: Ambi thermal.

Dreams: She finds herself in an unfamiliar location.

Menses: regular but painful.

Mental state: increased irritability. Averse to work. She is more dedicated to her family and willing to do anything for a close person. Anxiety about the future: How can I earn money in the future?

Analysis & Evaluation

Summer-Causation

Appetite decreased-Concomitant
 Dandruff-Concomitant
 Irritability increased-Concomitant
 Averse to work-Concomitant
 <sun increased-Modality
 <hair becomes dry-Modality
 <sour things-Modality
 <12-6 p.m.- Modality
 <menses during-Modality
 >cold weather-Modality
 >tight bandage-Modality
 >darkness-Modality
 >sweets-Modality
 >cold things-Modality
 Bursting-Sensation
 Gradually increased, gradually decreased.
 Perspiration armpit-Physical general

Constipation-Physical general
 Sleep left side-Physical general
 Right side of head- Location

Repertorial Totality

Headache summer agg.
 Sun pain gradually increases.
 Sour thing agg.
 Menses during aggravation
 Headache amelioration bandaging tightly
 Sweets amelioration
 Headache bursting.
 Pain gradually increases and then gradually decreases.
 Cold food amelioration.
 Right side of the head.
 Prescription-Sulphur on the help of Materia Medica,
 Sulphur LM/1 for 15 days.

Date	Follow up	Prescription
16.05.25	Pain in the lumbar to iliac region on both sides. Severe pain, especially at night. Urination pain worsens.	Sul. LM/2 (15 days)
31.05.25	No episodes of pain. Digestion has improved. Energy- good. no menstrual pain this cycle. bowel- regular.	Placebo (15 days)
15.06.25	No complaints of pain. Energy- good. Can focus on work and present instead of the future. mentally calm feeling.	Treatment stopped.
	She was monitored for 3 months with no recurrence of symptoms.	

Outcome: The patient reported pain, with painful urination. After treatment, there was complete resolution of pain by 31.05.2025 with improved digestion and overall energy.

Menstrual pain was absent this cycle. Treatment stopped on 15.06.2025, with monitoring for 3 months with no recurrence of symptoms.

RadarOpus		9	8	8	8
		16	20	19	17
● Headaches - SUMMER, agg.	(15) 1	1	3	3	2
GENERALITIES - Increasing and decreasing - gradually, sun p...	(22) 1	1		1	2
▶ GENERALS - FOOD, - sour agg.	(29) 1	2	3		1
▶ Change of general state - Aggravation - menses - during	(71) 1	3	2	4	1
▶ HEAD - Headache - Amelioration - Wrapping or bandaging t...	(12) 1		1	1	
GENERALIS - FOOD and DRINKS - sweets - amel. etc.*	(17) 1	1	1		
▶ HEAD - Internal - bursting, splitting, etc.; as if	(72) 1	4	4	3	4
▶ GENERALS - PAIN - appear gradually - disappear; and - gra...	(47) 1	1		2	2
▶ Food - COLD, food, general - amel.	(70) 1	1	2	3	2
▶ HEAD - Internal - half of, one (migraine etc.) - right	(133) 1	2	4	2	3

Fig 2: Case 2 Repertorisation sheet

Case 3 cervical disc prolapse

A 21-year-old female reports a two-year history of persistent symptoms that commenced after an episode of overexertion. Pain that worsens with touch, pressure, lying down, or turning in bed, prolonged sitting, but improves with movement and walking.

She tried both homoeopathic and allopathic treatment before without relief. A patient describes sharp pain, swelling, and a sensation radiating to both shoulder regions.

P/h: Recurrent tonsillitis, ear bleeding, allergic rhinitis, and dengue fever.

F/h: Father- suffering allergic rhinitis, hypertension, and h/o eczema.

Mother- suffering a diabetes mellitus.

Grandfather- suffering a hypertension.

Grandmother-h/o hernia.

Brother- h/o tuberculosis.

maternal grandmother- diabetes mellitus.

Physical general

- **Appetite:** 3 times/day.
- **Thirst:** 6 to 7 glasses/day.
- **Cravings:** Prefers sweet foods.
- **Aversion:** Spicy foods.
- **Stool:** Soft, brown, non-offensive.
- **Urine:** Three to four times daily, occasionally at night.
- **Sleep:** Unrefreshing; with talking during sleep.
- **Sleep position:** Lying on the side.
- **Sweating:** Occurs mainly in the upper body.
- **Dreams:** Of death (not a specific person).
- **Vaccination history:** Two doses of the COVID-19 vaccine.
- **Menstrual history:** Began at age 11, occurring

regularly (no pain, without offensive odour).

Analysis and Evaluation

Overexertion-causation
Weeps easily-mental general
Religious-mental general
Fear night, accident-mental general
Travel desire-mental general
Desire company-mental general
Nature loves-mental general
Lying on the side- physical general
Dreams of death -physical general
Desire sweets-physical general
Aversion to spicy-physical general
Disc prolapse-pathology general
<pressure-modality
<turning in bed-modality
<prolonged sitting-modality
<lying down-modality
>motion-modality

> changing position-modality
> sitting upright-modality
Weep during pain-concomitant
Sleep unrefreshed-concomitant
Sharp pain-sensation
Radiation pain-sensation

Repertorial totality

Love nature
Desire travel
Weeping easily
Sleep position on the side
Dreams of death.
External pressure agg
Motion amel.
Hernia.

Prescription: With the help of Materia Medica -
Tuberculinum LM/1 for 15 days.

Table 2: Follow up

Date	Result	Prescription
08.05.2025	Pain reduced by 50%. No swelling or weeping for the last 15 days, and sleep has improved. Mentally and physically, feel calm.	Tub. LM/2 (15 days)
24.05.2025	No pain until 21.05.2025, but it returned last 3 to 4 days, increased.	Medicine stopped.
31.05.2025	NEW COMPLAINTS-Pain in throat;<night, right earache. urine is dark yellow. Observation- tonsil enlarged and jaw lymph nodes enlarged.	Merc. LM/3 (7 days) (see case 3 2 nd repertorisation sheet).
08.06.2025	The patient feels better, with no complaints. Advice -rest, avoid exertion.	Placebo (15 days)
18.06.2025	Pain returned after overexertion. Severe, radiating pain with aggravated pressure, touch, Relieved hot application and movement.	Ars. LM/5 (7 days) (see case 3 3 rd repertorisation sheet)
26.06.2025	No pain or other complaints. All complaints relieved.	Treatment stopped.
	She was monitored for 3 months with no recurrence of symptoms.	

NAME: TILLY ECHOWADITA AGE/SEX: 21 Years / FEMALE DATE: 18/04/2025																
MRI CERVICAL SPINE WITH WHOLE SPINE SCREENING <i>Protocol: Sagittal and Axial, T1, T2 and T2* WI gradient echo and Myelogram sequences.</i>																
OBSERVATIONS: Abnormal metallic susceptibility artifacts are noted in upper cervical canal and cervicomedullary junction region. Desiccated C3-C4 disc shows right paracentral and foraminal disc protrusion causing stenosis of right neural foramen with compression over right exiting nerve root. Desiccated C4-C5 and C5-C6 discs show mild diffuse disc bulge causing indentation over anterior thecal sac. Vertebral bodies show normal marrow signal changes. Cervico-medullary and cranio-vertebral junctions could not be commented upon. Spinal cord is normal in size and signal intensity. No evidence of intradural/ extradural/ intramedullary mass lesion. Pre and paravertebral soft tissues are normal. Rest of intervertebral discs are normal. Spinal Canal dimension are as follows: <table border="0"> <tr> <td>At Pedicle level</td> <td>At Intervertebral disc level</td> </tr> <tr> <td>C2 Level : 1.60 cm</td> <td>C2-3 Disc : 1.30 cm</td> </tr> <tr> <td>C3 Level : 1.30 cm</td> <td>C3-4 Disc : 1.20 cm</td> </tr> <tr> <td>C4 Level : 1.30 cm</td> <td>C4-5 Disc : 1.20 cm</td> </tr> <tr> <td>C5 Level : 1.30 cm</td> <td>C5-6 Disc : 1.30 cm</td> </tr> <tr> <td>C6 Level : 1.20 cm</td> <td>C6-7 Disc : 1.20 cm</td> </tr> <tr> <td>C7 Level : 1.20 cm</td> <td></td> </tr> </table> Screening of dorso-lumbar spine by sagittal T2 sequence does not reveal any significant abnormality.			At Pedicle level	At Intervertebral disc level	C2 Level : 1.60 cm	C2-3 Disc : 1.30 cm	C3 Level : 1.30 cm	C3-4 Disc : 1.20 cm	C4 Level : 1.30 cm	C4-5 Disc : 1.20 cm	C5 Level : 1.30 cm	C5-6 Disc : 1.30 cm	C6 Level : 1.20 cm	C6-7 Disc : 1.20 cm	C7 Level : 1.20 cm	
At Pedicle level	At Intervertebral disc level															
C2 Level : 1.60 cm	C2-3 Disc : 1.30 cm															
C3 Level : 1.30 cm	C3-4 Disc : 1.20 cm															
C4 Level : 1.30 cm	C4-5 Disc : 1.20 cm															
C5 Level : 1.30 cm	C5-6 Disc : 1.30 cm															
C6 Level : 1.20 cm	C6-7 Disc : 1.20 cm															
C7 Level : 1.20 cm																
IMPRESSION: Mild discodegenerative changes of cervical spine. No evident discogenic spinal canal stenosis or spinal cord/nerve root compression.																
DR. SRINATH SURESH	DR. NITESH MARICANNA	DR. ANUP VAGORA														

Fig 3: Case 3 M.R.I Report 1

RadarOpus The World's First AI Repertory		lach. aur. merc. iod. tub.				
		6	4	4	3	3
		13	7	5	7	4
		5	4	3	4	0
▶ Mind - NATURE, loves to be in	(11) 1					1
● MIND - TRAVEL, desire to	(12) 1	1	1	1	2	2
▶ MIND - WEeping - easily	(82) 1					
▶ SLEEP - POSITION - side; on	(100) 1	1		1		1
▶ Dreams - DEATH, dreams of	(65) 1	3	1			
⊗ Change of general state - Aggravation - pres...	(91) 1	3		2	4	
⊗ Change of general state - Amelioration - mot...	(100) 1	2	4	1		
▶ GENERALITIES - Protrusion, also sense of, of i...	(16) 1	3	1		1	
symptom(s) / 12 remedies		Sum of symptoms (sorted degree				
Show table of contents (Ctrl+F2)		Show toolbars and clipboard icons				

Fig 4: Case 3 1st repertorisation sheet 1

RadarOpus The World's First AI Repertory		merc. calc. carb-v. bar-c. con. bar-m. dulc. phos							
		6	5	3	3	2	2	2	2
		13	7	6	5	4	3	3	3
● Glands - lymphatic glands, general - swelling	(15) 1	1	2	2	1	2	1	1	1
▶ I - Inflammation	(30) 1	2	1						
▶ T - Time agg and amel - night agg	(49) 1	3	1			2		2	
▶ URINE - Dark saturated	(49) 1	4	2	3					
▶ SENSATIONS AND COMPLAINTS IN GENERAL - Recurri...	(22) 1	1		1	2		2		
▶ T - Tonsils	(20) 1	2	1		2				2
symptom(s) / 15 remedies		Sum of symptoms (sorted degrees)							
		No limitation							

Fig 5: Case 3 2nd repertorisation sheet

RadaraOpus		ars.	nux-v.	puls.	lyc.	acon.	merc.	se.
		10	8	7	6	6	6	6
		20	15	11	11	10	10	9
▶ CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Exertion - physical - a...	(73) 1	4	3	1	3	3	2	2
▶ SENSATIONS AND COMPLAINTS IN GENERAL - Oppressive pain, (severe or tightening pain)	(38) 1	1	1	1				1
▶ SENSATIONS AND COMPLAINTS IN GENERAL - Direction of pain - radiating	(17) 1	1				2		
▶ P - Pain - tearing, very severe, violent	(32) 1	1	2	2	2	1	2	1
▶ H - Hot - application amel	(11) 1	2	1					
▶ P - Pressure - agg	(40) 1	1	2		2	1		
● Mind - CRYING, weeping - pains, with	(34) 1	2	2	1	1	1	2	1
▶ N - NERVE PAIN	(28) 1	3	2	1	2	3	1	
▶ Mind - ANXIETY, general - future, about the	(106) 1	3	2	2		1	1	2
▶ CONDITIONS OF AGGRAVATION AND AMELIORATION - Motion - amel., activity, walking am...	(29) 1	2		3	1			2

Fig 6: Case 3 3rd repertorisation sheet

Outcome: Initial 50% improvement in pain and swelling was reported by 08.05.2025, alongside improved sleep and mental calm. On 31.05.2025, her old complaints erupted, but it relieved within 7 days. Pain recurred intermittently due to overexertion but responded well to further LM potencies. By 18.06.2025, the patient reported no pain or other complaints. Monitoring for 3 months with no recurrence of symptoms.

Case-4 eczema

A 50-year-old lady, over the past year, had experienced severe itching on the right side of the face and ear, accompanied by burning sensations and a watery discharge following episodes of scratching. The itching intensifies during the evening and nighttime. The affected area was red and thickened, with desquamation of the skin surrounding the ear and a yellow, crusty discharge and cracked on the ear.

P/h- A few months ago, she suffered a right-sided facial eruption.

F/h- father- ca. liver.

Mother- thyroid disorder.

Brother- died in a road accident.

Sister- thyroid disorder.

Physical general-

Appetite-3 times/day,

Thirst- 5 to 6 glasses/day

Desire- sweets.

Aversion- rice, buttermilk, banana.

Urine- 4 to 5 times/day, occasionally at night.

no offensive smell

Bowel- once/day; brownish; no offensive smell

Sleep- 8 hours with refreshed.

Dreams- past events(childhood).

Perspiration- as per season.

Thermal state- hot.

Habit- tea.

Mental state-

Anxious about her family. Irritability increased. Fear of being alone. She was not focused on her work; she was thinking about her past events.

Analysis and Evaluation

The right face and ear-Location

Itching, burning-Sensation

Watery discharge-Sensation

Desquamation-Sensation

Yellow crust, cracked-Sensation

Skin became thick- Sensation

<evening-Modality

<night-Modality

<scratching after-Modality

Anxiety for the family-Mental general

Irritability-Mental general

Fear of being alone-Mental general

Thinks about past events- Mental general

Repertorial Totality

The right face and ear.

<scratching after.

Itching.

Watery discharge.

Skin thickened.

Crust.

Desquamation.

Cracked.

Prescription: Help from the Materia medica, select Graphites. Graphites LM/1 for 15 days.

Date	Result	Medicine
16/03/2025	Itching and burning reduced by 50%; cracked skin and watery discharge decreased. Reduce yellow crust	Grap. LM/2
01/04/2025	There is no itching or burning sensation. The right side of the face and ear has been completely cleared with no cracks, no watery discharge, and no crust present.	Placebo (15 days)
16/04/2025	No complaints.	Treatment stopped
	She was monitored for 3 months with no recurrence of symptoms.	

Outcome: The patient showed significant improvement in facial eruption symptoms, with a 50% reduction in itching and burning by March 16, 2025. Complete clearance of the eruption, including cracked skin and discharge, was observed by April 1, 2025. No recurrence or complaints were reported by 14.04.2025. The medicine was stopped at this point. monitoring for 3 months with no recurrence of symptoms.



Fig 7: Before treatment



Fig 8: After treatment

RadarOpus		rhus-t. graph. sulph. ars. Ca				
		8	8	6	6	5
		18	17	18	10	12
location*	(132) 1	3	3	3	3	4
▶ SKIN AND EXTERIOR BODY - Itching - after scr...	(41) 1	4	3	4	1	3
▶ Skin - ITCHING, skin - scratching, agg. - moistu...	(5) 1	1	1			
▶ Skin - THICK, skin, skin becomes, after scratchi...	(16) 1	3	3		1	
▶ S - Scratching - agg	(11) 1	3	1	3	2	
▶ C - Crusts, scabs	(17) 1	2	2	3	1	3
▶ D - Desquamation, branny, scaly etc	(23) 1	1	2	3	2	1
▶ C - Cracks, fissures, chaps	(27) 1	1	2	2		1

Fig 9: Case 4 Repertorisation sheet

Conclusion

Most practitioners are familiar and comfortable with CM potency and trust their effects. We have never seen what Dr Hahnemann observed. After that, he started working on new dynamization. Due to delayed publication and complex administration, LM potency is often overlooked. Few physicians worked on the new dynamization, and many homoeopathic doctors have no idea about LM potency and its power. Most of them believe the CM scale is equal to homoeopathy. Many physicians are unaware of the existence of the LM scale. Our master gave it, but many homoeopaths consider it less important. Many homoeopaths introduced LM only for repetition and low doses. However, this new scale is equally important as the CM scale. In the modern era, we often utilise the latest and most up-to-date tools; so, why aren't we applying this updated scale in practice? Here, I present four cases with rapid, gentle, and restorative healing, following Hering's Law (Case no. 3 had a reappearing tonsil in follow-up). The administration process is not easy and is also challenging in dispensary management, but when we see the results, all these limitations disappear. In LM potency, aggravation appears at the end (an aphorism 161)⁸, which is also observed in case no. 3.

Here, I am not saying that the CM scale is not good. It was also given by our master. But the main point is that a homoeopath cannot ignore this new scale. This will elevate clinical practice to a new level." As a homoeopath, we accept all different approaches; then why not accept a new scale (LM)?

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