



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

IJHS 2019; 3(3): 26-31

Received: 22-05-2019

Accepted: 24-06-2019

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A review on history of LM potency: Tracing its roots in the past

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Abstract

Dr. CFS Hahnemann until the end of his life continued to refine his clinical methods. In order to discover his most perfected method, he was motivated to write the sixth edition of Organon in which he introduced new dynamic process today named as 50 millesimal (LM or Q). It was the solution to the aggravations he had observed with centesimal scale but due to delayed publishing of 6th edition, the benefits of this scale remained hidden and were not accepted and practiced worldwide. Hahnemann himself used exclusively, 'medicament au globule' of 150 most important homoeopathic remedies in 10 lowest degree of dilutions and preferred in his later years of life. This is an attempt to explore and bring forward the hidden treasure of 50 millesimal potency, its history and experiences of various authors. For this, books, journals and available literatures were reviewed exhaustively.

Keywords: LM potency, history, advantages, renewed dynamisation.

1. Introduction

A history of the LM-potencies from their first beginnings to the present day, a survey of this kind is hardly available in the history of homoeopathy and there are also hardly any previous studies to fall back on. The terminology around the 50 millesimal potencies has remained inconsistent. It varies depending on the manufacturer, for historical reasons, with some producers using the abbreviation 'Q' and others the original name 'LM-potencies'. The official German pharmacopoeia *Homöopathisches Arzneibuch* (HAB) allows both names and only makes sure that the manufacturing specifications are consistent. The name 'Q-potency', which is used today, was introduced by Jost Künzli von Fimmelsberg (1915–1992). Rudolf Flury (1903–1977) had preferred the abbreviation LM which is, however, incorrect as the Roman numeral LM would denote the number 950 rather than 50,000. This is why Will Klunker (1923–2002) and other classical homoeopaths always supported 'Q' as the only legitimate abbreviation for the 50 millesimal potencies (Lat. *Quinquaginta milia*). Hahnemann himself termed it 'Renewed Dynamisation'. The musician Rousselot was one of the first patients to be treated with the new method. He first consulted Hahnemann in October 1837 because of a hearing problem. To start with, he was treated with a whole range of homoeopathic remedies in centesimal potency. On 16th September he then received, according to Handley, one sulphur globule in the 10th potency, dissolved in a glass of water [1].

2. What Are LM Potencies

LM potencies refer to the 1 in 50,000 dilution. They are notated as 0/1, 0/2 or 1/0, 2/0 or Q1, Q2, etc. in which 0 stands for the tiny poppy seed granules on which they are prepared [2]. LM potencies are medication diluted in water and administered in a small dose, repeated as long as necessary, adequate enough for performing a brief cure slightly altering the dynamization before each dose, through succussions applied to the medicinal solution phial [3].

3. Materials and Methods

The search of the literature was made in the databases Pubmed [4], Research Gate [5], Science Direct [6], Ayush Research Portal [7] and Indian Journal of Research in Homoeopathy [8] for all related articles on the topic. The keywords used for the search were LM Potency and Homoeopathy. But very few papers were found on the subject. Manual search was also taken up by the authors to review all the literature available. Various books and articles written by the stalwarts in reputed journals were thoroughly searched.

4. History of Hahnemann's LM Potencies

On 28th July 1856, a notice appeared in the German journal *Allgemeine Homöopathische Zeitung*. The author conceals his identity behind the initials NE. The sensational information released to his readers, however, incensed Hahnemann's widow, Mélanie d' Hervilly (1800-1878) Let us look at the actual wording: "The news that we will soon be in possession of the writings which our master has left behind, will bring joy to the heart of any person who is penetrated by the truth of our teachings and who – as the writer of these lines – is filled with great respect for their founder. Many beautiful cases of healing are, without doubt, hidden in Hahnemann's Paris journals, which will be of the greatest service for present and future generations of homoeopaths once they have come to light. A wealth of theoretical experience can be expected from the publication of the writings of such an astute and inspired thinker and observer, whose clear mind could not even be clouded by his great age. Only in one respect Hahnemann seems to have gone somewhat too far during the last years of his life: I am alluding to his potentisation theory." Hahnemann's case journals were, however, jealously guarded by Mélanie d' Hervilly in Paris and nobody was allowed to see them apart from Hahnemann's favourite pupil Clemens Maria von Böenninghausen (1785-1864). In a still unpublished letter written in French to Böenninghausen and dated 8th September 1856, i.e. only a few weeks after publication of the above mentioned journal, she vented her anger and accused him of having disclosed confidential information to a third party. In this letter, the Q-potencies – as they are called now-were mentioned for the first time by name: *Divisions infinitésimales* (infinitesimal dilutions). Where other homoeopaths had failed, Böenninghausen did not succeed either, namely in convincing Mélanie to make Hahnemann's literary legacy available to the followers of his teachings. In 1859, three years after this incident, Böenninghausen published an article on homoeopathic posology, in which he describes his positive experiences with high potencies (> C 30) and expresses his hope that Hahnemann's widow might soon publish the 6th edition of the *Organon* because it would include the description of a "new dynamisation method relating to high potencies more powerful than any previous preparations." Two years later another article by Böenninghausen appeared in the same journal in which he again defends the high potencies.

^[1]Hahnemann's wife Melanie, in spite of many promises never released the 6th edition. She wrote to the English Homoeopathic Association that she was willing to send it for a sum of \$ 50,000. Unfortunately her request was refused and the 6th edition remained unpublished in her lifetime. Hahnemann's Grandson Dr. Suss Hahnemann tried to publish the 6th edition but Melanie warned them not to do so threatening them with a lawsuit: "I beg to inform you that the exclusive right to said work belongs solely to me & I possess the manuscripts sixth edition of 'Organon' written by my late husband's own hand". When Melanie died in 1878, her adopted daughter, Sophie von Boenninghausen, was given the manuscript to continue the work on it. She herself asked \$25,000 but no offers were forthcoming. The manuscript remained hidden and was not discovered until after World War I. It was finally published in 1920, with first English edition in 1921. But by the time it was published, the practice of homoeopathy was already well established based on the single centesimal dose, "wait and

watch" method of 4th edition. Thus the guidelines of 6th edition were not truly put into practice until 1950 by Dr. Charles Pahud of France and then by Dr. Pierre Schmidt of Geneva in 1954. Dr. Schmidt published a small booklet, *Hidden treasures of the 6th Edition of the Organon* and stated: "The main points which I wish to raise here are entirely new and somewhat revolutionary when compared with accepted notions divulged and applied in the five earlier editions of the *Organon*. They are barely known or not known at all by homoeopaths" ^[2]. The veil of secrecy that shrouded these so called medicaments au globule or 50 millesimal potencies was first partly lifted in 1921 by the Stuttgart homoeopath and Hahnemann-biographer Richard Haehl (1873-1932) when he published the last hand edition of the *Organon*. Neither Boericke in the preface to his translation nor Haehl in the introduction to his edition refer to the significance of the new potentisation method described in §270 of the 6th edition for Hahnemann's therapeutic practice in the last years of his life and for homoeopathic pharmacotherapy in general. Only in his very comprehensive Hahnemann biography the latter remarks: "Hahnemann called remedy potencies that were produced in this new way *Médicaments au globule* as opposed to the *Médicaments à la goutte* which were produced using an earlier system and whose potency grades he used to express in Roman numerals. For the new remedy preparations on globules he used Arabic numerals with a little ring above (1, 2, 3, 5 etc.)". Haehl also mentions that according to Hahnemann's then still existing medicine chest these remedies were produced in ten different potencies. Which potentisation Hahnemann preferred, when and in which cases he resorted to the controversial Q-potencies and how often he actually used them Haehl was unable to disclose. His premature death prevented him from publishing Hahnemann's case journals, which had not been published before. The credit of having rediscovered the Q-potencies for 20th and 21st century homoeopathy belongs to the abovementioned Swiss physician Dr Rudolf Flury (1903–1977) ^[1]. Hahnemann writes, "what I said in the fifth edition of *Organon*, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy was all that the experiences I then had justified. But during the last four or five years, all these difficulties are wholly solved by my new altered but perfected method" ^[9]. The Brazilian homoeopath Ubiratan C. Adler came to the conclusion that Hahnemann, during the final six years of his life, had prescribed Q-potencies in at least 1,836 cases. Adler demonstrates three different phases during which Hahnemann experimented with Q-potencies. In the first phase (1837-1839) Hahnemann applied the new potentisation method quite rarely. He tended to use Q1, at first almost exclusively with Sulphur and Hepar sulphuris prescriptions. During the second phase (1840-41) Hahnemann conducted comparative research into the efficacy of Q- and C-potencies. The Q-potencies ranged between Q4 and Q10, higher Q-potencies are hardly ever mentioned. During the same period Hahnemann also administered C-potencies (from C4 upwards) to the same patients to be able to compare the results. During the third phase Hahnemann moved on, to prescribe Q-potencies based on the instructions he had recorded in the sixth edition of the *Organon*. He started with Q1 or Q2 and then went up the scale as necessary ^[1]. In India, SM Bhattacharya of Berhampore, W Bengal, wrote an article in March 1957

issue of Hahnemannian Gleanings “Hahnemann’s 50Millesimal scale of potency” in which he described various aspects of Millesimal scale including a comparison and contrast with CM scale, conversion table of CM scale in respect of 50M scale. He also points out the fallacy in calculation given by Mr. Everitt in British Homoeopathic Journal (BHJ) of April, 1957. on account of the difference between the methods of preparing the two scales with regard to the difference in succussions. The two scales cannot be converted or used one instead of another^[10]. Decreasing or increasing the number of succussions makes all the difference in patient’s improvement. Power, control and flexibility are greatly helped by the number of succussions^[11]. Dr. RP Patel in ‘My Experiments with 50M scale potencies’ wrote the potencies were given from lowest to highest every day, at interval of 2 days, 4-5 days, 10 days, 15 days and 20 days. He also tried pills dry on tongue and is of the opinion that 50M potencies give equally good response if given in globule form or in liquid^[12]. But few authors are of the opinion that the first dry dose could be given in an emergency situation (in acute disease). Dry dose of higher LM potencies would cause lot of aggravations with little benefit.^[11]. This scale cannot be compared with CM scale nor should they be substituted for another because scales are different in order and cannot be interchanged.^[12] LM1 can be taken after 30C, because it is much higher than 30C (the way Hahnemann prescribed during his Paris years). LM2 after 200C and LM3 after 1M. The main idea is that there is similarity in the constitutional factors guiding the choice of the two potency systems. If the constitutional sensitivity & vitality is such to be concerned about giving 30C, not to give LM1 normally but give LM1 in several dilutions with one or two succussions only^[11].

5. Hahnemann’s Preparation and Precaution for Use of LM Potencies.

A detailed description of how Hahnemann made up the Q-potencies can be found in §270 of the 6th edition of the Organon with the relevant footnotes. “§270: In order to best obtain this development of power, a small part of the substance to be dynamized, say one grain, is triturated for three hours with three times one hundred grains sugar of milk up to the one-millionth part in powder form. One grain of this powder is dissolved in 500 drops of a mixture of one part of alcohol and four parts of distilled water, of which one drop is put in a vial. To this are added 100 drops of pure alcohol and given one hundred strong succussions with the hand against a hard but elastic body. This is the medicine in the first degree of dynamization with which 500 small sugar globules which can absorb one drop of the medicine may then be moistened and quickly spread on blotting paper to dry and kept in a well corked vial with the sign of (I) degree of potency. Only one globule of this is taken for further dynamization, put in a second new vial (with a drop a water in order to dissolve it) and then with 100 powerful succussions. With this alcoholic medicinal fluid globules are again moistened, spread upon blotting paper and dried quickly, put into a well-stoppered vial and protected from heat and sun light and given the sign (II) of the second potency & so on^[9]. Hahnemann did not use daily dose of LM potency confirmed by a close friend and observer, Dr. Croserio: Only in rare causes he gives daily a tea spoon full (tsf) of first solution in 8 or 15 tsf of water. Even in acute diseases it was rare to see him give more than alone

spoonful in 24hrs. In chronic cases he would in no case allow the patient to smell at the medicine more than once a week and in this he would make the most admirable cures, even in cases where we others had not been able to do anything. The LM Potency selected must match the state of the disease eg: start with LM1 in inflammatory conditions and severe asthma. Start with LM3 in mild asthma and chronic infections. Start with LM6 for migraine, colitis etc. Hahnemann told us that potency selection depends on the nature of the patient, nature of the disease & nature of the remedy. Administering remedy potency solely on the name of the disease is a disaster. Often, when the CM scale is not working an LM will act or vice versa^[11].

A Glimpse from the Homoeopathic Journals

6.1 The Organon and Its Hidden Treasures by Dr. Pierre Schmidt^[13]

Pharmacopollaxy or Medicamental repetition

It is the outcome of 50 years of experience of Hahnemann’s professional activity. In APH 246 ‘Any clearly defined improvement showing obvious progress is a state in which – as long as it lasts—the repeated administration of any medicine whatsoever is to be strictly forbidden....’ Further he states that.

- The absorption of any homoeopathic remedy to be repeated shall henceforth be exclusively in liquid form.
- In acute cases, where no improvement is observed, the dose is to be repeated and in chronic diseases where treatment has proved effective, the remedy, in order to speed up the case, may be given daily and for months, if necessary.
- For the first time in his professional life, Hahnemann lays stress upon the importance of increasing the rate of potency in repeating the dose of a remedy in the footnote APH. 246, 248, 270, 280 & 281.

Pharmacopraxy-i.e. the preparation of the remedies (APH. 264-272)

In practice patient is given a single poppy seed size globule crushed in a little sugar of milk. He is instructed to dissolve only before taking it. After putting in bottle with 100 gm of clean and slightly alcoholized water and shaking it ten times he is then to take a coffee spoonful morning and night, in chronic illness or more frequently in acute conditions, care being taken that bottle is previously shaken ten times on each occasion. 8-10 doses having been taken, a fresh unused bottle is provided and remedy is administered again at a higher rate of dynamizations, duly shaken ten times before being taken. In footnote to 269, it has been stated that there was a time when succession was considered all important. Then dilution was thought to play the leading part. In 6th ed. Hahnemann ascribes the real efficacy of homoeopathic remedies to the combination of these two pharmacopractical factors, but he also lays stress on the non medicamental substratum, the excipient used for either trituration or dilution, which enables the active substance to be dispersed and provides a new influence or energy.

6.2 Experiences with Hahnemann’s 50,000th Dilutions by Dr. Charles Pahud^[14]

It is astonishing to see that Hahnemann, at the end of his life, changed his method by giving *every day*, in chronic diseases, antipsorics, having taught for so long the necessity to give one dose and wait for the result. In a note to the 6th

edition of the Organon Hahnemann writes, “ I know that I taught other ways of healing in my 5th edition, but I did not then know of the improved method which I have found during the last four or five years of my life. Frequent doses were permitted when using remedies with a short duration of action. Now, it is permissible for antipsorics too. These may be given for months at a time without danger or trouble. Towards the end of recovery it is better to stop giving the daily dose and to give it every third or fourth day.”

6.3 Highest Powe... Mildest Action by SM Gunavante^[15]

Hahnemann started with low potencies. When he found that low potencies & tinctures produced aggravation he potentised them with succussions. After 4th edition of Organon he believed that aggravation is caused by a low potency. In 5th edition he advised to give a single dose & waiting till its action wore out.

Plussing Method

Hahnemann found an error in administration of medicine. It was the repetition of same potency of same drug in unitary doses. He advised the medicine to be given by dissolving in water in divided doses shaken 5 or 6 times every time. Ex: Solution formed with 7-20 tsf of water in acute disease every 6, 4, 2 hr. & in emergency every hr. or ½ hr. In chronic disease a dose of such solution to be taken every 2 days or every day. Elizabeth Wright remarked plussing means dissolving your dose in 3rd glass taking 2 tsf throwing away most of the rest. Again adding water stirring & succussing and taking 2 tsf as 2nd dose & so on. This raises potency very slightly between each dose. Regarding selection of potency, Dr. Hari Mohan Choudhury asserts that we should start from lowest LM/1 to LM/6 and go on ascending the scale. We should not jump potencies. He gives the reason why? “Diseases specially chronic, do not aggravate suddenly but gradually and slowly, so potency of the medicine should not be suddenly increased but should be increased gradually by degrees and cure also comes gradually and slowly. It is the nature of real cure or say homoeopathic cure.” Medicinal aggravation which are common in centesimal scale does not exist in new method. It appears only at the end of the treatment when cure is also finished. Is it not possible that LM potencies, given in small and repeated doses add up to the saturation point & when this point is reached, the patient is cured and no longer need the medicine & if he still continues it, there is an aggravation- an aggravation at the end of the treatment. Hahnemann revised Organon 6 times learning from his keen observation. Would he not have continued to learn from experience if he had lived to this day. Question to be considered is whether the profession should limit itself to only two scales of Centesimal & 50 Millesimal.

6.4 Advantages of 50M Potency by Dr. Harimohan Chaudhary^[16]

Hahnemann refers to centesimal scale as “CM scale gave rise to furious, even dangerous, violence whereas medicine of 50 M scale produce medicine of highest development of power & mildest action. Boenninghausen said, “A new simplified procedure for potentising medicine which has considerable advantage over the former & yields a preparation as to the efficiency of which I can, from my own experience, give full praise.” Dr. Charles wrote, “With

these marvelous dilutions one can obtain marvelous cures too, and in a shorter time than with the usual CM potencies.” LM potency has the advantage that the latent & indwelling properties of medicinal substances develop to a fuller extent, so also the qualitative changes. It is very mild in reaction. It can be safely used even in the most deplorable case without fear of dangerous & violent aggravation. Pt. who have not cured completely by higher & higher potencies of CM scale recover only by few courses of this potency.

6.5 The Limits of the 50M by PCC Raja^[17]

He made a comparison of the dynamic energies evolved in the CM & 50M potencies attenuation & succussions.

Table 1: Comparison of Succussions in CM and LM Potency

Potency	No. of succussions	Potency	No. of succussions
1C	10	0/1	130
2C	20	0/2	230
3C	30	0/3	330
6C	60	0/4	430
12C	120	0/6	630
30C	300	0/12	1230
200C	2000	0/16	1630
1M	10000	0/20	2030
10M	100000	0/30	3030

From the table, 0/3 & 30C are considered to be nearly equal in power & so a physician who would give 30C in a case can almost safely give 0/3. Author had numerous experiences where 200C after 30C gives severe aggravation. In 50M scale, potency equivalent to 200C is 0/20. But there is a wide range of intermediate potencies from 0/4-0/19 to choose from to avoid the aggravation. This is the main advantage of 50M potencies over CM. Also jumping from 0/3 to 0/30 is always risky more than jumping from 30C to 200C. In CM scale, available potency next higher to 200 is 1M with 10000 succussions. This potency & higher ones in this scale have no equivalent potencies in 50M scale. Exclusive use of either CM or 50M potencies is a difficult situation. Greater success can be achieved by intelligent use of both these scales as need arises.

6.6 My Experiences with 50m Potencies by JA Farooqui^[18]

Author told that he himself got ill and after trial of various medicines in CM scale he was directed to dissolve one dose of medicine in one cup of water and take only one tsf and throw the rest. But he started consuming the whole medicine. Result was severe aggravation of his problems. He has described one disadvantage when practicing in rural areas. Patient fails to understand the method of preparation exactly and make mistake of consuming all the medicine and report in aggravation in skin diseases.

6.7 Repetition of Higher Potency by Dr. D P Patel^[19]

The method adopted of gradually increasing the potencies (CM Scale) in the treatment of chronic disease is the same method even in 50M scale only with a difference that doses can be repeated as often as required. The author strongly believes that 50M potency is nothing but only methodically diluted form of medicine which can be repeated as often as required. In the same way he also believe that one grain of any potency of CM scale can further be dissolved in 100,

200, 500 or 1000 drops of distilled water and succussed for some time and then be given in diluted doses as often as required with or without causing even the slightest aggravation.

6.8 How to Avoid Aggravation of 50M Potencies by Dr. Harimohan Choudhury^[20]

Aggravation can be controlled by giving a minute dose of medicine from second or third glass of water instead of first glass from the dose of medicine in solution. In oversensitive patient, it is observed that first minutest dose cause aggravation. From second dose it should be given from third or fourth glass or by olfaction medicine can be repeated at 7, 10, 15, 30 days instead of daily or alternate days. If apply one or two doses of medicine at longer interval, at the end of the treatment when the patient is almost cured, aggravation due to overdose can be removed. If there is slight homoeopathic aggravation during first few hours then it can be solved by giving minutest dose at the very onset.

6.9 50m Potencies- An Introduction by Dr. Robert M Schore^[21]

The author gave rules for follow up of case after LM potency as follows

1. Continue giving ascending potency as long as patient is improving.
2. Amelioration followed by aggravation is a curative process.
3. Lowest potency of 50M scale can act as deeply as high potency of CM scale and yet be gentle enough not to harm in case of pathological tissue changes.
4. If aggravation occurs early in treatment, then decrease the quantity of dose and increase the interval between doses.
5. If patient antidotes the remedy example by drinking coffee, use of ascending potency daily or every other day will quickly overcome this.
6. Because of its quick and clear action, disruption of case by wrong remedy is quickly noticed and also wears off much more quickly than by higher CM potency.
7. Sensitive patients are more easily treated by decreasing the dose to 1/4 tsf and also by giving the dose from 2nd, 3rd or 4th glass in hypersensitive patient.
8. After aggravation with LM potency do not resume treatment with same potency. Expect amelioration and resume treatment when needed only with next higher potency.

7. Conclusion

Hahnemann developed the Q-potencies almost 170 years ago to improve the effect of homoeopathic medicines, in cases of acute, but particularly also of chronic disease. After his death in 1843, his new method fell into oblivion. It was only decades later that the homoeopathic world came to know about the advantages of the 50 millesimal potencies. Presently, Homoeopaths are using Q-potencies in their practice along with decimal and CM potencies.

50 millesimal potencies are not as controversial today as they used to be still in the 1950s, when-at least in Germany – the critical scientific school of thought dominated and low potencies were more popular. The national reports collected by Kurt-Hermann Illing in 1985 show that the situation still considerably differed from one country to another in the 1980s^[1]. Various research studies have proved that LM

potency provides long lasting improvement without least aggravation in chronic diseases^[22, 23, 24, 25]. Today, the Q-potencies take up a substantial share of the homoeopathic remedies which are prescribed by physicians and practitioners. Patients and homoeopaths worldwide are obviously convinced of the efficacy of the 50 millesimal potencies.

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