

Homeopathy

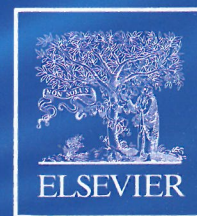
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- Oestrus induction in cattle
- Animal models for *Dolichos*
- Homeopathic treatment of root-knot disease
- *Nux vomica* in sericulture
- Homeopathy in anxiety
- ADHD treatment modifications
- Hahnemann's use of 50 millesimals
- History of homeopathy in Western Australia



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The Journal of the Faculty of Homeopathy Volume 95, Number 3, July 2006

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GUEST EDITORIAL

Q/LM potencies: Historical reasons for the long delay in their recognition

In spite of great endeavours by the homeopathic community towards excellence, evidence, and quality control in homeopathy's theory and practice there is still plenty of obscurities and white patches—challenges for explorers—left. One of several under researched issues still awaiting illumination is homeopathic posology. Today, in almost any seminar on homeopathy a blatant discrepancy can be experienced between a usually painstaking presentation, discussion, and explanation of a case history and its remedy and a relatively brief, casual, or even uneasy statement of the potency given—if it is mentioned at all. The shaky state of posology reflected in such an inconsistent behavior, however, has distinct but deep historical roots.

As a rule, homeopathic doctrine is based on Samuel Hahnemann's written legacy: his published methodological writings, provings, and principles. In the case of quinquagintamillesimal (50,000) potencies, usually known as q-potencies in the German speaking world, and LM in English, a delay of nearly 80 years in the publication of Hahnemann's last work not only prevented its contemporary reception among his followers but allowed another tradition to rise, spread, and prevail until today. Since, throughout his life Hahnemann referred to and recommended c-potencies only, it was quite natural for his disciples to follow and extend this apparently ultimate and authorized path. Hence, for instance Clemens von Bönninghausen and Carroll Dunham advocated the 200c, while James Tyler Kent introduced a scale of ultra-high millesimal potencies: m, xm, lm, cm, dm, mm, etc. Adherents of low potencies like Richard Hughes opposed this kind of development, but virtually all of them referred to the same ratio of potentization (1:100), ie c-potencies—apart from some German homeopathic pharmacists who developed a modified scale of potentization (d- or x-potencies, 1:10).

This common denominator did not change even when Richard Haehl¹ in 1921 and William Boericke² in 1922 published, in German and English respectively, for the first time, the sixth edition of Hahnemann's *Organon of Medicine*, whose manuscript had been completed in 1842. It contained Hahnemann's last legacy: the description of 50,000 potencies which, in the last 5 years of his life, he had found to be the 'strongest and mildest, ie most perfect' preparations.³ Amazingly, neither Haehl nor Boericke mentioned the

new method of potentization in their prefaces (the publishers of these editions were the homeopathic pharmaceutical companies Willmar Schwabe and Boericke & Tafel). Although anyone who cared to do so was now able to read verbatim the revised Section 270 of the *Organon*, nobody seemed to realize that it did not deal with c-potencies any more.

Only in the 1950s did the Swiss homeopathic doctors, Rudolf Flury, Adolf Voegeli, Pierre Schmidt, and Jost Künzli von Fimmelsberg, start to draw the attention of their colleagues to the 50,000 potencies which from now on were called LM- or q-potencies.⁴ Considering the predominance of the more than a hundred years old tradition of c-potencies, the echo within the homeopathic community was very weak. After all, acknowledgement of Hahnemann's unheard directions would have meant a significant change to practice with a completely new set of remedies. A simple way of escaping the dilemma was to question the authenticity of Haehl's edition, which was based only on a transcript of Hahnemann's manuscript.

With the definitive text-critical edition of the original manuscript, published in 1992,⁵ this kind of pretext was no longer viable. Finally, backed by such an assurance, pharmaceutical companies like Gudjons in Germany embarked on the manufacture of authentic q-potencies and even to specialize in their production. Meanwhile also in other countries, an ever increasing proportion of homeopathic practitioners and patients are prescribing and using potencies prepared according to Hahnemann's last instructions.

Given the trend in modern didactics to try to acquire knowledge by working out and solving concrete cases rather than by memorizing fixed rules or dogmas, it would be interesting to know how and when Hahnemann actually administered q-potencies in his own practice—instead of just having to rely on his statements in the *Organon*. The answer to this question, however, is hidden behind a host of difficulties including the time, capacity, and energy to read and analyze thousands of handwritten pages of Hahnemann's German–French case books of his last years in Paris. As it turns out, even there q-potencies cannot be easily identified by one distinguishing mark or label, but have to be traced like a detective by means of assumptions, reflections, and hypotheses.

Up to now, three different approaches have been suggested: (1) Rima Handley (1990, 1997) supposed

that the sign of a small circle (○) indicates a q-potency;⁶ (2) Ubiratan Adler (1994) introduced clinical pharmaceutical criteria (low potencies in a sequence of gradually ascending degrees) to locate 681 prescriptions of q-potencies in Hahnemann's case books;⁷ and (3) Luise Kunkle (2001) developed a theory according to which fractions like 1/190, 1/191, 1/192, etc would be ciphers for q1, q2, q3, etc.⁸ Prompted by a criticism by Kunkle of Adler's criteria according to which Hahnemann would have tried out not more than 27 prescriptions of q-potencies before completing his *Organon* manuscript in February 1842, Adler revised his initial criteria to include the ○ sign (as proposed by Handley), too. The result of this new approach can be appraised in this issue. Using the combined criteria Adler now identifies 1836 prescriptions of q-potencies by Hahnemann during the years 1837–1843, comprising 35 different remedies in potencies ranging from q1 to q30. Apparently due to a misinterpretation of Kunkle's theory, her criteria were not integrated or followed up further.

This is, in short, the state of the art of archival research on Hahnemann's use of q-potencies. Clearly, it raises a number of questions of another kind as well. Given the evidence and reality of q-potencies introduced, administered, and recommended by the older Hahnemann, the homeopathic community is challenged to discuss which sources of its art or science are to be considered most valid: Hahnemann's directions, his followers' tradition, one's own experience, clinical evidence, sound reasoning, emotional intuition, creative innovation, etc? Since the majority of homeopaths today are bound by education and years of practice to 'good-old' c-potencies, in this case, Hahnemann's words alone will probably not convince them to give up a well-tried scale of potencies in favor of a

supposedly better system that still suffers from a relative lag of experience of some 150 years. As far as homeopathy is considered a science, however, basic research and comparative clinical studies (and provings) should settle this conflict impartially.

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