

## DOSE, DILUTION and the LM POTENCIES by John Morgan M.R.Pharm. S., R.S.Hom

Hahnemann completed the fifth edition of the Organon in 1833 and the sixth edition by the end of 1841. He wrote a letter dated 20th February, 1842, to Schwabe, his publisher in Dusseldorf saying that 'I have now after 18 months of work finished the sixth edition of my Organon, the most nearly perfect of all.' After stating his preference as to type and paper he asked Schwabe if he would publish it, but before the negotiations were completed Hahnemann died on 2nd July 1843. His wife Melanie was pressed by Boenninghausen, Hering and other students of Hahnemann to publish the document after his death, but she would not release the manuscript either because of a desire to protect his name or because of her desire for money! Although most writers favour Melanie's avarice as the cause of the delay, this is unlikely as the manuscript was not released, even though she was over 80 when she died, and her greed was thus left unsatisfied. Hahnemann described her as his best ever student and her deep love for him surely withheld the manuscript to deny his critics the opportunity of judging the 6th edition even more eccentric than the 5th. It was only released to the world, after translation, in 1921 when Richard Haehl procured the manuscript from Hahnemann's ancestors by which time there had been a great establishment of homœopathy by J.T. Kent and those who followed him. It is ironic that Kent, such a devoted follower of his master, should have only had the fifth edition, and not the 'most nearly perfect of all' on which to base his teaching. Had the 6th edition been available to him, the whole evolution of homœopathy would surely have been different.

Kent's contribution to the development of the high potencies established an extension to remedy preparation based on the guidelines given by Hahnemann in the 5th edition (published in 1833), namely the centesimal potency scale. By 1921, 5 years after Kent's death, America and Europe were well established in decimal and centesimal remedy philosophy so the discovery, in the 6th edition, of a new method of potentising remedies, the LM potencies, did not, at the time, start a revolution towards their use. In fact it was a further 33 years, in 1954, that Dr. Pierre Schmidt of Geneva published essays about his experiences using the LM scale. Since then only a few have carried the flame in Europe and India, but recently the worldwide growth of homœopathy has started to look again at the LM potencies which Hahnemann describes, in a footnote to § 270 as being "*the most powerful and at the same time mildest in action i.e. as the most perfected*"

The evolution of the preparation and application of Hahnemann's remedies passed through several phases. His early use of remedies (from 1784) were small crude doses, of the drug, in powder or tincture form given according to the homœopathic principle. There were, of course, side effects especially with the poisonous remedies such as Arsenicum, and the desire to eliminate these toxic effects led him to develop, in 1815, the method of trituration and subsequent liquid dilution and succussion, we know as the centesimal potencies. From 1815 he used potentised remedies for the toxic and insoluble inert materials such as Silica, Carbo Veg etc. and dosed directly with drops of the less poisonous mother tinctures such as Bryonia, Pulsatilla, Rhus Tox. By 1834 he was using all his remedies in a potentised form, giving the appropriate potency and the minimum dose (i.e. quantity) of his medicines to patients by means of the smallest sugar granules available. These so-called 'pellet' dosages are described in Chronic Diseases p151 as '*the finest, of the size of poppy-seeds, of which about 200 (more or less) weigh a grain*' and just one of these tiny granules, given dry on the tongue, remained Hahnemann's standard solid dose right up to 1837.

It seems that the evolution of his remedy preparation was fuelled by the desire to create, not only, a highly dynamised remedy but also to give it in the smallest dose (quantity) possible to effect a curative response.

Hahnemann's writings clearly show that he differentiates between the level of potency and smallness of the dose i.e. the quantity given.

For example,

*Organon 5th edition(1833) §276 "A medicine, even though it may be homœopathically suited to the case, does harm in every dose that is too large, the more harm the larger the dose, and by the magnitude of the dose it does more harm the greater its homœopathicity and the higher the potency selected".*

*Organon 5th Edition (1833) § 246 footnote "Now, in cases where he was convinced of the correctness of his choice of the homœopathic medicine, in order to obtain more benefit for the patient that he was able to get hitherto from prescribing a single small dose, the idea often naturally struck him to increase the dose ..... and, for instance, in place of giving a single very minute globule moistened with the medicine in the highest dynamization, to administer six, seven or eight of them at once, and even a half or a whole drop. But the result was almost always less favourable than it should have been; it was often actually unfavourable, often even very bad - an injury that, in a patient so treated, it is difficult to repair.*

These days we tend to regard the size of a dose of a centesimal remedy as irrelevant. One tablet or ten tablets taken as one dose still only gives one dose of the potency, doesn't it? But there are unanswered questions. For example, why do we not nowadays extensively see remedies causing 'more harm the larger the dose'? after all the average dose from a tablet used today is approximately 50 times the dose of Hahnemann's small granule. Also how far can a remedy be diluted before the remedy is inactive? If we dissolve a tablet in a bath of water will a teaspoonful dose have the same effect as taking the tablet itself? Why should olfaction of a remedy be more suitable to sensitives? Is it because they take in a smaller quantity of vapour or tablet dust? and how far does the vial have to be from the nose before the dose is inactive? As we shall see management of cases using the LM scale is based on the quantity of medicine the patient takes. It is as if Hahnemann takes it for granted that we all understand the importance of quantity, as well as potency, when administering a remedy, but this seems almost a revolutionary new concept to us as we rarely consider this factor when using both low and high potency centesimal remedies.

Another interesting concept which Hahnemann consistently refers to is the ability of an increased number of succussions to continually strengthen or intensify the potency without further dilution.

In the 5th edition we find the following footnote to §270

*"In order to maintain a fixed and measured standard for developing the power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized). There are, however, homeopaths who carry about with them on their visits to patients the homœopathic medicines in the fluid state, and who yet assert that they do not become more highly potentized in the course of time, but they thereby show their want of ability to observe correctly. I dissolved a grain of soda in half an ounce of water mixed with alcohol in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and this fluid was in potency and energy equal to the thirtieth development of power."*

It is more likely that rather than an increase in potency level itself, the large number of succussions produce a lateral intensification or energising of the solution within the confines of the dilution factor - a concept upheld by the LM method. If there was not a 'ceiling' to potency level then serial dilution would not be needed to make a remedy, one could simply shake any dilution for different lengths of time as in the example given above. Also the lower potencies are very limited by the physical molecular presence of the remedy so it is impossible to make a 30c if there is material presence as potencies above 12c have no molecules of the original substance left.

The question remains, however, as to when a potency level is actually reached and how many succussions are needed to reach it and also whether different dilution factors need different amounts. For example if one succussion will turn a 29c into a 30c then extra succussions will simply intensify on the 30c level. If more shakes are needed then a gradual increase in potency occurs until a saturation point arrives and presumably only intensification takes place. In the sixth edition Hahnemann describes the daily succussion of the LM solutions as '*altering and slightly increasing the degree of potency*' §248 suggesting a gradual almost exponential curve of increasing potency which never actually reaches the next degree until a further dilution step is taken.

Hahnemann's thoughts are shown in the following extracts,

*Materia Medica Pura (1827) p46* .....we must act with moderation in order to avoid increasing the powers of the medicines to an undue extent by such trituration. A drop of Drosera in the 30th dilution succussed with 20 strokes of the arm at each dilution, given as a dose to a child suffering from whooping-cough, endangers life, whereas, if the dilution phials are succussed only twice, a globule the size of a poppy seed moistened with the last dilution cures it readily.

*Organon 6th Edition (1842) § 270 footnote* .....with so small diluting medium as 100 to 1 of the medicine, if many succussions by means of a powerful machine are forced into it, medicines are then developed which, especially in the higher degrees of dynamization, act almost immediately, but with furious even dangerous, violence, especially in weakly patients, without having a lasting, mild reaction of the vital principle.

On the subject of repetition of a centesimal dose of the same potency Hahnemann shows an important change of mind between the 2 editions. In the 5th edition §246 footnote he advocates that "..... a single dose of a well selected homœopathic medicine should always be allowed first to fully extend its action before a new medicine is given or the same one repeated.." then continues in this long footnote to give details of certain chronic and serious acute conditions when it is actually necessary to repeat the dose several times to effect a cure, although he advises caution as " he has frequently experienced no advantage, but most frequently, decided disadvantage"

Whereas in the 6th edition the re-written §246 dismisses the above as " all my experience permitted me to say at the time.." and that his research of the previous five years had wholly solved the difficulties of repetition.

§247 clearly states his renewed position

*"It is impractical to repeat the same unchanged dose of a remedy once, not to mention its frequent repetition ( and at short intervals in order not to delay the cure). The vital principle does not accept such unchanged doses without resistance, that is, without other symptoms of the medicine to manifest themselves than those similar to the disease to be cured, because the former dose has already accomplished the expected change in the vital principle and a second dynamically wholly similar, unchanged dose of the same medicine no longer finds, therefore, the same conditions of the vital force. The patient may indeed be made sick in another way by receiving other such unchanged doses, even sicker than he was, for now only those symptoms of the given remedy remain active which were not homœopathic to the original disease, hence no step towards cure can follow, only a true aggravation of the condition of the patient."*

After many years of continued experimentation, Hahnemann published new procedures which solved some of the problems of dose and repetition. They formed the basis of the LM method which was to follow after another five years painstaking work.

This first breakthrough comes in 1837 when the chapter in Chronic Diseases called 'Concerning the technical part of Homœopathy' describes the new plussing method for administering centesimal potencies. He is led to changes of the dosing of remedies because the " variety among patients as to their irritability, age, spiritual and bodily development necessitate a great variety in their treatment and administration to them of the doses of medicines". Hahnemann felt that the 'single dose and wait' philosophy left too long a period of inaction and the speed of cure often too slow as the practitioner could do nothing but wait for the remedy to complete its curative curve. Also, from his many comments about violent reactions to remedies, the sensitive patients he saw, were producing undesirable aggravations which he constantly sought to escape from.

He firstly introduces the greater beneficial effects of administering remedies always in liquid form, the reason for this being that the medicine " comes in contact with a much larger surface of sensitive nerves responsive to the medicinal action" (5th edition §286) and because of this the effect of the remedy increases. One of the granules of high dynamization (he refers mostly to the 30c) is dissolved in 7-20 tablespoons of water with a little alcohol added. The patient then takes, directly from the bottle, a tablespoon of the liquid (a teaspoon or coffee-spoonfuls for children) two, four or six hourly for acutes, daily or every other day for chronics. The choice of how many tablespoons to make the solution with depends on how much of the granule is required in each tablespoon dose i.e.  $\frac{1}{7}$ th granule (7 tablespoons) -

$1/20^{\text{th}}$  (20 tablespoons), as well as for how many days the remedy is to be given. The differing amount of solution to be made up gives flexibility for each patient's needs and infers that the remedy's action is different (weaker) in its 'intensity' the more diluted the original granule becomes. Additionally, before each dose is taken " *a slight change in the degree of dynamization is effected if the bottle, containing the solution of one or more pellets, is merely well shaken five or six times, every time before taking it*" Thus each day's dosage remains homœopathic to the case as the slight increase in the health of the vital force is matched with the slight increase in potency caused by the five or six shakes of the bottle. The regular stimulus of the remedy which is homœopathic both in pathogenesis and potency is the key to the speedier cure.

The same chapter in Chronic Diseases highlights this thus " *In taking one and the same medicine repeatedly (which is indispensable to secure the cure of a serious chronic disease), if the dose is in every case varied and modified only a little in its degree of dynamization, then the vital force of the patient will calmly, and as it were willingly receive the same medicine even at brief intervals very many times in succession with the best results, every time increasing the well-being of the patient.*"

Another method for dosing " *careful*" patients is also suggested in the same chapter whereby the pellet is dissolved in 200 (approx. 8ml), 300 (12ml) or 400 drops (16ml) of a 50% brandy solution, depending on whether it is to be weaker or stronger, and one, two, three or several drops, according to the irritability of the patient, are dropped into a cup containing a tablespoon of water. This well stirred then taken all as one dose or only half is taken if " *special care is necessary*" The 'stock' bottle is shaken as suggested in the method above.

So here we have as an example of reducing the dose further by using drops rather than tablespoons so as to not over-stimulate the sensitive or 'careful' patient. i.e. the smaller the quantity of the pellet received in the dose the less its undesirable effects. There is an optimum dosage which suits each patient as the diluting weakens the potency so it doesn't overstimulate. The optimum dose individual for each case is the smallest amount needed for a gentle but certain remedial effect. These are also the principles on which the LM method is based.

Lastly Hahnemann paves the way for the final step, into his most perfect method, with a famous paragraph concerning the number of succussions given to the vial when preparing centesimal remedies. The homœopathic Pharmacopœias officially advocate ten succussions as the number to use when preparing C potencies, but I believe they have missed a small point when interpreting Hahnemann's reasons for change. In Chronic Diseases we are told that when giving remedies in solid form i.e. granules or powders dry on the tongue, Hahnemann found that remedies prepared with more than two shakes were too strong so stayed with two strokes for consistency; but " *during the last years since I have been giving every dose of medicine in a solution, divided over fifteen, twenty or thirty days and even more, no potentizing in an attenuating vial is found too strong, and again I use ten strokes.* In other words as long as the dose is in liquid form, and can be regulated as to the optimum size and repetition, then no matter how many succussions are used to prepare the original remedy it will not be too much for the patient. This also confirms the idea that the intense action of a highly succussed remedy is diminished by dilution.

## THE LM POTENCIES

From 1837-1843, as far as is known, all Hahnemann's administration of remedies was done in liquid form using variations on the above themes. The final development to create a more highly dynamised remedy was the change of the dilution factor from 1:100 to 1:50,000. The 3c trituration powder (details of the preparation of this are in §270) is the starting point for the preparation of the LM scale because all remedies are soluble in water at this point; so any remedy can be utilised even the insoluble materials such as Carbo Veg, Aurum etc. A grain in weight (0.06gm) of this powder is dissolved in 500 drops (30ml) of 20% alcohol making a 1:500 dilution of the 0.06gm of 3c, and one drop of this solution is then further diluted in 99 drops of 95% alcohol, filling two thirds of a glass vial, giving a (1 in 500 x 100 = 50,000) solution of the 3c powder. This tube is then succussed 100 times

against a firm but elastic object (the famous leather bound bible) to create the LM 1 medicating liquid. Hahnemann's comments on this new method are found in the 6th Edition §270

" .... meticulous experiments have convinced me that this ratio (1:100) between the quantity of diluent and that of the medicine being dynamized is far too low to develop the medicinal substance properly and to a high degree with a large number of succussions unless force is used. ....Whereas in this much higher ratio (1:50,000), between diluent and medicinal substance, a large number of succussions of the vial filled two-thirds with wine spirit can bring about a far greater development of power."

The LM 1 liquid is then poured onto some poppy-seed granules of which a hundred weigh 1 grain (0.06gm). Although this size is larger than those granules advocated in Chronic Diseases (200 to a grain) they are still so small that one drop of the alcoholic LM 1 liquid can completely wet at least 500 of them. Thus just one granule absorbs at least a 500th of a drop. When this granule is dissolved in a drop of water, and 99 drops of alcohol are added to it, the next LM 2 solution contains a  $1/500\text{th} \times 100 = 1/50,000\text{th}$  of the previous LM 1 liquid. The LM 2 liquid is then succussed 100 times also. The process is continued in this way simply using the granule as the intermediary to transfer a 500th of a drop instead of the direct addition of a whole drop as is the case with the centesimal 1:100 ratio. Hahnemann's practical simplicity is masterful as the small granules not only provide a tiny, manageable dose, for using with patients, but also the smallest practical unit to effect such large dilution ratio. One could theoretically dilute with one drop to 50,000 drops (100 drops of 95% alcohol = 3.6mls) but the bottle to be succussed 100 times would then contain 1.75 litres of alcohol. Not an economic or practical size for the average human being to work with !

Although the nature of the 1:50,000 potency created is different from that created by a 1:100 ratio (... *my new method produces medicines of the highest power and the mildest action* ...§270) it is interesting to note the theoretical relationship with the centesimal scale. Each step of 1:50,000 is a rise of approximately 2.5C so that considering we started with a 3C a LM 1 is just over 5C, LM 6 = 17C, LM 12 = 31C, LM 30 = 73C (all approximate figures) So the granules are wetted with the solution and left to dry after which they are bottled and labelled with the appropriate nomenclature e.g. LM 1, LM 2 or LM 0/1, LM 0/2 etc. the zero signifying the granule, the form in which the final medicine is stored.

Now we have this highly dynamized remedy our criteria for how to use them are different from those of the centesimal scale. Obviously the indicated similar remedy is still chosen on the same principles as before but choice of potency, up to now our main variable factor for controlling the response to the remedy, is not such an issue when using the LM's. Hahnemann's recommendation is to always start with the *lowest degrees* (§246) Although not specifically mentioned, this suggests always starting with LM 1, but is often interpreted, by experienced users of LM's, as between LM 1 and LM 6. The choice is based on the health/vitality level, degree of pathology, suppression, sensitivity etc. and provides a variable on which we can individualize.

With the dissolving in liquid, and subsequent shaking of the bottle before each dose, the potency is gradually raised, expanded, and intensified to continually stimulate the vital force at regular intervals. The next potency level is given when the bottle of the previous potency is finished. No leaps in potency are recommended (§246) and if one starts with LM 1, for example, then LM 2 follows and so on. Unless we dissolve a granule directly in 1.75 litres of water we will never actually reach the next LM level but simply continue towards the potency level determined by the dilution factor.

After we have chosen the appropriate remedy to give in LM form, the first choice, after the potency, is how much of the granule is the patient to take i.e. the dose, how often it is to be repeated and for how many days are they to be on that particular potency. These are the areas where the difficulties of the LM's lie and, as Hahnemann tells us in §278, theorizing is not enough to tell us what the ideal degree of smallness of the dose is to effect a gentle cure, and that "*Only pure experiment, the meticulous observation of the sensitivity of each patient, and sound experience can determine this in each individual case*".

Control of the dosage is very similar to the centesimal 'plussing' technique but using the LM granule, instead of a 30c, dissolved in liquid. The directions for making up the solutions for patient use are defined quite clearly in the 6th edition §248 footnote. He states that one rarely needs more than one granule although two or three can obviously be used if a

stronger solution is required. The granule is dissolved in forty, thirty, twenty, fifteen or eight tablespoons of water with the addition of a little alcohol to preserve it; 10% is a good guide for solutions designed to last up to two months. The patient takes directly from the 'stock' bottle "one or, increasing progressively, more coffee or teaspoons of this as follows: in chronic diseases, daily or every other day; in acute diseases every six, four, three or two hours...."

Eight, ten, or twelve succussions are given to the bottle before each dose. Again we have here a variable which we can use to regulate individual needs if required, twelve shakes giving a slightly sharper daily rise in potency than eight. Also note the wording 'one or increasing progressively more teaspoons' which, if appropriate to the case, can speed up cure by giving increased stimulus from the larger dose as well as taking the patient through the higher potencies more rapidly.

To help us decide how much liquid to make up let us look at the appropriate dosages for each of Hahnemann's suggestions.

A tablespoon is considered a 20ml measure, a teaspoon 5ml, and a coffee-spoonful 2.5ml, so a granule dissolved in :-

40 tablespoons = 800ml =  $1/800^{\text{th}}$  granule/ml so a 5ml dose contains a  $1/160^{\text{th}}$  of a granule. (160 days supply)

30 tablespoons = 600ml =  $1/120^{\text{th}}$  of a granule per 5ml dose (120 days supply)

20 tablespoons = 400ml =  $1/80^{\text{th}}$  of a granule per 5ml dose (80 days supply)

15 tablespoons = 300ml =  $1/60^{\text{th}}$  of a granule per 5ml dose (60 days supply)

8 tablespoons = 160ml =  $1/32^{\text{th}}$  of a granule per 5ml dose (32 days supply)

A coffee spoonful will represent a dosage twice as small as the above i.e. 40 tablespoons =  $1/320^{\text{th}}$  of a granule per 2.5ml dose.

As bottles above 300mls are not very practical for patients to use Hahnemann's practicality introduces the use of a drinking glass to further dilute the solution and obviate the need for a large amount of water. The method is given in detail in §248. One granule is dissolved in seven or eight tablespoons of water and after succussion a tablespoonful is put into a glass containing eight to ten tablespoons of water. After vigorous stirring a teaspoon or coffee-spoonful dose is then taken from the glass. Then next dose is prepared in exactly the same way using a fresh glass of water. This method represents the following dose,

8 tablespoons (160ml) =  $1/8^{\text{th}}$  granule/tablespoon (20ml) diluted  $\times 10 = 1/80^{\text{th}}$  per 20ml so a 5ml dose =  $1/320^{\text{th}}$  granule which is the weakest dose Hahnemann recommends but takes the patient only 8-10 days to finish and be ready for the next potency up.

Dr Pierre Schmidt used one granule in 100mls of water and a coffee spoonful as a dose which represented  $1/40^{\text{th}}$  of a granule per 2.5ml dose (40 days supply).

Dr Robert Shore and Dr H Choudhury both dose with one granule in 110ml water putting one tablespoonful in a glass of 110mls of water which represents  $1/160^{\text{th}}$  of a granule per 5ml dose (6 days supply).

Other commonly used methods, for preparing weaker solutions, include,

One granule in 150ml stock bottle and a 5ml spoonful in approx.100mls water in the glass, so one 5ml =  $1/600^{\text{th}}$  granule per 5ml dose (30 days supply).

One granule in 10mls water then 10 drops in 100mls water in a glass =  $1/260^{\text{th}}$  granule per 5ml dose (20 days supply).

Very sensitive patients who quickly become over stimulated by or prove the remedy when given in the standard dose can reduce it, next time, by diluting a teaspoonful from the first glass in a second glass of water thus reducing the dose by a factor of about 20 for each glass used.

The variations mentioned above provide much flexibility with different combinations of dose and speeds of potency increase reaffirming the importance of '*meticulous observation of the sensitivity of each patient.*' §278

Cases published show Hahnemann used most often the eight tablespoon stock bottle and glass method in §248 for dosing patients. This provides a weak solution but takes the patient through to the next potency level in only 7-8 days. It is important to remember that the Organon gives many possibilities to tailor dosing to the needs of the patient and experience will show us what is most appropriate. The beauty of the versatile LM method is that we can also just choose one or two methods to gain that experience while still giving our patients the gentle but speedy improvement they desire.

## CASE MANAGEMENT

Many practitioners come to use LM potencies when treating cases which need more care because of risks of aggravation e.g. patients who are very sensitive to remedies, those with very low vitality, cases with severe pathology, history of suppressive treatments etc. But in theory all cases whether acute or chronic, showing pathology or not can be treated with LM's and there are many practitioners who use these remedies exclusively. In practise, however, some patients may need the qualities of the centesimal remedies to awaken their self healing process. The LM 's give us yet another valuable string to our bow to be chosen appropriately. Alternating periods of treatment with LM's and C's are also possible remembering that the lowest degrees of potency are to be used with each new LM even the last remedy was a high centesimal of the same remedy e.g. Sulphur 10m is followed by the lowest LM (Sulphur LM 1)

Management of cases with LM potencies is quite simple as long as patient compliance is good and if a few simple guide-lines are followed.

After a suitable solution has been chosen the patient continues to dose appropriately i.e. daily, or every other day etc., while there is improvement to the case and the patient does not show any new symptoms §248. Each dose stimulates a reaction to the vital force, which moves up a level in health only to be further stimulated by the following dose which matches the favourable change in the patient and remains completely homœopathic as regards symptoms and potency level. The intensity of the potency, determined by the quantity of dose given, is also regulated to the optimum especially if the doses are increased progressively as is suggested.e.g. an extra 5ml spoonful each week. However as no dose can ever be too small then any dosing level will have some effect.

If there is no improvement after a few days then it is either not the appropriate remedy or there are some environmental maintaining causes blocking the remedy action §252.

If new symptoms previously not seen before appear, then the remedy is not the best choice, because the symptoms are not being cured by the remedy, so dosing is stopped. The new picture is then assessed and another remedy given starting at the lowest degrees of dynamization (LM 1) regardless of what potency level the previous remedy had reached.

Although LM potencies are the most highly dynamised remedies they are much milder than the centesimals in action. However aggravations still do occur and are useful guides to remedy reaction as they are with the C scale. The LM aggravation comes towards the end of treatment and is a return of old symptoms stimulated by the remedy itself. As the curative curve of a particular remedy comes to an end, the vital force has only the excess artificial disease stimulus of the remedy to respond to - susceptibility having been satisfied. The remedy is stopped. If the symptoms disappear in a few days no more medicine is needed, but if the symptoms persist dosing continues as before to complete the cure §281.

An aggravation of symptoms at the beginning of treatment, i.e. with low potencies, is a sign of over-stimulation (too much intensity) and indicates the dose was too high. To alleviate this the amount taken from the stock bottle is reduced to a level which creates no discomfort and the remedy is continued using that dosage routine until an increase in dose is appropriate §282. In practise the use of successive dilutions using the drinking glass is the most useful method to effect this or by simply reducing the dose given from the stock bottle e.g. a half-teaspoonful instead of a full one if the medicine is being dosed directly without the use of glasses. Reduction of dose is similarly used for so-called sensitive cases who are immediately over stimulated or prove the remedy during the first days, or hours, of

treatment. If treatment is started with higher potencies e.g. LM 3 and above, then initial aggravations could also be due to a too higher potency as with the centesimal potencies.

#### A SUMMARY OF HAHNEMANN'S DIRECTIONS for the use of LM potencies.

1. The remedy must be homœopathic §246
2. The remedy must be highly potentised i.e. prepared by the LM method §246
3. The remedy must be given in small doses i.e. dissolved in water before administration to the patient §246
4. The remedy must be repeated at suitable intervals §246
5. The potency must be altered before each dose i.e. raised by succussion §246 The solution is to be succussed 8, 10, 12 times before taking one. or (increasing progressively) more coffee or tea-spoons daily or every other day (for chronic cases), 2, 3, 4, or 6 hours for acutes. §248
6. Potency must start with the lower degrees (LM 1-6?) and proceed to the higher levels §246 footnote
7. Even long acting remedies can be repeated §248
8. Dosing is continued while there is steady improvement and the patient does not experience a symptom he has not had before. §248
9. If a new set of different symptoms are seen, then another more appropriate remedy must be looked for. §248
10. If an aggravation occurs i.e. an intensification of the original symptoms, at the end of treatment, then the doses must be reduced in quantity and repeated at longer intervals, or stopped altogether to see if the symptoms will continue to disappear by themselves. In which case either no more medicine will be needed or continuation of the remedy if, after a certain period, symptoms continue. §248
11. No dose of a highly potentized remedy can be too small that it cannot be stronger than the natural disease, that it cannot at least partially overcome it and that it cannot start the process of cure. §279
12. If one is sure that the remedy is correct ! and there is no improvement then it is likely that a maintaining cause in the patient's way of life or environment is influencing his progress. This must be removed to bring about a permanent cure. §252
13. Aggravations or ameliorations of the psychic conditions and general demeanour of the patient are a good indication as to the progress of the remedy. §253
14. If the patient develops some significant new symptoms or symptoms of the remedy then this is an unfavourable response. §256
15. Do not make favourites of certain remedies as the smaller lesser used remedies which might be more helpful will be overlooked. §257
16. It is not necessary to give a patient more than one remedy at a time. §273
17. If the remedy is homœopathically accurate then it becomes increasingly beneficial as its dose approaches the ideal degree of smallness for gentle action. §277
18. It is only by experiment, experience and observation of the sensitivity of each patient that can determine the optimum size of dose to give. §278
19. Dosing continues, increasing it progressively, until the patient, while feeling generally better, begins to manifest one or more of the old, original symptoms. §280
20. Return of old symptoms is a good sign and the medicine is stopped as this is an indication that no more is needed as the symptoms are of the remedy. To verify this the remedy is stopped for a week or two. If the symptoms are of the remedy they will disappear in a few days and no more medicine may be needed. If traces of the original complaint remain then dosing should be continued from where it was left off. §281
21. A homœopathic aggravation i.e. an intensification of the original complaint, at the beginning of treatment, is a sure sign that the dose (i.e. the quantity of the dissolved granule) are too large and must be reduced. §282
22. If the smallest doses are given the even if the remedy is inappropriate the harm done is insignificant and the appropriate remedy quickly puts the case in order. §283
23. Very chronic problems can be speeded up by applying the same solution as that taken by mouth, externally to the back, thighs and lower legs.

This article has been an attempt to use Hahnemann's writings to understand the dynamics of potency and, in particular, the LM potencies. It is interesting to note that their evolution was a long and gradual one and not such a revolutionary new concept but simply an extension of where we are now i.e. in centesimal potency (5th edition) philosophy. Their wide flexibility and safety leave silent many of the old arguments about repetition and potency choice, allowing us all a very free and individual approach to their use. It is also a fact that although 6th edition philosophy is taught and revered, the practical methods given to apply this teaching have been, over the years, sadly neglected. Thankfully the recent revival has generated a new enthusiasm for the use of LM potencies giving us a feeling that, at last, their time has come.

## Possible observations after giving the remedy

1. No change - how long must we wait, how long does a dose take to act?
2. Very slight change - nothing much, how long to go on for. 2 weeks?
3. Good start then acute
4. Aggravation at the start - acute and chronics 6/8/10 days?
5. Good start then relapse.
6. Sensitive patient - becomes overstimulated or proves everything feels speedy, queer, quick changes.
7. Generally better but some symptoms remain. OK to increase the dose?
8. OK but shows some symptoms of the remedy - reduce the dose or increase interval between them.
9. Symptoms but generally worse, no improvement.
  - a. continue a bit longer or b, partial remedy.
10. Aggn comes at the end of 3-4 weeks after improvement.
11. New symptoms come up not of the remedy with no change generally - new remedy needed.
12. As above but feeling better, change remedy if picture changes
13. Good improvement but slowing down after 3 weeks. Increase dose or raise potency to see what happens.
14. Remedy aggravates initially and remains aggravated. Antidote with new remedy or low pot of same remedy.

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**DOSAGE INTRUCTIONS FOR TAKING LM POTENCIES**

From the stock bottle take..... teaspoon /tablespoonful and put it in a clean glass containing eight tablespoonfuls of water (spring water is best).  
Stir the glass vigorously and take ..... teaspoon/tablespoonful dose, holding it in the mouth for a few seconds before swallowing.  
Discard the remainder of liquid in the glass.

Carry out this procedure .....  
using a fresh glass of water but **SHAKE THE STOCK BOTTLE ON A BOOK OR THE PALM OF YOUR HAND 8 to 12 TIMES** before putting the dose into the glass.

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**DOSAGE INTRUCTIONS FOR TAKING LM POTENCIES**

From the stock bottle take **ONE** teaspoonful and put it in a clean glass containing eight tablespoonfuls of water (spring water is best).  
Stir the glass vigorously and take **ONE** teaspoonful dose, holding it in the mouth for a few seconds before swallowing.  
Discard the remainder of liquid in the glass.

Carry out this procedure **ONCE A DAY**  
using a fresh glass of water but **SHAKE THE STOCK BOTTLE ON A BOOK OR THE PALM OF YOUR HAND 8 to 12 TIMES** before putting the dose into the glass.