Chapter Six

LM Potencies

LMs: a Unique Potency, a Unique Method

Many homeopaths have not yet taken advantage of the great power of LM potencies, and those who do may only use them for hypersensitive patients. But our main goal is to accelerate the cure for *all* our patients while minimizing the aggravations. Hahnemann developed LM potencies at the end of his life (the last ten years) for this specific purpose, because he felt that the aggravations caused by centesimal potencies caused too much suffering for the patient. Being a master pharmacist, he developed a technique for making the remedies deeper and faster acting while at the same time more gentle. My own experience treating thousands of patients with centesimals and with LMs has borne out Hahnemann's assertions.

The LM potencies are made by diluting the remedy in a ratio of 1 to 50,000 at each step instead of 1 in 100, while still keeping the succussions at 100. (A detailed explanation is provided below under How to Make the Remedies.) The high number of dilutions raises the power of the remedy very high, while the relatively low number of succussions keeps the aggravations low. The result is that the remedy action quickly penetrates very deep, to the mental-emotional level and far back in the patient's timeline. This allows a cure in much less time than Hahnemann's previous centesimal method, which is exactly what he was looking for: the rapid, gentle and permanent cure. At the same time, any aggravation wears off quickly, usually in 24 hours or less, thereby allowing immediate adjustment. By reducing the intensity and duration of action through a high degree of dilution, we can now regulate the homeopathic aggravation, something that was impossible before the invention of this potency.

LMs* are also called Q potencies, both of which refer to the 1 in 50,000 dilution. (L and

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*Sometimes the notation LM is used to mean 50M in the progression 1M, 10M, LM, 100M. In that case LM means 50,000c, which is entirely different from LM or Q potencies, as will be explained in detail below. In brief, LM potencies are diluted 1 in 50,000 times but succussed only 100 times at each step. A 50,000c would be diluted 100 times and succussed 100 times at each step, and the process repeated 50,000 times—a much higher dose, especially in terms of succussions.

M are the Roman numerals for 50 and 1000 respectively, while Q is an abbreviation for "quinquagesimillesimal," derived from the Latin *quinquagesimus* [50th] and *millesimus* [thousandth]). The specific potencies are notated 0/1, 0/2 or 1/0, 2/0, or Q1, Q2, etc. in which the 0 stands for the tiny poppyseed granules on which they are prepared.

I would also like to point out that the LM potency cannot be compared with a 3c or 6c potency, as many practitioners believe. LM potencies have a much deeper action than the centesimal scale. LMs give us the best of both words: *they are as gentle as the low potencies and as powerful as the highest centesimals.* Far from being a low potency, the LM1 has actions equivalent to a higher potency even though it is the lowest end of the LM scale. It is a much higher potency than 30c. In practice I have often seen that a hypersensitive would not react to 30c but would have an initial aggravation to a standard dose of LM1. (Of course we have many ways of adjusting an LM, tailoring the remedy to the patient.)

The Myth of Aggravations

Why do we advocate using LMs to avoid aggravations? Some homeopaths believe that an aggravation is *necessary* in order to procure a healing. Nothing is further from the truth. And some homeopaths feel that an aggravation, even lasting days or weeks, is acceptable.

Most homeopaths practicing today treat chronic diseases with high centesimal potencies such as 200c, 1M and 10M and actually look for an aggravation to demonstrate that the remedy is working. As I have mentioned in Chapter 5 on Potencies, they attribute this approach to Kent, which is why I refer to this method as Kentian prescribing. But in fact Kent himself did not approve of bringing about aggravations, as we can see in his *Lesser Writings:*

> Keep the *mild* potency as long as it works. It is not well to jump degrees. The best action is the slight aggravation, the *ideal* one is the one that does *not* aggravate but ameliorate. We do *not* seek to produce an aggravation, that is not the best, not the longest curative effect. You encourage the patient to become oversensitive by using the highest potencies instead of going low to begin.[1]

An aggravation is the primary action of the remedy which is so strong that it represses the secondary curative response from the Vital Force for a longer or shorter period. This will slow down the cure. I advise the readers to investigate carefully the definitions of *primary action and secondary action* expressed in Aphorisms 63 and 64 of the *Organon* (see Chapter 3, Laws and Principles). The primary action is the action of the agent (like our remedy) which shocks the Vital Force and causes an alteration in the health of the individual for a shorter or longer period (in the case of low and high potencies, respectively). The secondary action is the opposing action from the Vital Force with a net result of improved health.

The historical background of potencies given in the last chapter explains the source of discord in potencies. The LM potencies are teachings of the 6th edition, which Hahnemann completed in 1842. Some modern homeopaths write that the 6th Edition has almost nothing new to offer. How mistaken they are! The last edition represented a major advance in Hahnemann's thought: 60 new aphorisms were added, 49 partial additions, and 40 aphorisms were obsolete in comparison with the 5th edition of the *Organon*. But Hahnemann could not publish it that year because of the bungling of his publisher, and he died the following year.

According to von Boenninghausen, who corresponded with Hahnemann within two months of his death,* he had received word from him about the latest, yet unknown potency (LM) which he referred to as "our highest potency." In von Boenninghausen's *Lesser Writings*, the Baron wrote about the use of high attenuations:

> The immortal Hahnemann had in the last years of his life, arrived at a profound conviction of the efficacy of high attenuations, and had accordingly for some time followed in the preparation of his remedies, a method different from what he had recommended to the public in his former works. The modifications then introduced he intended to publish to the world in the last edition of his *Organon*.[2]

This last letter was drafted a scant "two months before his death." As you can see the Baron says the LM acts like our present high and highest potencies, which means like 30c and higher.

Hahnemann's wife Mélanie, in spite of many promises, never released the 6th edition. She wrote to the English Homeopathic Association that she was willing to send it for a sum of $50,000, which would be equivalent to the income she derived from practice. She said it would take her two years to read and transcribe Hahnemann's handwriting, and that she had fallen on hard times because the allopaths turned on her when she was no longer protected by Hahnemann. Unfortunately her request was refused and the 6th edition remained unpublished in her lifetime. Others like Hahnemann's grandson, Dr. Suss-Hahnemann, tried to publish a "6th Edition" but Melanie warned them not to do so, threatening them with a lawsuit: "I beg to inform you that the exclusive rights to publish the 6th Edition belongs solely to me and I possess the 6th Edition of the *Organon* written by my late husband's hand. Dr. Suss' work can have no claim whatever to be genuine."[3] (Suss saw Hahnemann only twice

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*"I am otherwise enabled by a correspondence carried on with him since the middle of the year 1830 up to May of this year, thus within two months of his death, which correspondence was carried without interruption and with diligence, that Hahnemann even up to the last continued to diminish the doses."

in his life, first as a child and afterwards as a young man the day before Hahnemann's death. It is therefore understandable that Suss was not considered a close associate of Hahnemann, nor a great expert.) When Melanie died in 1878 (from bronchial catarrh like her husband), her adopted daughter, Sophie von Boenninghausen, was given the manuscript to continue to work on it. She herself asked $25,000 but no offers were forthcoming.

The manuscript remained hidden in an attic in Germany and was not discovered until after World War I. It was finally published in 1920, with the first English edition appearing in 1921 (translated by William Boericke, nephew of the co-founder of Boericke and Tafel). But by the time it was published, the practice of homeopathy was already well established based on the single centesimal dose, "wait and watch" method of the 4th edition. Thus the guidelines of the 6th edition were not truly put into practice until 1950 by Dr. Charles Pahud of France and then by the famous homeopath 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 either entirely new and somewhat revolutionary when compared with accepted notions divulged and applied in the five earlier editions of the *Organon,* or points already stated but re-drafted and re-examined. They are, as a rule, barely known or not known at all by homeopaths."[4] The Choudhury family began using LMs in India in 1957, and to this day most of the world's LM practitioners are in India. LMs were not introduced to America until recently, because homeopathy in this country is dominated by the legacy of Kent, who unfortunately never knew of LMs because he died five years before the 6th edition was published.

How LMs Are Made

To fully understand the differences between centesimals and LMs, it is helpful to compare how they are made. Most centesimals are made by diluting one part of the remedy mother tincture in 99 parts of alcohol (such as Everclear or vodka) and succussing it 10 times to make a 1c; repeat for each successive potency.

Remedies which begin as solids (such as most minerals) go through the process of *trituration* which Hahnemann developed. (Liquids like snake venoms are dropped onto lactose and triturated. A milliliter of liquid is equal to a gram of solid in this case, so 1 ml of a liquid remedy would be poured over 99 grams of lactose and then triturated.) The goal is to grind one part of the remedy substance with 99 parts of lactose in a mortar and pestle, but Hahnemann found it unwieldy to grind the whole batch at once, so he would divide the 99 parts of lactose into three batches. He would grind and scrape the remedy with the first batch for 20 minutes, then add the second batch and grind and scrape another 20 minutes, finishing with

the last batch for a total of 60 minutes grinding and scraping. When Hahnemann first developed this method he declared it equivalent to diluting and succussing in a 1 in 99 ratio; i.e. he said it was an alternative way to make 1c. By the time a solid remedy substance has been triturated up to 3c, it is soluble and can then be diluted and succussed like a liquid remedy. (See Fig. 6-1, Hahnemann's Directions for Trituration.)

LM potencies begin the same way as centesimals, except that they are made by trituration up to 3c no matter what the original substance. Plants are crushed with lactose instead of being made into a tincture. Remedies which begin as a liquid (like sepia ink, snake venoms, and Petroleum) are dropped onto lactose pellets in a 1 to 99 ratio. Apparently as Hahnemann worked with triturated remedies he found that this process released the dynamic or energetic properties of the remedy better than dilution and succussion.

To understand the vast difference between LMs and centesimals it helps to understand Hahnemann's line of reasoning and why he began experimenting with the LMs. His students and homeopathic colleagues around him were experimenting with very high potencies (up to 16M) and skipping many steps between potencies administered to patients, thus jumping thousands of succussions between doses. The result was what Hahnemann called the violent energy of the higher doses. Hahnemann was looking for a way to increase the dilution without so much violent succussion, and a way to progress more gently from one potency to the next in the course of treatment.

Hahnemann, one of the master pharmacists of his era, came up with a simple and ingenious solution for *increasing the dilution,* thus making the remedies ever safer (especially considering that some were made from poisons) while *holding back on the succussions,* thus keeping the energy at a gentler level. Instead of succussing 100 times for each 1 in 100 dilution, the *LMs are only succussed 100 times for each 1 in 50,000 dilution.*

Administered in water (a development of the 5th edition, as we have seen), the LMs became a truly revolutionary tool—within a healing system which was revolutionary in itself—for healing at a deep level while controlling aggravations. Putting the remedies in water accomplished several things at once:

- It enhanced the effectiveness of delivery, since the teaspoon of water could touch many more nerve endings than a tiny pellet.
- It allowed a single dose to be split into many administrations; a single pellet of a potency would be "spread out" into an entire bottle.
- Succussing the bottle allowed minute upward adjustments of the potency (finer tuning than the 10 succussions between centesimal potencies) in keeping with Hahnemann's 6th edition dictum never to give the same potency twice.

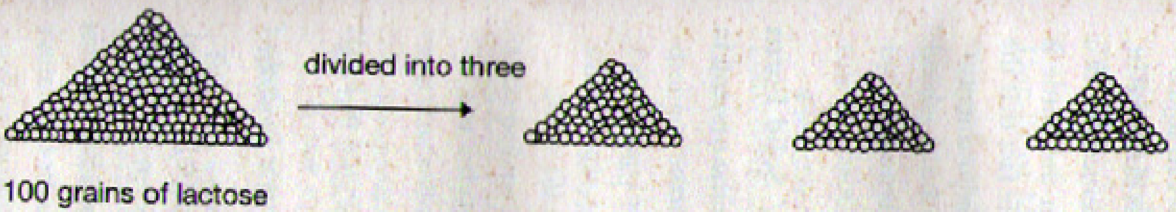

Fig. 6-1: Hahnemann's Directions for Trituration

- It thus allowed for highly refined adjustments to respond to aggravations and to the individual temperament.

Putting LMs in water allows for many ways to adjust both the potency and the dose, thus allowing these as well as the remedy itself to be individualized to the patient. The practitioner can adjust the size of the remedy bottle (usually 4 or 8 oz.), while the patient can adjust—on a daily basis if necessary—the number of succussions, the number of cups it is dissolved in, and the quantity taken (1 tsp., 1/2 or 1/4 tsp., etc.). The patient can take the remedy once a day (chronic) or several times a day (acute) and can "plus" the remedy when the bottle is nearly finished. (All these adjustments are described in detail below.) The simple fact that the remedies are gentle enough to be taken daily allows much more freedom for adjustments.

In sum, to make LMs, start with a 3c made by trituration:

	Remedy in Plant Form	**Liquid Form**	**Mineral / Solid Form**
1c	Triturate the whole plant	Start with the liquid (sepia ink, venoms, petroleum, etc.). Drop onto lactose with 1 in 100 parts of the liquid, e.g. 1 ml to 99 g lactose, then triturate.	Start with the mineral in powder form. Triturate 1 part in 99 parts of lactose
2c	Triturate 1 part of 1c in 99 parts of lactose.		
3c	Triturate 1 part of 2c in 99 parts of lactose.		
LM1	Take 1 grain (0.062 grams) of 3c and add 500 drops of a mixture composed of 1 part alcohol and 4 parts distilled water (i.e. 100 drops alcohol and 400 drops water). Take one drop (note that you *have not succussed* this mixture) and put it in 2ml of alcohol. Succuss 100 times. Now you have the **LM1 stock bottle.** Pour 1 drop from your LM1 stock bottle onto 500 poppyseed pellets (#10 pellets). These are your **LM1 pellets,** which you will use to make your patient's remedy bottle.		
LM2	Take 1 pellet of LM1 and dissolve in 1 drop of water. Add 99 drops of alcohol. Succuss 100 times. Now you have the **LM2 stock bottle.** Pour 1 drop from your LM2 stock bottle onto 500 #10 pellets. These are your **LM2 pellets.**		
LM3	Take 1 pellet of LM2 and dissolve in 1 drop of water. Add 99 drops of alcohol. Succuss 100 times. Now you have the **LM3 stock bottle.** Pour 1 drop from your LM3 stock bottle onto 500 #10 pellets. These are your **LM3 pellets.**		

The tedious part of this process is making LM1. Practitioners usually purchase an LM1 kit and make the LM2, LM3 etc. by hand as patients need them. Making the higher LMs only takes a few minutes to make enough to last for years. If your 500 pellets run out you just use a drop from the appropriate LM stock bottle to impregnate another 500 pellets.

Read Aphorisms 269 to 271 in the 6th Edition to follow Hahnemann's advice in his own words. As to the precise method of trituration, I refer the reader to *Chronic Diseases*, Vol. I, pp. 147-148.

Details of Making LM2 from LM1

You will need to order 1/2-dram bottles (regular cap, not dropper bottles), one-dram dropper bottles, blank poppyseed pellets (#10 pellets available from homeopathic pharmacy suppliers by the pound or quarter-pound) and empty bullet boxes to hold the LMs you make. Scientific precision tweezers with a fine point are also helpful to handle the tiny pellets.*

First take one pellet of LM1 and put it in a one dram dropper bottle. This will be your LM2 stock bottle. Add one drop of distilled water to moisten it. Keep a special dropper labeled just for water and a different one for alcohol; be sure not to measure either with the dropper belonging to the stock bottle.

After it has dissolved, add 99 drops of alcohol (Everclear or unflavored vodka). Succuss the stock bottle 100 times.

Now fill a 1/2-dram bottle 1/3 full with poppyseed blank pellets. When full, it holds 1500 pellets. When 1/3 full it will be close enough to 500 pellets.

Put 1 drop from your LM2 stock bottle in the bottle with the pellets. Immediately cap it and start rolling it around to coat all the pellets. This is your LM2. (See Figure 6-2.)

Be sure to label all your bottles; I use 1/4″ round labels for the caps and 3/8″ × 5/8″ labels for the sides, taping them so they don't peel off when inserted into the bullet box.

Making the Remedy Solution Bottle

To make a remedy solution bottle for the patient, take a new 4 oz. bottle like a cough syrup bottle (an "Rx bottle" ordered from a pharmacy supplier). Put in one LM poppyseed pellet of

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*The pellets which are commonly referred to as "poppyseed" pellets are technically not the same size that Hahnemann specified. "Poppyseed" pellets are the common name for #10 pellets, meaning that 10 of them laid end-to-end are 10 mm long (i.e. each has a diameter of 1 mm). Hahnemann specified lactose pellets of which 100 would weigh 1 grain. According to information kindly forwarded by Julian Winston, such pellets would have a diameter of 0.92 mm rather than 1 mm.

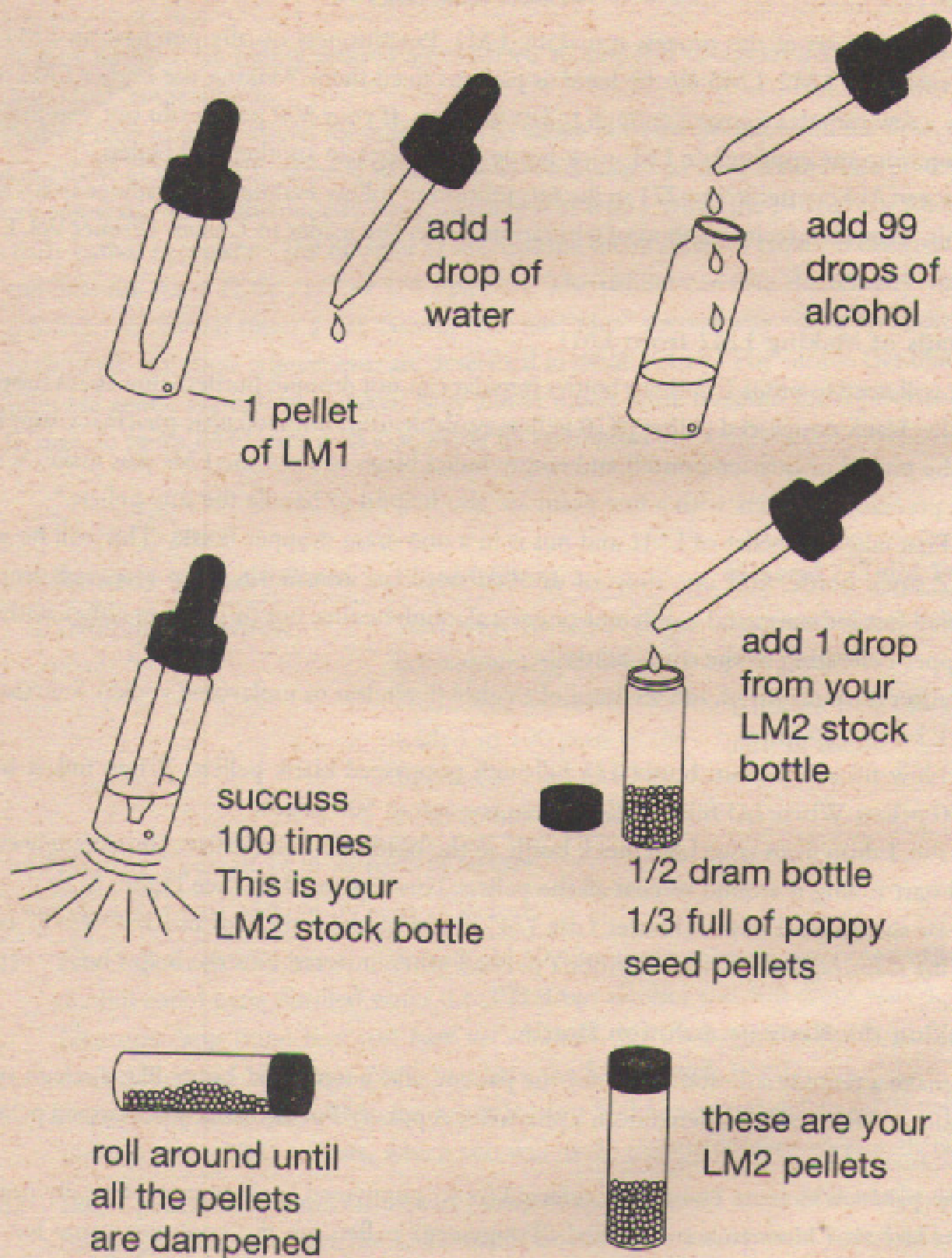

Fig. 6-2: Making LM2

the remedy (you can shake the closed bottle and listen for the rattle of the pellet if in any doubt whether the tiny pellet is in there). Fill the bottle with distilled or purified water (no tap water except in emergency) up to the line halfway up the neck of the bottle (space has to be left for the succussions). The size of the bottle is adjusted for hypersensitive patients to 8 oz. or occasionally 16 oz. As a preservative, add 15 drops (one dropper-full from a one-dram bottle) of Everclear or vodka to a 4 oz. bottle. If you use an 8 oz. bottle for a hypersensitive, you should more than double the alcohol, perhaps using as much as 1 oz. of alcohol, because the bottle will last more than twice as long. (Hypersensitives often take 1/2 or 1/4 teaspoon instead of a teaspoon, and towards the end of the first bottle, they may be taking the remedy only as needed.) The alcohol should be vodka or Everclear, not methyl or rubbing alcohol. I use vodka because it is the only kind of alcohol that can be tolerated by patients suffering from yeast overgrowth and fermentation (based on my extensive experience in treating this population).

Some patients in recovery from alcoholism may object to even a few drops of alcohol as a preservative, even if you explain that the amount is so small that it will not have a noticeable effect. (They may object because they have taken a vow not to take even a drop of alcohol, or because the odor of alcohol when they open the bottle can be a trigger for them.) For these patients you can use glycerin instead, doubling the amount because it is not as effective a preservative as alcohol.

A 4 oz. bottle will be finished in about three weeks if the patient is taking a daily dose of one teaspoon. If the bottle needs to be stored for a longer period because the patient is taking the remedy prn, more alcohol is needed as a preservative. Be sure to label the bottle with your name and the patient's name, the date, the name of the remedy, the potency (LM1, LM2, etc.) and the number of succussions to start with.

Standard Succussions (for the Non-Sensitive Patient)

Hahnemann introduced a new concept with the LMs: the patient succusses the remedy each time he takes it and thus can control his reaction to it. Demonstrate succussions to your patient with a demo bottle (not the actual remedy bottle) and ask for a return demonstration. Strike the bottle firmly against the palm of the opposite hand from a distance of about two feet. A leatherbound book can be used instead of the palm. Emphasize to your patient the importance of using a firm, resilient surface. A tabletop, for example, is not an acceptable substitute.

Also emphasize to your patient that the remedy bottle *must be succussed before each dose.* Why? After the first dose (assuming that the remedy is working), the patient will be less ill.

The second dose must consequently be *adapted to the less morbid condition*. As the patient needs less and less of the remedy, you are speeding up the process of healing by giving the remedy more penetration power through the succussions. Consequently, Hahnemann recommends giving the same remedy, but more highly dynamized. He cautioned against repeating the *same* LM potency even once (in *chronic* cases), this being detrimental and even possibly leading to incurability (the same meaning without succussions in between). "Before proceeding, it is important to observe, that our vital principle cannot well bear that the same unchanged dose of medicine be given even twice in succession, much less more frequently to a patient."[5] (I have never seen this happen, however; I have had patients make the mistake of not succussing, and the remedy still worked.)

The practitioner tells the patient how many times to succuss the bottle at first, based on the patient's sensitivity. The average, normosensitive adult starts with 8 succussions. The hypersensitive, as well as infants, the elderly and patients with severe tissue pathology, succuss it 2 to 5 times. The hyposensitive (i.e. a Calcarea constitution) succusses it 10 to 12 times. After the initial dose the patient can adjust the number of succussions according to his reaction, as described below.

After the patient has succussed the bottle, he takes one teaspoon from the bottle and stirs it into a cup of 4 oz. of distilled or filtered water. Then he stirs vigorously with a plastic spoon and takes one teaspoon from this cup (*the dosage cup*) as his dose. (Infants receive 1/2 tsp. from the dosage cup.) The patient throws the rest of the 4 oz. away. (Be sure to tell them never to drink the whole cup. I encourage patients to give the "remedy water" to their plants and have heard remarkable stories of supposedly dead plants returning to life and even to bloom.) To avoid mismeasurement, give your patient a small plastic cup with teaspoons marked on the side (the standard med cup used in hospitals, available inexpensively from pharmacy suppliers). Emphasize to your patient the importance of designating a different cup to mix each remedy. To increase compliance, you can give the patient a clear 9 oz. plastic cup from the supermarket, with the 4-oz. line marked and the remedy name noted in indelible marker. (Once patients start using many remedies, e.g. for acutes, it will avoid confusion if they keep a separate cup for each remedy and label the cup.) The patient can keep on using the same cup for the *same remedy*. A sample instruction sheet for patients is included in Appendix 1.

Dosage and Administration of LMs for a Non-Sensitive Patient

The patient succusses the remedy and takes a teaspoon from the dosage cup every day *if necessary*. Typically the non-sensitive patients will take it daily in the beginning of their treatment. Sensitive patients may only need it once a week or even once a month, and non-

sensitive patients taper off to a similar schedule over the course of several months of treatment.

The patient is taught to stop taking the remedy at the slightest hint of an aggravation, which usually nips the aggravation in the bud. The patient waits for the aggravation to disappear, the subsequent improvement, and then another downturn before starting the remedy again. This usually happens in a couple of days. When resuming the remedy, the patient permanently reduces the number of succussions (usually by 2, e.g. from 8 to 6) to avoid another aggravation. When the number of succussions has been reduced to 2, the patient starts reducing the amount of liquid instead, since the remedy always has to be succussed. (In practice I never go to 1 succussion because I have not found any noticeable difference between 2 and 1.) The curative action of the correct remedy should be so rapid that you will rarely need to go higher than LM10 before a new remedy, if any, is called for. In my experience chronic cases are usually resolved by LM5 or 6, and often by LM 2 or 3. Hahnemann's own LM pharmacy contained many remedies from LM1 to LM10 and only a few up to LM30, such as Sulphur and Merc. sol. (for the treatment of syphilis, so rampant in his time).

Adjustments for the Hypersensitive Patient

The first way to adjust for hypersensitives is to reduce the amount of liquid at each step to 1/2 teaspoon and have them dilute it in two different 4 oz. cups of water: they take 1/2 teaspoon from the remedy bottle, stir it into a 4 oz. cup, take 1/2 teaspoon from that cup and stir it into a *second* 4 oz. cup, then take 1/2 teaspoon from the second cup as their dose (called "making a second cup"). Extremely sensitive people can reduce the amount to 1/4 or 1/8 teaspoon at each step and dilute it into 3, 4 or 5 different cups. The frequency can also be reduced. Sometimes one dose every 7 or 14 days is enough to avoid aggravations. You may wonder how you decide among these different methods. Fortunately hypersensitives are so sensitive to the remedy that they can easily tell you, based on a little experimenting, what works for them. It may also be a matter of the patient's convenience and preference: some may find they can save time by taking the remedy every other day, while others may be too sensitive to the slight start-and-stop effect of this method and need to take it daily at half the previous dose. One patient may find it difficult to measure 1/16 of a teaspoon in two cups and may prefer 1/8 of a teaspoon in three cups, while another may find it too tedious to make three cups. With LM potencies the treatment is patient-centered: we explain how to adjust and then empower patients to take the adjustment process into their own hands.

If the pat ent is still aggravating on the liquid LMs no matter how much you adjust it downwards (which happens rarely, and only in the case of extreme hypersensitives), go to the *olfaction* or *friction (skin)* method, described in Chapter 5.

Advantages of LM Potencies vs. the Centesimal Scale

These are the advantages I have found for LMs in my own extensive experience with both types of prescribing. They apply to all patients, but especially to hypersensitives who suffer too much from the aggravations caused by high centesimal potencies. I have had other practitioners tell me that LM potencies aggravate, or that they do not notice a difference between LMs and centesimals, but invariably I have found that these practitioners are administering LMs by a method different from Hahnemann's method outlined in this book, which I have found to work extremely well.

- LMs are quicker and deeper in action with less aggravations. Aggravations are minimized and can be regulated more easily (see Aphorisms 245 and 246). Normally, in skin diseases and serious chronic cases, the homeopathic aggravation of the centesimal scale can give rise to immense suffering of the patients. As Kent himself expressed: "I should rather be in a room with a dozen people slashing with razors than in the hands of an ignorant prescriber of high potencies. They are means of tremendous harm, as well as of tremendous good."[6] It is evident that while high potencies are consistent with the first and third ideals of cure, i.e., rapid penetration and permanent restoration, they frequently violate the second ideal, a *gentle* impression.
- There is no leap or jump in this method. The patient starts with LM1 and goes up to LM2, then LM3 and so forth after finishing each bottle. By succussing the remedy bottle each day, the patient gradually raises the potency so that it is closer to the next remedy bottle, making a very smooth progression of potencies. It is in the nature of chronic diseases that they do not aggravate suddenly, but progress gradually and slowly. So the potency of the medicine should not be increased suddenly. The cure also comes slowly and gradually. *It is the nature of the real cure, the homeopathic cure.* Kentian prescribers administer remedies with large gaps, from 200c to 1M, to 10M, etc., hence strong aggravations are possible. The issue of *similar aggravations* is a serious one, as the suffering caused by long aggravations leads many patients to abandon homeopathy and return to the suppressive methods of allopathic medicine.
- If there is any aggravation with LM potencies, it will disappear within two days at the most when the remedy is stopped, usually much faster—several hours to half a day (although in *extremely* sensitive people the aggravation *occasionally* lasts longer).
- While many LM prescribers might consider centesimals more appropriate for acute situations because their nature is somewhat similar (quick onset, early aggravations, and strong primary action of the remedy), LMs can also be used in unusual acute situations where high potency centesimals have not helped. Make LM1 in a 4 oz. bottle and take one *tablespoon* at least twice a day and as often as every hour from the *same cup,* stirring vigor-

ously before each dose. I have used this in an acute situation (a tennis elbow) when I knew I had the simillimum (Bellis perennis) and the condition was responding only very slowly—even to high potencies in water and to Dr. Pierre Schmidt's favorite method (30c-200c-1M each one dose with 4 hours inbetween). There was a dramatic response due to the great penetration power of LMs.

- Deep acting remedies like Lycopodium and Calcarea can be used daily and repeated for months.
- Long standing chronic diseases can be cured *more quickly* using this scale, at least in my experience. For instance longstanding illnesses like asthma can be cured in a matter of months rather than years. This is also the case for numerous other serious chronic illnesses. The repetition of the dose with Kentian potencies is not possible if there are remnants of disease, so the patient suffers longer. (This method requires waiting until the practitioner is sure she can repeat, which means waiting until the patient is suffering again.) So it requires longer periods of time to effect the cure. The LM method hastens the process of cure by frequent repetition.
- It can be seen within two to four days whether or not the remedy has been selected correctly. After a single dose patients typically report a sense of well-being and improvement on a deep level, such as having more energy or being able to sleep better, whether or not their chief complaint has improved. With 6c we often have to wait several weeks or months (3 weeks at least) before we can notice any changes. With 200c and higher potencies we may see a change quickly—but often at the cost of an unwarranted similar aggravation. Any improvement with centesimals may come so much later that the patient often does not attribute it to the remedy. The homeopath ends up taking the blame for the aggravation while receiving no credit for the improvement.
- Because of the quick and clear action of LMs, disruption of the case by the wrong remedy is quickly noted and also wears off much more quickly than a disruption created by high potency centesimal doses.
- In mental illness, where even a low centesimal potency can aggravate, LMs can cure smoothly.
- In cases of longtime suppression (and it is hard to imagine any chronic disease in our present time that has not been suppressed), this potency works very effectively. LMs can *revive suppressed symptoms* better than centesimal potencies, in my experience.
- LMs are excellent in palliating incurable diseases (where there is great pathological damage) without the danger of aggravation.
- In other *apparently* hopeless cases of advanced pathology (according to allopathic prognosis), LM potencies may not only palliate better than any other potency, it may even cure

them. Where Kentian prescribers have to be extremely restrained in treating advanced pathology (because an aggravation could be fatal), LM potencies can be used more aggressively and often "cure the incurable" because of their gentleness. This is especially true in what Hahnemann called one-sided diseases, as described in Chapter 4, Pathology).

- Practitioners who give a single dose every few weeks or months may be concerned about their remedies being canceled by coffee, camphor, mint, dental interventions, etc. This is not the case with LMs, which are rarely canceled by any of the above; and if they are, it does not matter because the patient repeats the remedy the next day.
- Practitioners of the "wait and watch" method may find it necessary to forbid their patients to use nutritional supplements or receive other treatments such as acupuncture, chiropractic or massage for fear that these will muddy the picture and make it difficult to tell whether the remedy is working. With LM potencies, it is clear from the first day or two whether the remedy is working, so that patients can then be encouraged to do everything they can to support their vital energy.
- It is not necessary for the patient to discontinue prescription medication. LM potencies are more effective than centesimals, again in my experience, in working through the patient's Prozac, Albuterol, insulin or any other medication which patients are reluctant to give up, and which in fact would be dangerous for them to give up before the remedy has had time to act.
- The patient understands this method more easily because of its resemblance to the allopathic method of daily dosing. (Although not always taken daily, LMs are administered more frequently than centesimals usually are.)
- Patients are taught to observe their own symptoms and adjust their own dosage, which gives them a much greater sense of participating in the healing process and leads to greater patient satisfaction.
- A homeopath can easily make LM2, LM3 and so forth from LM1, so that he only needs to buy an LM1 and then he has a complete pharmacy at his disposal.

Looking at all these advantages, I feel that Hahnemann has given us his greatest gift in the LM potencies. It is unfortunate that by a historical accident only perhaps 10% of the homeopaths in the world (and fewer in the US) have been trained in using this potency. The new O'Reilly translation of the 6th edition has stimulated renewed interest in LM potencies, but there has been a dearth of adequate instruction available for practitioners sincerely interested in learning how to use them. In addition, many who would otherwise want to try LMs have been deterred by misinformation passed around at conferences: that LMs are too difficult and too unwieldy to use, or that patient compliance is poor. In my own experience, I have found

that the majority of patients can understand and correctly follow the directions for LMs; not only that, they enjoy the sense of actively participating in their own healing. I always tell them that they are the pilot and I am only the co-pilot in their healing journey. The sense of empowerment they receive from observing their own reactions daily and making their own adjustments is healing in itself.

As for difficulty of use, LMs require a modicum of additional study in the beginning, but they more than make up for it in the ease of practice which they provide. I have worked with both centesimals and LMs, and I found a remarkable difference when I converted my practice to using LMs almost exclusively: the pace of cure was so speeded up that I felt my entire practice had been put in a VCR on "fast forward;" and the patients' reactions were so highlighted and clarified that it was like switching from black-and-white to color TV. I no longer needed to spend time puzzling over the patients' reactions and how to proceed because LMs made the picture dramatically clearer.

I hope that this book can serve as a guide for students and experienced practitioners alike so that Hahnemann's last and most remarkable achievement receives the wide publicity and extensive use it deserves. Yes, the practitioner will receive more phone calls from patients than when treating with high potencies. LMs change the clinical picture so fast that often the patient needs to consult with the practitioner again within the first week. But as healers we must not deny our patients the benefits of LMs because of a minor inconvenience to ourselves. The gratitude of your patients and your sense of fulfillment in your practice will more than make up for it.

Practical Advice for LM Prescribing

Adjust for hypersensitives: Ascertain the sensitivity of the patient by asking them whether they have previously aggravated on homeopathic remedies; whether they are sensitive to environmental chemicals, fumes, or weather changes; whether they have difficulty coming out of anesthesia; whether they typically reduce their dosage of allopathic medicine to 1/2 or 1/4 the recommended amount; and/or whether they tend to have allergic reactions to vitamins and herbs. If you suspect the patient is hypersensitive, it is better to be conservative and give her an 8 oz. bottle with 2 succussions. The worst that can happen is that the cure takes a little longer than it otherwise would. For example, you tell the patient to do 2 succussions and it turns out she needs 4. If you err in the other direction, and tell a patient to use 4 succussions when they really need 2, the resulting aggravations will slow down the process of cure much more.

Remember that an LM is much more powerful than 30c (which is why I have often seen

that a hypersensitive could tolerate 30c but not an LM1, 2 succussions). So if the vitality and sensitivity is such that one would be concerned about giving a 30c, then *do not give LMs* in a normal dose. Use 8 or 16 oz. bottles with 2 succussions, dilute in several cups if needed, give one dose as a test dose and repeat *only if necessary*.

Giving an initial test dose: When starting a new remedy, give a test dose by asking the patient to take one dose and then *skip the following day* so that he has a full 48 hours to observe the effect. Make sure that the patient does not interfere with this first dose (by avoiding coffee and not starting any other new modality or a new diet at this time) and see how the reaction compares to the three scenarios in Figure 6-3. Assuming that you have chosen the right remedy, the first possibility is a strong positive reaction such that the patient feels an extra amount of nervous energy (taking off like a rocket). Much as the patient might like this, stop the remedy for several days and reduce the amount of succussions because it means that the dosage is too strong and will lead to an aggravation. Normally the number of succussion is reduced by two (e.g. from 8 to 6) if there is an aggravation. But in this case you can consider reducing much more, e.g. from 8 to 4 or even 2, depending on how intense the reaction is.

A second scenario is a similar aggravation: stop the remedy until the aggravation is over and adjust the succussions and/or the amount given. (Consider adjusting the succussions down to 2 if the reaction is intense, as in the first scenario.) The third scenario is the ideal one, the "Driving Miss Daisy" response: a gentle beneficial reaction (a sense of well-being, sleeping longer and deeper, etc.). There may or may not be any improvement in the Chief Complaint at this point. The patient can then resume the remedy at the same number of succussions. A fourth possibility (not shown) is a *striking* improvement in the patient's chief complaint. In this case, Hahnemann said *do not repeat until the improvement stops*, which can take several days or even weeks. (A final scenario is not a reflection on the potency but on the choice of a remedy: a dissimilar aggravation indicates that the remedy is the wrong remedy and the case must be re-analyzed.)

Our general rule is that if an aggravation occurs we adjust down; if the dose is not strong enough, we adjust up. We suspect the dose is not strong enough if the patient fails to react to the well-chosen remedy in a week or so, which is rarely the case if no other obstructions are present (see Chapter 14, Obstructions to the Cure). There are several ways of adjusting, by decreasing or increasing the following:

- the number of succussions
- the amount of water in the solution bottle, by using an 8 oz. or 16 oz. bottle
- the dilution (number of tsp. taken from the bottle and put into the 4 oz. cup of water)
- the quantity of the dose from the cup itself (1/2, 1/4 or 1/8 tsp.; 2 tsp. or 1 TBS., etc.)
- the number of cups used to dilute the remedy
- the days of intake (every day or skipping days).

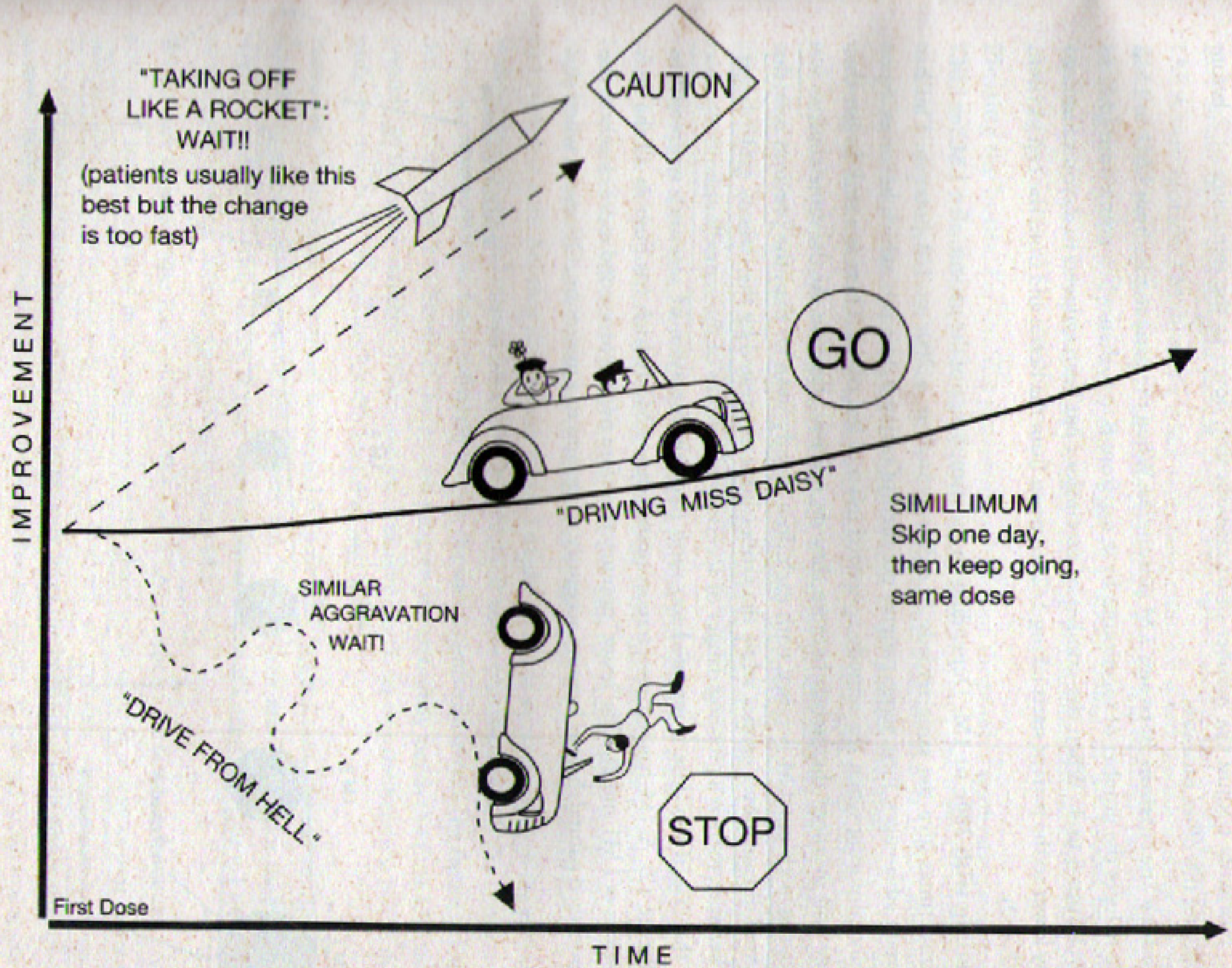

Fig. 6-3: Possible Scenarios Following the First Dose of LM1

Normally I adjust the number of succussions first, down to the minimum of 2 before applying the other measures.

Reduce succussions between LM potencies: When the patient goes from LM1 to LM2 she reduces the number of succussions by 2, e.g. from 8 to 6, then when going from LM2 to LM3 from 6 to 4. When the number of succussions has been reduced to 2, you cannot go any lower so the patient starts taking 1/2 teaspoon from the bottle and from the cup (written 1/2-1/2).

Ending with 200c or 1M: Depending on the compliance of the patient, after LM2 or LM3 I sometimes give the same remedy (if still indicated) in a 200c or 1M potency. This has certain advantages. First, some patients get tired of taking a dose prn, which becomes especially confusing when the remedy is needed less and less often. There is a real danger that they will overdose themselves because they do not pay attention. At the same time, as we progress with our LM potency, with each dose slightly stronger than the previous one, the natural disease grows smaller while the artificial disease created by the remedy grows larger. Therefore, there is a growing danger of accessory symptoms of the remedy, unhomeopathic to the case, if the dose is repeated too soon (see the discussion of accessory symptoms in Chapter 12). A 1M has less penetration power than LM3 (which has built in all the succussions of LM1 and 2). This "lesser" potency therefore might correspond more closely to the diminished natural disease, keeping accessory symptoms to a minimum. Of course, when you

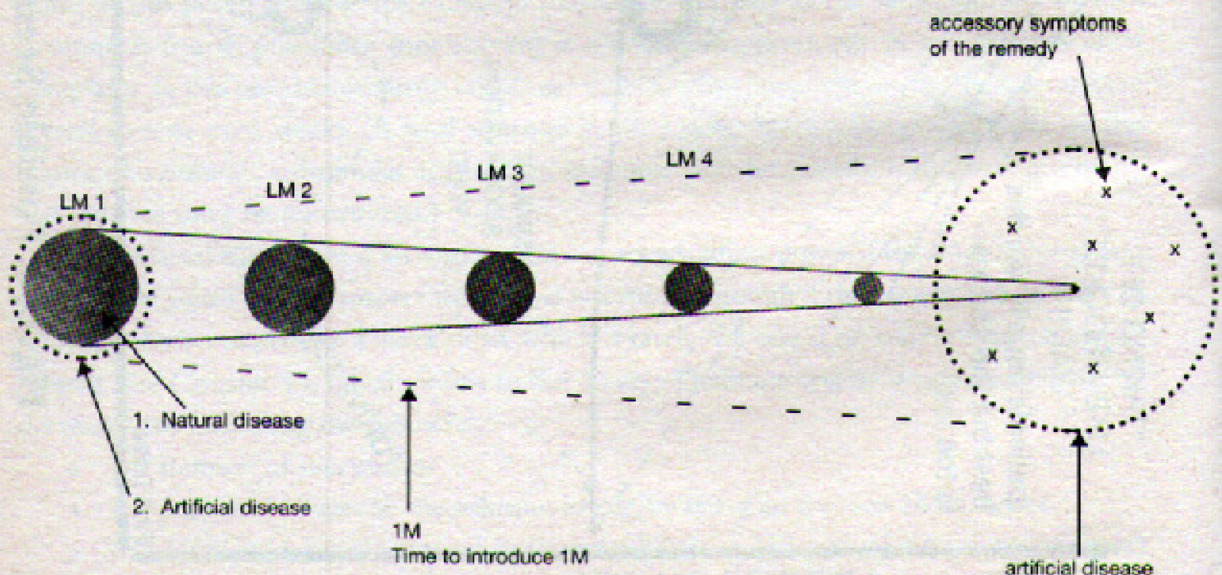

Fig. 6-4: Administration of 1M after LM2

have an intelligent and diligent patient, you certainly never need to use another potency but LM. A very sporadic LM dose prn when symptoms resurface speeds up the healing process. But the above method can be applied if the patient is too busy and does not pay attention to his progress (which happens more often than one would think), or the patient becomes confused as to when to repeat the LM potency. (See Fig. 6-4, Administration of the 1M Dose after LM2.)

Plussing the bottle: For sensitive patients, in order to dull the possibly aggravating step from LM1 to LM2, I would tell them that when the LM1 bottle has only one teaspoon remaining, to fill it with purified water halfway (2 oz. for a 4 oz. bottle, 4 oz. for an 8 oz. bottle), and then continue with the same number of succussions (this is the *plussing* method). Since the last teaspoon of LM1 contains all the added succussions, it is the strongest teaspoon of LM1 and is therefore the ideal one to be diluted. This way, when the patient finishes this plussed bottle and takes the first teaspoon of LM2 (if still needed), any aggravation will be minimal or non-existent. This is only necessary when going from LM1 to LM2, not from LM2 to LM3 etc., and only for sensitive patients.

Plussing is also a good way to test whether a patient still needs the remedy. I might do this when I think the patient is at the end of the remedy. If the patient is about to finish LM4 and I am not sure if she will need LM5, I might have her plus the bottle. If her symptoms return slightly, she needs the added stimulus of LM5. If not, the plussed LM4 might coast her gently to a complete cure. Another situation in which I might do this is a practical one: if the patient is about to run out and cannot get a refill in time, I tell her to plus the bottle. If she continues to progress, then I know I can definitely reduce the succussions and maybe the frequency or dosage for the next LM bottle. If there is no progress she definitely needs the next LM and possibly at the same number of succussions. I usually don't do this deliberately, but if the situation comes up, the information is useful to me.

Nosodes: Nosodes are sometimes found in LM potencies, but as a rule, I would advise using nosodes in a 200c potency, as the old masters did. 200c is more appropriate for their deep-working and slow-acting nature. (I start with a 200c and then if I need to repeat it I have the options of repeating 200c or going directly to a 1M.)

When not to use LMs: Exceptions for the use of LM potencies are few, but they exist. LM potencies are *not indicated* in the treatment of the three great miasms *as long as their external manifestations are present*: recently erupted itch (scabies), or syphilitic chancre, or figwarts. These situations require large doses of the remedy from the beginning with *higher and higher potencies* daily or even more often. This procedure has no danger of causing medicinal aggravation since the practitioner can observe the progress of treatment day by day until the

disappearance of these local symptoms signal a perfect cure. (As modern practitioners we are not normally confronted with these situations. By the time patients come to us, the condition has usually been suppressed and we see it in the chronic miasmatic state. It was a very common occurrence in Hahnemann's time, however. And American homeopaths may see it if they volunteer to work in Third World countries, because suppressive treatments are not so widely available there.) LMs may also be contraindicated depending on the patient's temperament or forgetfulness. Sample Case 6 in Appendix 4 provides a good example of a situation inappropriate for LMs.

In ascending order: Some Indian practitioners start with LM6, for example, giving it for three days, stopping for a month, then giving three doses of LM12, waiting another month, giving three doses of LM18, and so on. This method may work in the hands of a very skilled and experienced practitioner, but I would not recommend it to a beginner and I have not found it necessary in my practice. I always start with LM1 and proceed to LM2, LM3 etc. without skipping potencies. The only exception was that Hahnemann advised sometimes starting with LM3 in *very hyposensitive* individuals. But practitioners should follow the basic rules until they are thoroughly familiar with the phenomenal power of LMs before they start experimenting with different methods of administration.

Other Indian homeopaths give the remedy in *descending potencies*. Dr. Choudhury introduced this method in India, giving sensitive patients first a few doses of LM1 and then, when the patient regained his vitality, raising the potency to LM3 or 4 and after that gradually descending the scale again. We can understand the reasoning. After application of the simillimum the disease state becomes weaker, the patient feels improved on all planes, yet by going to LM2 the remedy becomes stronger. So he preferred the descending method, going down from LM4 to LM3, etc. But we can adjust for this by reducing the succussions, giving the remedy less frequently and in smaller amounts. Also, as a practical matter, it seems difficult to judge how far to jump with a particular patient once the initial doses of LM1 are given, whether to LM3 or LM6, etc. Like the ascending potencies, this method may give very good results in the hands of an experienced practitioner but is not recommended for the beginner. Hahnemann did use descending potencies at one point in the beginning, but later, he used ascending potencies throughout his cases, which Choudhury attributes to his senility and the heavy burden of more important assignments. But we know from historic accounts that Hahnemann remained mentally sharp and able to do his best work up to the time of his death. In my own practice, I always use the ascending scale Hahnemann recommended, with excellent results.

Overreaction by hypersensitives: A few hypersensitives can be so sensitive that they seem to react to *any* seemingly well-indicated remedy with many new symptoms. The accessory symptoms can even overshadow the patient's clinical picture, giving the practitioner the false impression that the remedy is wrong. After several false starts, the practitioner realizes that the problem is not his choice of remedy but the patient's extraordinary hypersensitivity. (If they were truly accessory signs, the remedy wouldn't have to be changed, only the potency.) I would not use LMs in this case, because they will react to even the smallest dose due to their deep penetration power. I would first try 6c dry, one pellet per day, adjusting up if necessary by putting it in water and giving 1, 2 or 3 tsp. a day, or adjusting down if necessary by going to the olfactive or skin method.

Administer in water: The famous Indian homeopath Patel tried giving LM potencies dry on the tongue, claiming they worked that way too. But he admitted that the medicines in liquid worked better. *One should never use the LM potencies dry,* only in water as Hahnemann prescribed.

Always start with LM1: In a footnote to Aphorism 246, Hahnemann states: "Use begins with the lowest degrees [i.e. LM1]." He did not say, "Start with LM6 or LM10." "Imitate me, but imitate me well" is Hahnemann's motto.

When we finish a layer, for instance with an LM3, and new symptoms requiring a new remedy show up, what should be the potency of this second prescription? For instance we finish a layer of Sepia at the end of a bottle of Sepia LM3. Now the totality of symptoms of Nat. mur. appears, representing an earlier layer in the patient's timeline. We have to start again with LM1 of Nat mur. This is a new layer, the patient has no Nat. mur. in her system, so it is logical that we start over again. However, if returning to the same remedy after a lapse of time (the patient seemed to be cured but symptoms recur later), resume where you left off that remedy. If she is halfway through a bottle of LM3, she must start at the same place. If the remedy has spoiled (flecks are floating in it), she will have to take a new bottle of LM3 and pour half of it out, also succussing it approximately the same number of times as the accumulated succussions in the previous bottle.

End at LM30: Hahnemann made LMs up to LM30, because as he stated, "everything has to come an end." In fact when his medicine chest was discovered, it had all the remedies proven at that time in potencies to LM10 with only Sulphur and Merc. sol. up to LM30. He had about 1700 LM potency remedies in this chest versus about 500 C scale remedies (which indicates his preference at the end of his life)! Most chronic cases are cured by the time we reach LM10. (Occasionally a hyposensitive with a disease layer of many years' duration will need more.) An exception occurs when palliating incurable diseases. I used Arsenicum in a

cancer patient whose oncologist gave her two months to live. She lived another three years and reached LM16, enjoying good health, energy and moods to the very end. Some practitioners like Patel in India have reached LM50 (especially in Nux vomica and Sulphur) but Patel started his cases with LM10 and jumped potencies from there.

Administer correctly: Many modern homeopaths think that LM potencies are a type of low potency remedy that can be repeated daily "because they don't aggravate." Nothing is further from the truth. We already know that LMs are not repeated automatically, day after day. And it is mainly the incorrect use of the LM potencies (starting with LM5 instead of LM1, giving the pellet dry, giving a dose directly from the bottle, etc.) that gives the mistaken impression that "LMs also aggravate," as I have heard some Kentian prescribers say. As we have seen in previous sections of this chapter, a very small aggravation is possible and easily corrected through the various means we have of adjustment of the dose. But that is not what these homeopaths refer to. Some of them even claim, "I used the LM potency and my case aggravated. Then when I used the centesimal scale, I had no aggravation and my patient was cured." If this were true, why would Hahnemann in the 6th edition declare LMs his greatest achievement and encourage his readers to discard his previous discovery, the centesimals? I believe that many of the problems reported with LM potencies stem from an unfortunate lack of training and textbooks available for LMs. For example, I have heard of homeopaths giving the LM pellet dry on the tongue, or starting with LM6, or giving a teaspoon directly from the remedy bottle, or jumping from one LM to the next after only a few days. Almost every time *improper application* was the sole reason for aggravations from LMs.

Do not automatically give the remedy daily: It bears repeating that an LM potency is not repeated indiscriminately day after day just because, as many believe, "it is such a gentle potency." In Aphorism 246 Hahnemann said: "Every noticeably progressing and conspicuously increasing improvement … excludes any repetition of the medicine." Cases with such "conspicuously increasing improvement" are of course the most wonderful reactions we can have, and if the patient is sensitive enough I have seen a layer resolved with a single dose of LM1.

Alas, as Hahnemann said himself in the same paragraph, these cases are rather rare, and he continues in a footnote to the same paragraph, "The same well-chosen medicine can now be given daily, even for months when necessary." We need to pay great attention to each word Hahnemann said, particularly to the words *when necessary.* We need to educate our patients as to the different outcome scenarios so they know how to adjust on a daily basis and when to stop taking the remedy. In addition to the patient instruction handout in Appendix 1, I give them a copy of "Driving Miss Daisy" (Fig. 6-3) and a basic rule of thumb: "When in doubt, stop the remedy and call me."

Administering in eyedroppers: Most homeopaths who tell me that they use LMs seem to administer them in eyedroppers rather than 4 or 8 oz. bottles. This is not the method Hahnemann recommended, and I am not sure where it started. It is definitely more convenient for the patient, and I am open to the possibility, although I have never tried it this way myself. I do have several concerns about giving LMs in this way. It makes sense to me that the wave forms of the succussions (and thereby the power of the energetic imprint of the remedy picture) would be altered if almost the entire volume of the bottle is penetrated by the dropper. Most practitioners who use LMs in eyedroppers tell me that they aggravate or that they are no better than centesimals, which tells me that eyedroppers may not be as effective a method as the remedy bottles. David Little's research with hundreds of patients in India over the past 12 years indicates that the size of the remedy bottle has a significant impact on the effectiveness of the remedy. Also, one would think that measuring with an eyedropper would give the sensitive patient more control over the size of the dose, but the opposite is the case. We have some patients so sensitive that they need to measure the remedy by drops from an eyedropper when taking it from an 8 oz. bottle. They would lose flexibility if they were measuring from the much smaller volume in an eyedropper.

I would like to hear from practitioners who get results from LMs in eyedroppers comparable to my results with remedy bottles, since eyedroppers would certainly be more convenient to the patient. Again, I would like to encourage other practitioners to try LMs by the method described in this chapter, especially those who have had discouraging results with LMs in eyedroppers or LMs administered by any variation on what I have described here. I believe we owe it to our patients to try different methods until we find the one that will be the most rapid and gentle for them. As Hahnemann said, *aude sapere* ("dare to know").