

SOCIAL AND HISTORICAL

Hahnemann's experiments with 50 millesimal potencies: A further review of his casebooks

UC Adler* and MS Adler

Homeopathy Postgraduation Program, Jundiaí School of Medicine, Av. Moema, 170. Cj 52.,
04077-020 São Paulo, SP, Brazil

Background: A review of Hahnemann's clinical records at the Institute for History of Medicine of the Robert Bosch Foundation in Stuttgart shows that until the end of his life, Hahnemann continued to refine his clinical method, based on clinical cases. His "most perfected method" motivated him to write the sixth edition of the *The Organon of the Healing Art*, proposing solutions controlling the side effects he observed with repeated doses of homeopathic medicines. Unfortunately, this was published many years posthumously. The sixth edition of *The Organon* introduced the fifty-millesimal scale.

Objectives: To identify the clinical cases treated with fifty-millesimal potencies and analyze Hahnemann's use of them.

Results: 1836 prescriptions of fifty-millesimal potencies were found, between 1837 and 1843 in three phases: initially sporadic; later compared regularly to centesimal dynamizations; and finally systematically. Thirty five medicines were identified in fifty-millesimal prescriptions, seven in potencies higher than 10 and only 3 (*Sulphur*, *Mercurius solubilis* and *Rhus toxicodendron*) used in the 30th degree. This accords with Haehl's information about the remedies in Hahnemann's case of fifty-millesimal potencies.

Conclusions: Hahnemann probably decided to write the sixth edition, in 1840, to incorporate his latest experience with the repetition of potentized doses and periodically modified potencies. He must have revised it after February 1842 to include his latest findings with fifty-millesimal potencies in ascending degrees. Hahnemann's conception about the superiority of the fifty-millesimal in comparison with the centesimal dynamization was based on a significant number of experiments with the two scales. *Homeopathy* (2006) 95, 171-181.

Keywords: fifty millesimal; Hahnemann; homeopathy; Krankenjournalen; case-books; DFs; dynamization

...by means of this method of dynamization (the preparations thus produced, I have found after many laborious experiments and counter-experiments, to be the most powerful and at the same time mildest in action, i.e., as the most perfected the material part of the medicine is lessened with each degree of

dynamization 50 000 times, yet incredibly increased in power..

Samuel Hahnemann¹

Introduction

Among Hahnemann's innovations in the posthumous sixth edition of *The Organon* is a new method for preparing homeopathic medicines known today as fifty-millesimal, LM or Q (*quinquagintamillesimal*), since the dynamization includes a dilution of more than 50 000 times for each degree of potency. Until

*Correspondence: UC Adler, Homeopathy Postgraduation Program, Jundiaí School of Medicine, Av. Moema, 170. Cj 52., 04077-020 São Paulo, SP, Brazil.

E-mail: ubiadler@uol.com.br

URL: <http://www.audesapere.com.br>

Received 18 July 2005; revised 13 September 2005; accepted 20 March 2006

now little has been published about the experiments that Hahnemann himself conducted with fifty-millesimal potencies that led him to the conclusion that the 'new' dynamizations were superior to centesimal potencies¹.

In 1997, Handley² published a study of Hahnemann's practice in Paris,⁵ with interesting historical data about the first patients treated. Handley used the notation ○ as the criterion to identify a fifty-millesimal prescription in Hahnemann's manuscripts, kept in the library of the Institute for History of Medicine of the Robert Bosch Foundation. According to Handley, the ○ sign indicated that he had used a globule instead of a drop in successive dilutions of the fifty-millesimal preparation. Handley found only 12 medicines prescribed in this scale, the first being a case of Sulphur 10 LM, prescribed in 1840. Unfortunately, Handley must not have had the opportunity of reading my article published in 1995 in the journal of the Institute for History of Medicine of the Robert Bosch Foundation, *Medizin Gesellschaft und Geschichte* (MedGG), which proposed criteria for identifying fifty-millesimal potencies in Hahnemann's clinical records. Based on this, I published a list of 27 medicines, used in 681 Q prescriptions, starting 1838.³

When I noticed, at the Robert Bosch Foundation, the clinical records of Hahnemann from his time in Paris (1835–1843), written in French, with his annotations in German (Deutsch-Französisch—DF), I sensed that a clinical case might be scattered in the same DF or in different casebooks, in a difficult to identify

chronological order. This form of recording cases is known to all who have studied a DF, but is probably ignored by a majority of the readers.

Unlike Handley's understanding, it became clear to me that Hahnemann did not always use a sign to identify a fifty-millesimal potency. Figure 1 shows how Hahnemann divided a page for recording the consultations of different patients, showing *Sulphur* ↑—prescribed in the fifty-millesimal, with or without the sign ○.

Given the uncertainty regarding the meaning of the sign ○ and the prescriptions of *Sulphur* ↑ without any sign, I chose to follow the clinical pharmaceutical criteria of the sixth edition of the *The Organon* to locate fifty-millesimal potencies.

In the sixth edition, Hahnemann¹ recommends that in the 'new' dynamization method, potencies from 1 to 30 be prepared and that treatment be started with lower potencies. The same medicine must be repeated for months if required, as long as it is beneficial to the patient and the potencies are gradually increased.⁴ Centesimal potencies less than 4 would not have been prescribed by Hahnemann, as they were produced by trituration.⁵

I therefore considered Q as the record of a potency: Less than 4 or

More than 3, when prescribed in a sequence that had started in a potency less than 4 of the same medicine.

The results thus obtained were consistent since potencies up to Q8 were found, coinciding with Haehl's statement according to which, Hahnemann's

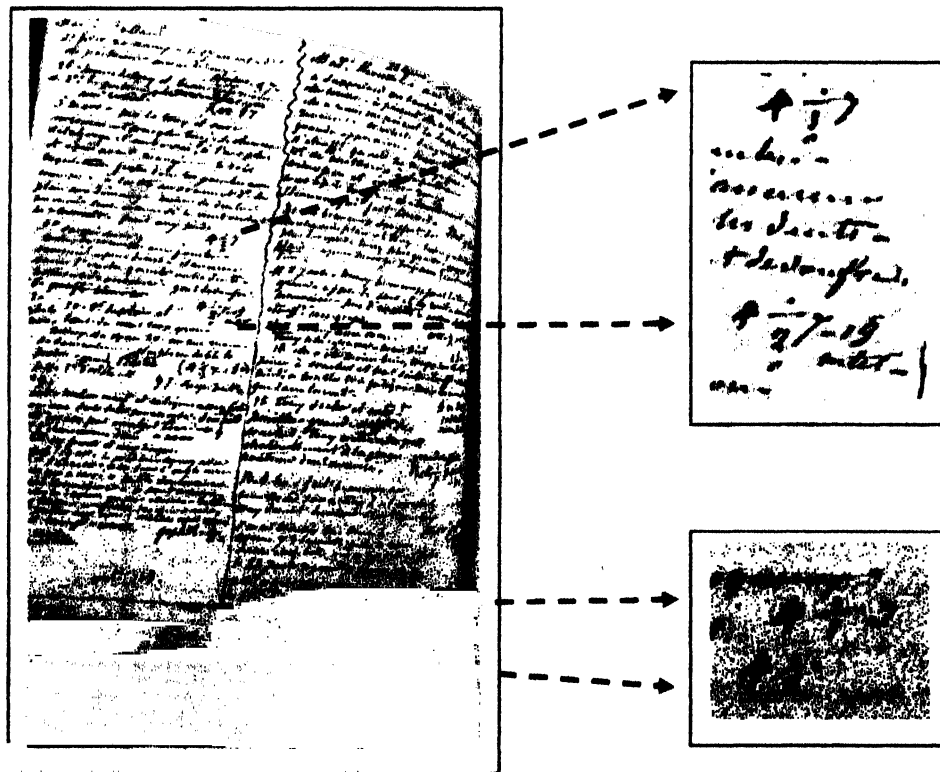


Figure 1 Example of using a page for recording the consultations of three patients and Q prescriptions with or without the sign ○, enlarged at the side. Source: DF 13, p 90.

case of fifty-millesimal potencies contained medicines in the 10 lowest degrees.⁶ Unfortunately, this medicine case is not at the Robert Bosch Institute and its location is unknown.

In 2002, Kunkle⁷ considered the criteria proposed by me logical, but correctly observed that my research located only 27Q prescriptions up to the end of February 1842 when the sixth edition of *The Organon* was finished. With such a small number of cases, Hahnemann could not have concluded that fifty-millesimal dynamizations were superior to centesimal dynamizations, as he clearly did in the sixth edition. Kunkle proposed a new theory: the notation '190' in the *Krankenjournalen* signifies Q-potencies, because $1/50,000 = 0.0002$ and Hahnemann affirms that his new dynamization method involves dilution of more than 50,000 times in each stage. Thus, in Kunkle's⁷ understanding, when Hahnemann administered a dilution greater than 1:50,000, say 1:51,000 (= approximately 0.0000196), he would represent it in a simplified manner, ie, 1/196, etc.

Though creative, Kunkle's hypothesis is unrealistic in practice. From the second degree of potency, Hahnemann introduces the globule as an additional dilution factor. The standardized microglobule is made of sugar and starch, 100 weigh 1 grain, 500 such microglobules are not sufficient to completely absorb a drop of alcohol, as Hahnemann observed.¹ Kunkle suggests that Hahnemann controlled dilution by administering one 1:53,000 (196) or one 1:52,000 (192) but this is not technically feasible with the methodology described in paragraph 270, since it is not possible to purify globules with such precision. Moreover, the standard of the globules established by Hahnemann for preparing the Q-potencies is fixed.

In April 2005, after reporting Brazilian clinical experience with Q-potencies,⁸ I was welcomed by the Institute for the History of Medicine of the Robert Bosch Foundation to review my original study³ in collaboration with my wife, Maristela Adler, an homeopathic doctor from our Brazilian team. The review was necessary because of the initial difficulty in understanding the *Krankenjournalen* and defining a research methodology. In addition to the review, we widened the inclusion criteria by adding the records marked ○. The results enable inferences about Hahnemann's use of fifty-millesimal potencies.

Objectives

- To identify prescriptions of Q-potencies in Hahnemann's *Krankenjournalen* not found in our previous work, following the same criteria.
- To determine the frequency with which the sign ○ or other signs used by Hahnemann to indicate Q prescriptions.
- To use such signs to locate cases that started their treatment with potencies greater than Q3.

- To analyze Hahnemann's rationale for implementing and developing the fifty-millesimal scale.

Methodology

The research was conducted at the Library of the Museum of the History of Medicine of the Robert Bosch Foundation in Stuttgart in April 2005. We were supported a scholarship from the Robert Bosch Foundation.

All the DFs were reviewed for records of Q-potencies. Following the criteria in the sixth edition of *The Organon*, a prescription was considered as a Q-potency if the degree registered was:

- less than 4, or
- more than 3, when prescribed in a sequence that had started in a potency less than 4 of the same medicine.

We reviewed different DFs but doubts about the notation were analyzed together, using a worksheet with the following fields:

- DF number;
- page number;
- date;
- month;
- year;
- medicine;
- potency;
- sign associated with the potency, when available;
- name of patient.

After completing the review, we analyzed the signs used by Hahnemann to indicate a Q-potency prescription. Since we considered that we could safely conclude that in the majority of cases, Hahnemann used a blank circle to identify a Q prescription, the DFs were reviewed again in search of records with the ○ sign that had not been included by the clinical pharmaceutical criteria. We then compiled the records and ordered the prescriptions by patient and by year and month to enable an analysis of how Hahnemann used his new method of dynamization.

Results

The complete list of fifty-millesimal potencies identified in this review is at the Library of the Institute for the History of Medicine of the Robert Bosch Foundation. We would be pleased to provide a copy to those interested, upon e-mail request.

The Q-potencies located by the sign ○ were recorded so that a distinction could be made between these and the records included through clinical pharmaceutical criteria. A total of 1001 prescriptions of Q-potencies were identified and located, following the criteria in the sixth edition of *The Organon*. One

Q-potency prescription prior to 1838 was located: *Hepar sulphuris*, prescribed on 26th February 1837 (Figure 2).

Thirty-four medicines administered by Hahnemann in the lowest 10 potency degrees were identified. The frequency of use of potencies is shown in Chart 1.

We added the sign ○ to the inclusion criteria, because:

- the small empty circle ○ is a 'new' sign in Hahnemann's cases. It appeared for the first time in 1838, associated with the first cases of *Sulphur* prescribed in the fifty-millesimal (DF 2nd, p 22; DF 6 p 145; DF 9, p 92);
- Q prescriptions (73.6%) found in the 1st phase³ are accompanied by this sign, in superscript or subscript, in relation to the number that defines the degree of potency (Figures 3-5).

A new review of the DFs found 13 medicines accompanied by sign ○ (only *Chamomilla* does not figure in the list identified by clinical pharmaceutical criteria), used in 835 prescriptions of potencies that vary between 4 and 30 (Chart 2).

The integration of the records identified by clinical pharmaceutical criteria with those located ○ gives a total of 1836 Q-potencies prescribed by Hahnemann. (Table 1).

Table 2 show the annual distribution of these prescriptions and identification criteria.

We identified three distinct phases of use of fifty-millesimal potencies by Hahnemann. In the initial phase, between 1837 and 1839, he used the fifty-millesimal in rare prescriptions of *Sulphur 1* or *Hepar sulphuris 1*, spread among the experiments that he conducted with relatively high centesimal potencies (not included in this research), always administered in solution, for use over several days. Figure 6 illustrates this phase, with a *Sulphur Q1* being used before *Sulphur 95c*, in 1838.

In the second, comparative, phase, starting in the second quarter of 1840, Hahnemann compared the fifty-millesimal sequences with centesimal sequences regularly, the Q potencies were mainly between 4 and 10 degrees, although there are records of use of higher Q-potencies as shown by Chart 2. In this phase, he administered a determined medicine in centesimal potencies starting from C4 (since, as mentioned earlier,



Figure 2 Digital photograph of the oldest record of a Q-potency prescribed by Hahnemann. Source: DF 6, p 89.

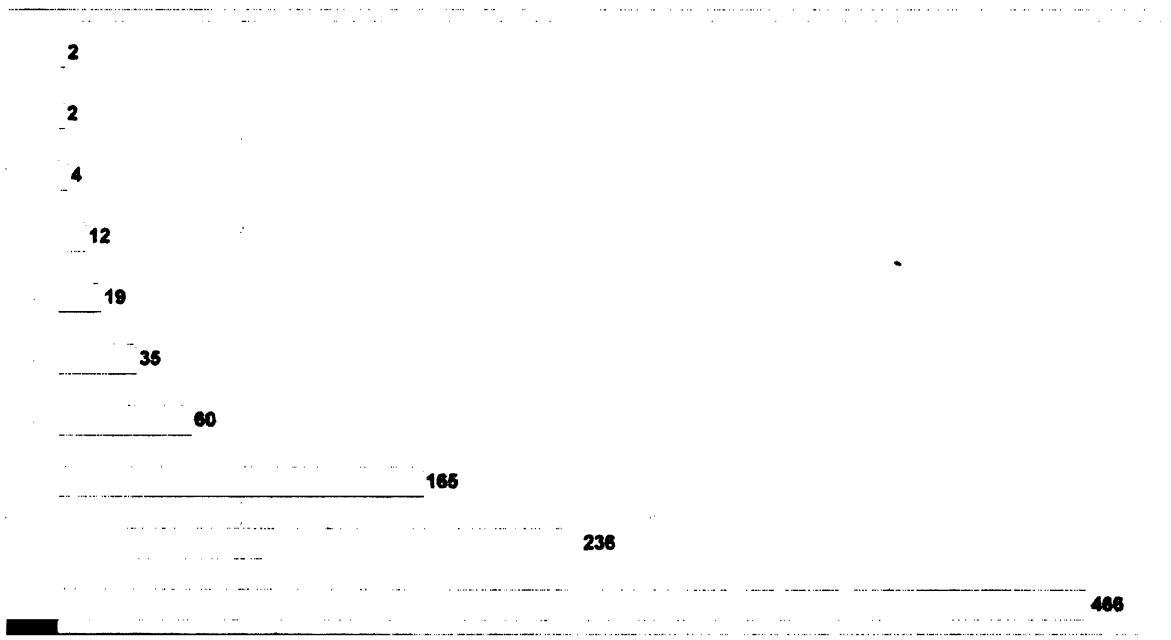


Chart 1 Number of prescriptions in each degree of Q-potency, identified by clinical pharmaceutical criteria. Source: *Krankenjournalen—DFs*.

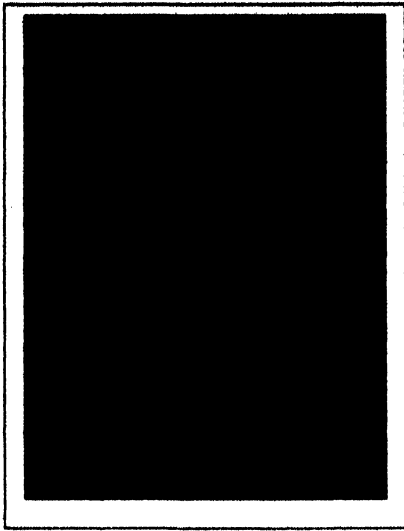


Figure 3 ○ Superscript. Source: DF 8, p 278.

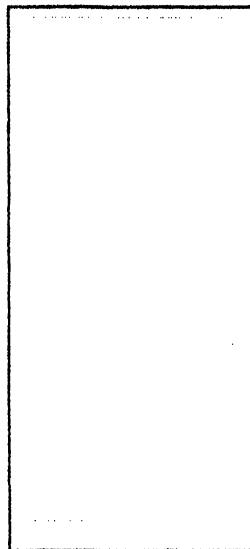


Figure 4 ○ Subscript Source: DF, 13, p 316.



Figure 5 ○ Subscript. Source: DF 13, p 40.

lower centesimal potencies would be trituration products), accompanied by the sign ○, followed by the same medicine in adjacent but fifty-millesimal potencies, accompanied by the sign ○ (Figure 7).

By the end of 1841, the comparative phase gave way to prescriptions that tended to follow the method described in the sixth edition of *The The Organon*, with low fifty-millesimal potencies, generally 1 or 2 and usually prescribed in the ascending order. Chart 3

illustrates this transition between the comparative phase, whose records were located by the ○ sign, and the systematic phase, in which the potencies were identified according to the clinical pharmaceutical criteria and administered according to the method in the sixth edition of *The Organon*.

The Q prescriptions for the patient Louis Gosselin, summarized in Table 3, illustrate this evolution in Hahnemann's use of fifty-millesimal between 1841 and 1842.

Regarding the known predominance of *Sulphur* prescriptions in the DFs, we observed that, as Hahnemann consolidated the method of the sixth edition of *The Organon*, he increased the proportion of other medicines prescribed. To demonstrate this observation, we divided the total of records, with date determined ($n = 1768$), in two halves. The first 884 Q prescriptions (February 1837 to April 1842) contain 699 (79%) Q-potencies of *Sulphur*, while in the second half (April 1842 to June 1843), Q-potencies of *Sulphur* totaled 519 (59%) (Chart 4).

The dates on which various medicine were prescribed for the first time in a Q potency is shown in Table 4.

Discussion

Using two different criteria for locating Q-potencies in the *Krankenjournalen*, we were able to identify three phases: Hahnemann initially experimented occasionally with potencies of *Sulphur* or *Hepar sulphuris* Q1; then compared them regularly with centesimal potencies of a similar degree; and finally using them according to the method described in the sixth edition of *The Organon*.

Following the same clinical pharmaceutical criteria of the first research, 1001 Q prescriptions of a total of 34 medicines were found, administered in the first 10 degrees of potency. This total, 47% more than was found in our previous work, reflects better planning of the present work and the division of tasks among the authors. It is possible that a few records still have not been located but the numbers will certainly not significantly influence the results. Locating Q-potencies exclusively by sign ○ led to finding 835 Q-potencies, 80 (9.6%) in dynamizations higher than the 10th degree (4.3% of the 1836 identified potencies). Seven medicines were prescribed in potencies higher than 10 and only 3—*Sulphur*, *Mercurius* and *Rhus toxicodendron*—were prescribed in the 30th degree, which is in strict accordance with Haehl's information about the remedies kept in Hahnemann's case of fifty-millesimal potencies.⁶ It is improbable that the finding of those 30th degree potencies is an error in interpretation because in 1841, *Sulphur* 30 fifty-millesimal (30○) clearly appears as an extra item among the high centesimal prescriptions (Figure 8).

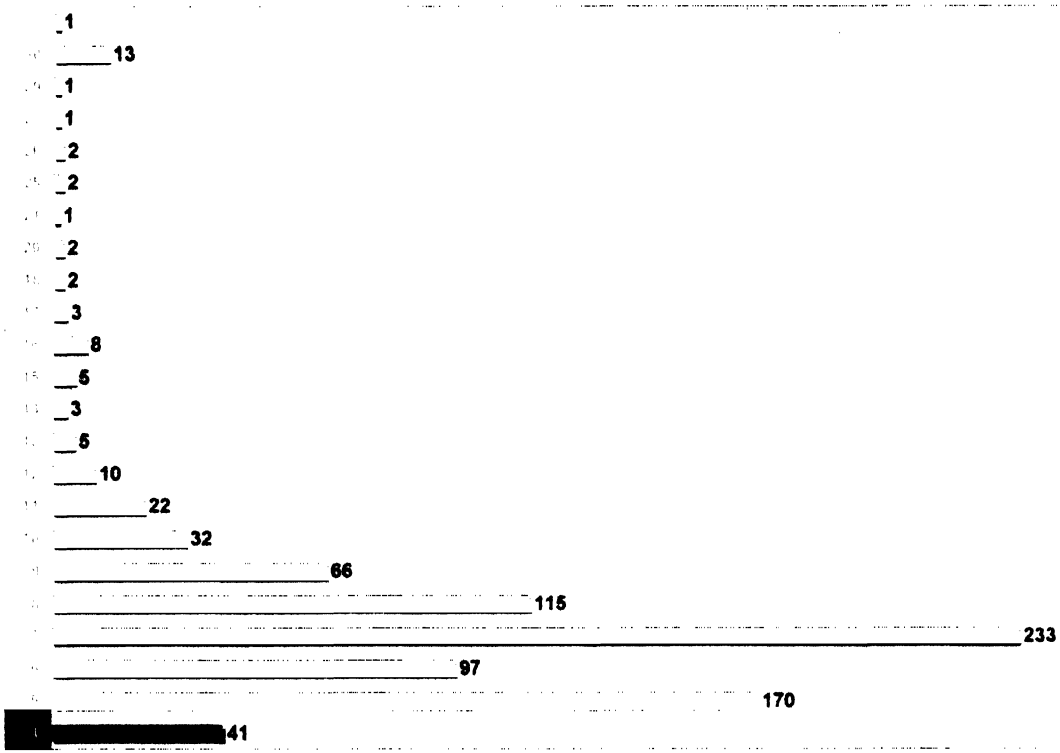


Chart 2 Number of prescriptions in each degree of Q-potency, identified by the sign ○. Source: Krankenjournalen—DFs.

Table 1 Medicines used in the fifty-millesimal scale by Hahnemann

Medicine	No. of prescriptions	% of prescriptions	Medicine	No. of prescriptions	% of prescriptions
Acon	2	0.1	Ip	9	0.5
Alum	11	0.6	Kali-c	4	0.2
Ambr	1	0.1	Lyc	31	1.7
Ant-c	1	0.1	Merc	23	1.3
Ars	11	0.6	Nat-m	19	1.0
Aur	2	0.1	Nit	1	0.1
Bell	89	4.8	Nux-v	26	1.4
Bry	14	0.8	Pb	1	0.1
Calc-c	55	3.0	Phos	17	0.9
Carb-v	5	0.3	Puls	1	0.1
Carb-a	2	0.1	Rhus-t	33	1.8
Caust	2	0.1	Sep	8	0.4
Cham	1	0.1	Sil	22	1.2
Chin	3	0.2	Spong	2	0.1
Cinn	3	0.2	Sulp	1266	69.0
Cupr	1	0.1	Thuja	8	0.4
Grap	15	0.8	Verat	1	0.1
Hep s	142	7.7	*	5	0.3

Source: Krankenjournalen—DFs.

*Undetermined.

Table 2 Annual distribution of Q-potencies identified by sixth edition criteria and by sign ○

Criterion	Year*	1837	1838	1839	1840	1841	1842	1843	Total
Sixth edition	15	1	4	2	10	20	588	361	1001
○	53	0	0	0	9	556	188	30	835
Total	68	1	4	2	19	576	776	392	1836

Source: Krankenjournalen—DFs.

*Undetermined.

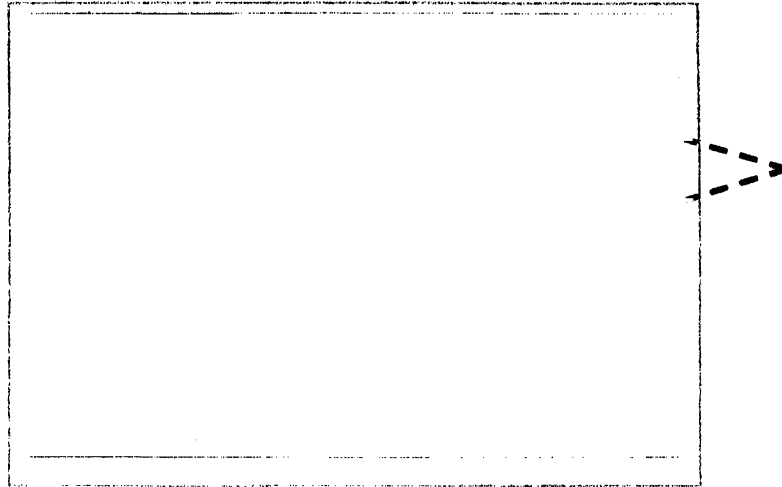


Figure 6 Initial phase of the use of Q-potencies (1837–1839): rare prescriptions of Sulphur Q1 in between relatively high centesimal potencies (in this case, a Sulphur C95).

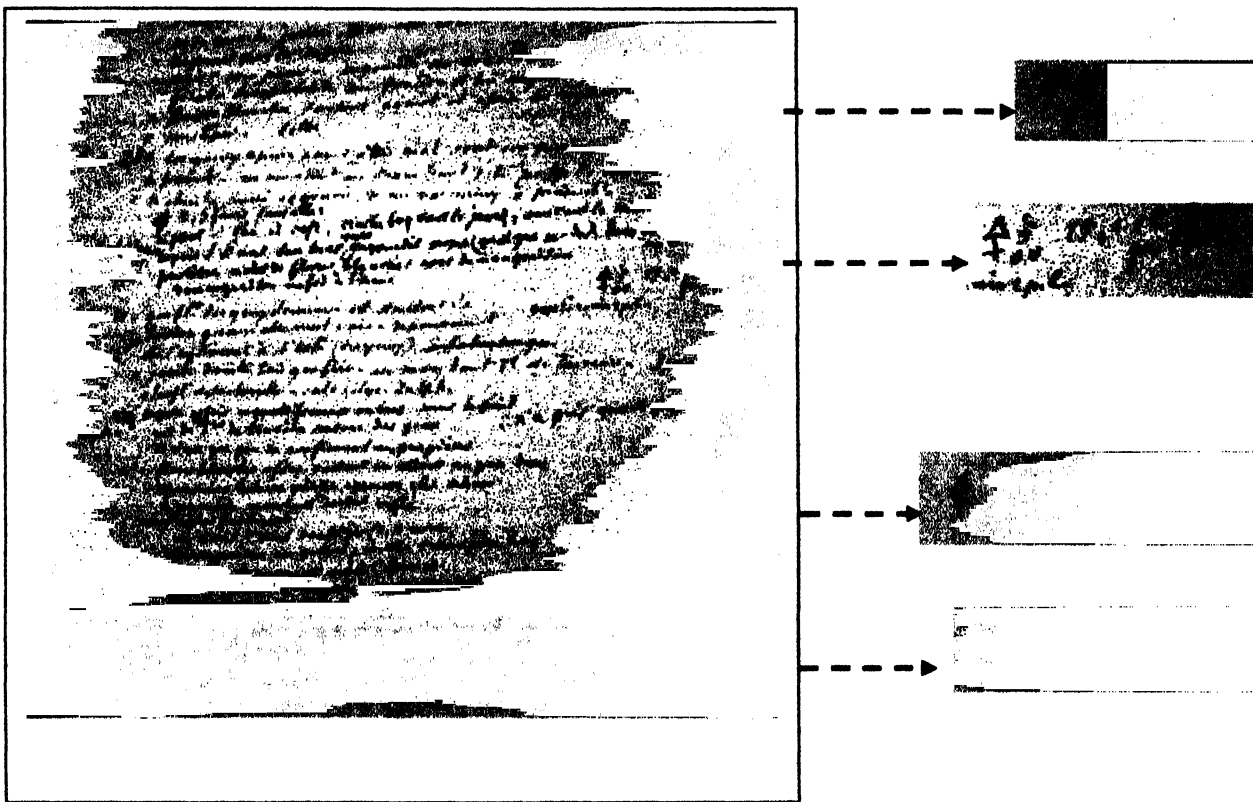


Figure 7 Comparative phase of the use of Q-potencies (1841): frequent comparisons between potencies of similar degree, centesimal and fifty-millesimal, as magnified on the side. Source: DF 12, p 240.

The limit of dynamization found—Q30—is in accordance with the instruction in *The Organon* for preparing fifty-millesimal up to the 30th degree.¹

There are different hypotheses for trying to understand the initial predominance of fifty-millesimals of *Sulphur* and the greater frequency of prescriptions of other medicines from 1841 to 1842:

- As the advantages in the action of Q dynamizations of *Sulphur* became clear, Hahnemann himself prepared or ordered the preparation of other medicines

(according to Haehl, Hahnemann's box of Q medicines contained '150 of the most important homeopathic remedies',⁶ which Hahnemann must have ordered without having had the opportunity to use them).

- *Sulphur* may have been a standard medicine used by Hahnemann to test and compare potencies and dosage systems. As the method of the sixth edition of *The Organon* was developed new variables including medicines other than *Sulphur*, were tested.

- Despite the claim that treating a case of chronic disease must be with various homeopathic medicines⁹ (one at a time) and these diseases cannot be cured only with *Sulphur*,¹⁰ Hahnemann may have sought in *Sulphur* a solution for the majority of his chronic patients, giving up this 'single medicine' experiment in 1841.

For a clearer understanding of the relation of *Sulphur* with other medicines in Hahnemann's work, an analysis of all the prescriptions (and not just the fifty-millesimals), before and after the theory of Psora would be necessary.

In February 1842, Hahnemann¹¹ informed his publisher that the sixth edition of *The Organon* was ready after 18 months' work. Going by this piece of information, he would have commenced work on the sixth edition around August 1840. It is improbable that, at the age of 85 and with a busy consultancy, his principal objective was to add or modify theoretical and philosophical concepts in *The Organon*. It is also improbable is that he would have decided to present the 'new method of dynamization', because, according to the results of this research, he would have only made about 20 prescriptions of fifty-millesimal potencies by September 1840. The sixth edition shows what Hahnemann called his 'most perfected method', summarized in paragraph 246, which minimizes the

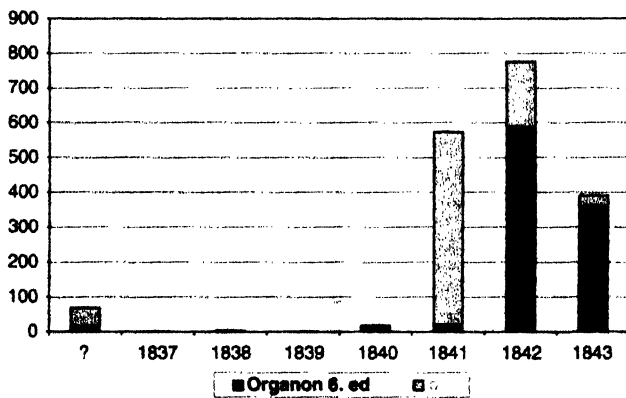


Chart 3 Contribution of the Q prescriptions identified according to the criteria in the sixth edition of *The Organon* or by the sign O, to the total of Q prescriptions located every year. Source: Kranenjournalen—DFs. *Year undetermined.

side-effects of repeated homeopathic doses, allowing for quicker cures. To summarize, the well-chosen medicine must be administered in the smallest therapeutic dose and in liquid form (so that it can be shaken before each dose by means of succussions) with periodical changes of potency.⁴ An outline of this 'most perfected method' had already appeared in a Preface in 1837, 'About the homeopathic technique'¹² (still with centesimal potencies), but not in *The Organon*, whose fifth edition contained already superceded directions for repetition of doses.¹³

As we understand it, Hahnemann's initial objective for working on the sixth edition and insisting on its publication was his awareness of the ill effects caused by frequently repeated, but not modified homeopathic doses. On the other hand, liquid doses, altered by succussions before each intake and by periodical changes of potency, would have their therapeutic effect with less 'side-effects'. If in 1837 this new system of repetition of doses had already been mentioned,¹² 5 years and thousands of cases later, Hahnemann felt the need to incorporate it in *The Organon*, communicating his 'most perfected method' to his disciples and future generations.

The concept of the superiority of the dynamization today called fifty-millesimal, LM or Q in relation to centesimal potencies, had most probably been formed in February 1842 because, by the end of that month, Hahnemann had already gathered at least 737 observations about the action of fifty millesimals. However, February and March 1842 appear to have

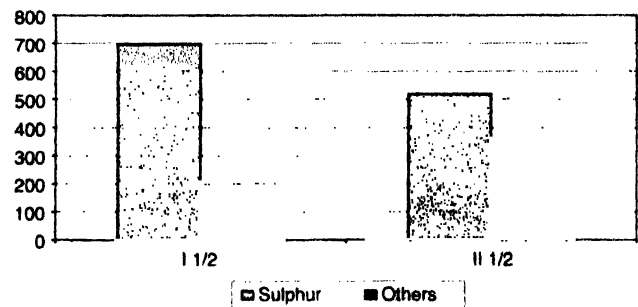


Chart 4 Number of Q prescriptions of Sulphur versus those of other medicines in the 1st and 2nd halves of the records located and dated. Source: Kranenjournalen—DFs.

Table 3 Prescriptions of Sulphur for a patient, demonstrating the evolution in the use of fifty-millesimal by Hahnemann between 1841 and 1842

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
Louis Rolland Gosselin	<i>Sulph</i>	7	○	1841	5	15	8	294
Louis Rolland Gosselin	<i>Sulph</i>	8	○	1841	6	29	8	294
Louis Rolland Gosselin	<i>Sulph</i>	9	○	1841	7	10	8	294
Louis Rolland Gosselin	<i>Sulph</i>	10	○	1841	8	23	8	294
Louis Rolland Gosselin	<i>Sulph</i>	11	○	1841	11	23	8	294
Louis Rolland Gosselin	<i>Sulph</i>	1	None	1842	3	9	8	295
Louis Rolland Gosselin	<i>Sulph</i>	2	None	1842	3	30	8	295

Source: DF 8.

Table 4 Date when each medicine located was prescribed for the first time in Q potency

Month/Year	1837	1838	1840	1841	1842	1843
Jan	Hep-s	Sulp	Lyc	Rhus	Sep	Aur Carb-an Ip Kali-c Thuja Cinn Ambr Ant-c Cham Pb Cup
Feb					Caust	
Mar					Calc	
Apr					Acon	
May					Carb-v Nat-m	
Jun				Nux v		
Jul			Bell		Ars Chin Phos	
Aug				Merc		
Sep			Sil			
Oct				Grap	Puls Spong Verat Nit	
Nov				Bry Alum		
Dec						
Total/year	1	1	3	5	14	11

Source: Krankenjournalen—DFs.

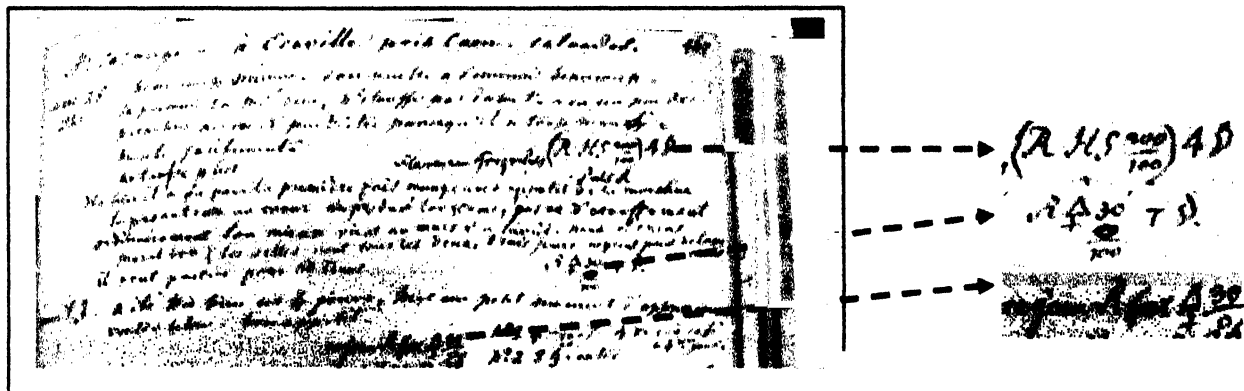


Figure 8 Sulphur Q30 (30○) after an unused hypothesis of *Hepar sulphuris* C200, with the prescriptions magnified beside. Source: DF 12, p 467.

Table 5 Examples of patients treated with Q-potencies between January and March 1842

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
M. Delero	Sulph	15	○	1842	1	21	4	159
M. Delero	Sulph	20	○	1842	1	28	4	159
M. Delero	Sulph	21	○	1842	2	11	4	160
M. Delero	Sulph	25	○	1842	2	26	4	160
M. Delero	Sulph	26	○	1842	3	6	4	160
M. Delero	Sulph	1	○	1842	3	26	4	160
M. Bancherau	Sulph	5	○	1841	12	9	11	412
M. Bancherau	Sulph	5	○	1842	1	3	11	412
M. Bancherau	Sulph	6	○	1842	1	9	11	417
M. Bancherau	Sulph	7	○	1842	1	30	11	379
M. Bancherau	Sulph	7	○	1842	1	26	11	417
M. Bancherau	Sulph	8	○	1842	2	4	11	417
M. Bancherau	Sulph	1	○	1842	3	3	11	418

Source: Krankenjournalen—DFs.

Table 6 Patient treated with Q-potencies between April and May 1842

Patient	Med	Potency	Sign	Year	Month	Date	DF	Page
Amini Monttagnon	Sulph	1	None	1842	4	2	13	145
Amini Monttagnon	Sulph	2	None	1842	4	12	13	145
Amini Monttagnon	Sulph	3	None	1842	5	3	13	145
Amini Monttagnon	Sulph	4	None	1842	5	17	13	145

Source: Krankenjournalen—DFs.

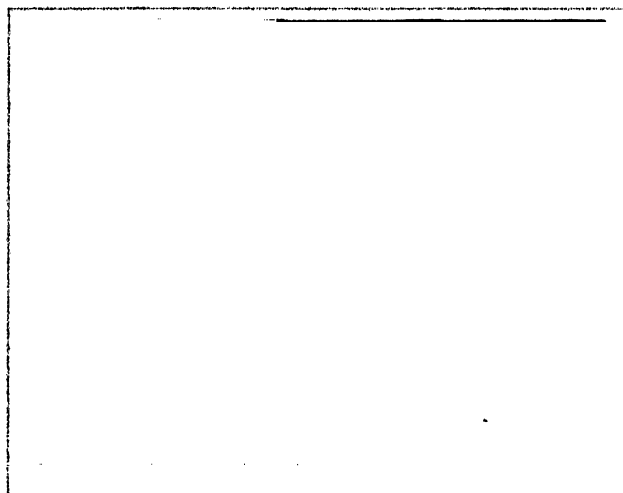


Figure 9 Sixth edition of *The Organon*, amended by hand by Hahnemann. Source: University of California, S. Francisco. Photo provided by Ana Elisa Padula.

been the months of transition between the comparative and systematic phase, when Hahnemann established, little by little, the ascending order of potencies starting from the lower degrees. The cases treated in Tables 5 and 6 illustrate this transition.

The homeopathic aggravations observed with the highest fifty-millesimal potencies had probably led Hahnemann to use lower degrees and in an ascending scale, as already suggested by David Little.¹⁴ However, when Hahnemann first announced conclusion of the sixth edition, he still started experimenting this route, which would be consolidated in the months to come.

The sixth edition was 'ready' in February 1842, but this did not prevent its author from altering this first version. Since it was a copy of the fifth edition, to which Hahnemann attached pages containing his handwritten amendments, it would be enough if he added new attachments for new ideas or discoveries. And with so many experiments conducted with the new dynamization method, would Hahnemann omit including his best observations about new potencies? Certainly not! According to Schmidt,¹⁵ there is almost a meter's length of observations about Q-potencies attached to paragraph 270, indicating the importance Hahnemann attributes to the new pharmaceutical technique (Figure 9).

With this analysis of the epilogue of Hahnemann's work, we hope to have helped so that his many experiments have not gone in vain. Together with the

therapeutic system of *The Organon*, the fifty-millesimal dynamization concludes Hahnemann's 50 years of work, for those who look forward to an even more effective and mild Homeopathy.

Conclusions

1. Hahnemann probably decided (in 1840) to write the sixth edition of the *The Organon* in order to incorporate to his 5 years of experience with the repetition of potentized doses and periodically modified potencies.
2. He must have improved the sixth edition even after February 1842 to include his latest findings with fifty-millesimal potencies in ascending degrees, which became a trend in his casebooks from the second quarter of 1842 on.
3. Hahnemann's belief in the superiority of the fifty-millesimal in comparison with the centesimal dynamization was based on a large number of observations with the two scales.

Acknowledgment

We are grateful to the staff of the Institute for the History of Medicine of the Robert Bosch Foundation, especially Prof. Robert Jütte, Ph.D. (Director) and to Prof. Martin Dingues, Ph.D. (Deputy Director and Archivist) for their support.

References

- 1 Hahnemann CFS. *The Organon der Heilkunst: aude sapere*. 6.Aufl., hrsg. u. mit Vorw. vers. von Richard Haehl, Leipzig, Schwuabe, 1921, Heidelberg, Haug, 1988 § 270.
- 2 Handley R. In search of the later Hahnemann. Beaconsfield, Beaconsfield, 1997.
- 3 Adler UC. Nachweis von 681 Q Potenzen in den französischen Krankenjournalen Samuel Hahnemanns. *MedGG* 1994; 13: 135-166.
- 4 Hahnemann CFS. *The Organon der Heilkunst: aude sapere*. 6.Aufl., hrsg. u. mit Vorw. vers. von Richard Haehl, Leipzig, Schwuabe, 1921, Heidelberg, Haug, 1988 § 246.
- 5 Hahnemann CFS. *Die chronischen Krankheiten*. 2. Aufl., 1. Theil, Arnold, Dresden, 1835, 4. Nachdruck. Haug, Heidelberg, 1988, p 185.
- 6 Haehl, R. *Samuel Hahnemann, his life and work*. English transl. by Wheeler and Grundy. B. Jain, reprint 1989, Vol. 2, p 428.

- 7 Kunkle L. Samuel Hahnemanns mysteriöse Q Potenzen. *MedGG* 2001; 20: 213-220.
- 8 Adler UC, Cesar AT, Adler MS, Alves A, Garozzo EN, Galhardi WMP, Padula AE, Souza IC. LM or Q-potencies: retrospection of its use during 15 years in Brazil. *Hom Links* 2005; 2(18): 87-91.
- 9 Hahnemann CFS. *The Organon der Heilkunst: aude sapere*. 6.Aufl., hrsg. u. mit Vorw. vers. von Richard Haehl, Leipzig. Schwuabe, 1921, Heidelberg. Haug, 1988 § 171.
- 10 Hahnemann CFS. *Die chronischen Krankheiten*. 1. Theil, Arnold, Dresden, 1835, 4. Nachdruck. Haug, Heildeberg, 1988, p 129.
- 11 Hahnemann CFS. *The Organon der Heilkunst: aude sapere*. 6.Aufl., hrsg. u. mit Vorw. vers. von Richard Haehl, Leipzig. Schwuabe, 1921, Heidelberg. Haug, 1988 Vorrede des Herausgebers, p. XI.
- 12 Hahnemann CFS. *Die chronischen Krankheiten*. 3. Theil, Schaub 1837, 4. Nachdruck, Haug, Heildeberg. 1988, Vorwort.
- 13 Hahnemann S. *The Organon der Heilkunst: aude sapere*. 5. Auflage, Leipzig, Heidelberg, Haug, 1986, § 246.
- 14 <http://www.simillimum.com/TheLittleLibrary/Bookreviewsarticles/Laterhahpeter.html>, accessed 23 December 2005).
- 15 Schmidt J. History and relevance of the 6th edition of the *The Organon of Medicine* (1842). *Br Hom J* 1994, 83: 42-48.