The LM potencies in homoeopathy: From their beginnings to the present day
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In 2007, the company ARCANA Dr Sewerin GmbH & Co KG celebrated its 50th anniversary. To honour the occasion we decided in favour of a publication that looks back into the past: a history of the LM-potencies from their first beginnings to the present day. A survey of this kind does not exist yet in the history of homoeopathy and there are also hardly any previous studies to fall back on. What causes additional difficulties is that there is still no consensus on the ultra high potencies. The historian must therefore steer clear of any partiality and critically evaluate the wide-spread hand-written and printed source materials. The author hopes that he has achieved this and that he has contributed to avoiding any further fictionalisation in this field.

To avoid confusion it needs to be pointed out that the terminology around the 50 millesimal potencies has remained inconsistent. It varies depending on the manufacturer, for historical reasons, with some producers using the abbreviation ‘Q’ and others the original name ‘LM-potencies’. The official German pharmacopoeia Homöopathisches Arzneibuch (HAB) allows both names and only makes sure that the manufacturing specifications are consistent. The term ‘Q-potency’ (from Lat. quinquaginta milia = 50,000) that is commonly used today traces back to JOST KÜNZLI VON FIMMELSBERG (1915–1992). RUDOLF FLURY (1903–1977), who rediscovered HAHNEMANN’s 50 millesimal potencies preferred the abbreviation ‘LM’ (from the Roman numerals L for 50 and M for 1,000). ARCANA Dr Sewerin GmbH & Co KG and other manufacturers therefore follow a tradition if they use this name.
In the interest of consistency we use ‘Q-potencies’ or ‘50 millesimal potencies’ in the following text (apart from in quotations).

Stuttgart, Summer 2007

Professor Robert Jütte PhD
On 28th July 1856, a notice appeared in the German journal Allgemeine Homöopathische Zeitung that could easily have been overlooked by a careless reader. The author conceals his identity behind the initials NE. The sensational information released to his readers, however, incensed Hahnemann’s widow, Mélanie d’Her-villy (1800–1878), across the Rhine. Even the present-day reader discerns its contentious nature. Let us look at the actual wording: “The news that we will soon be in possession of the writings which our master has left behind, will bring joy to the heart of any person who is penetrated by the truth of our teachings and who – as the writer of these lines – is filled with great respect for their founder. Many beautiful cases of healing are, without doubt, hidden in Hahnemann’s Paris journals, which will be of the greatest service for present and future generations of homoeopaths once they have come to light. A wealth of theoretical experience can be expected from the publication of the writings of such an astute and inspired thinker and observer, whose clear mind could not even be clouded by his great age. Only in one respect Hahnemann seems to have gone somewhat too far during the last years of his life: I am alluding to his potentisation theory.”

After his safe-guarding clause (faithful and reverential student etc.) and some carefully phrased criticism of Hahnemann’s potentisation techniques, the author reveals one of the best-kept secrets of homoeopathy of those days: “By chance I gained insight into some of his last written prescriptions and I found to my astonishment that at that time he was not satisfied any more with the 30 potency and the customary diluting method, but that he had considerably augmented it. In a letter he prescribed, for instance ‘to
Plate 1: Anonymous newspaper article about the Q-potencies
dilute one globule of remedy in 15 teaspoons of water, then to add one teaspoon of this to a large bottle full of water, shake it and give one teaspoon of this final mixture to the patient.”

The author had obviously gained access to HAHNEMANN’s case journals by accident. These were, however, jealously guarded by MÉLANIE d’HERVILLY in Paris and nobody was allowed to see them apart from HAHNEMANN’s favourite pupil CLEMENS MARIA von BÖNNINGHAUSEN (1785–1864). It must therefore have been through him that the unknown author gained insight into the case journals. MÉLANIE, to whose attention the article in the Allgemeine Homöopathische Zeitung (AHZ) naturally had to come, seems to have suspected this as well. In a still unpublished letter written in French to Bönnninghausen and dated 8th September 1856, i.e. only
a few weeks after publication of the above mentioned journal, she vented her anger and accused him of having disclosed confidential information to a third party. In this letter, the Q-potencies – as they are called now – were mentioned for the first time by name: *divisions infinitésemales* (infinitesimal dilutions).³ The name ‘Q-potency’, which is used today, was introduced by Jost Künzli von Fimmelsberg (1915–1992).⁴ Rudolf Flury (1903–1977) had preferred the abbreviation LM⁵ which is, however, incorrect as the Roman numeral LM would denote the number 950 rather than 50,000. This is why Will Klunker (1923–2002) and other classical homoeopaths always supported ‘Q’ as the only legitimate abbreviation for the 50 millesimal potencies (Lat. *quinquaginta milia*).⁶

The notice in the AHZ concludes with the hope being expressed that the long expected 6th edition of the *Organon* might at last bring clarity about the new potentisation methods and the author emphasises that in his view the planned publication was well placed in Bönninghausen’s hands, whose knowledge and “clarity of thought” he could not praise enough.

But the author of this statement was mistaken. Where other homoeopaths had failed, Bönninghausen did not succeed either,
namely in convincing MÉLANIE to make HAHNEMANN’s literary legacy available to the followers of his teachings. In 1859, three years after this incident, BÖNNINGHAUSEN published an article on
homoeopathic posology, in which he describes his positive experiences with high potencies (> C 30) and expresses his hope that HAHNEMANN’s widow might soon publish the 6th edition of the Organon because it would include the description of a “new dynamisation method relating to high potencies […] more powerful than any previous preparations.”

Two years later another article by BÖNNINGHAUSEN appeared in the same journal in which he again defends the high potencies. He states that he and other homoeopaths had used these with great success and emphatically refers to HAHNEMANN. BÖNNINGHAUSEN does not mention which very high dosages HAHNEMANN had prescribed to his patients during the last decade of his life, but rather confines himself to the cryptic remark that “the progress he made in this field in the years leading up to his death is only known to his close friends, to whose number we have the fortune to belong.”

The veil of secrecy that shrouded these so called médicaments au globule or 50 millesimal potencies was first partly lifted in 1921 by the Stuttgart homoeopath and HAHNEMANN-biographer RICHARD HAEHL (1873–1932) when he published the last hand edition of the Organon. A year previously he had managed, with the financial support of the American homoeopaths WILLIAM BOERICKE (1849–1929) and JAMES W. WARD (1861–1939), to buy HAHNEMANN’s bequest (including the Organon manuscript) from the BÖNNINGHAUSEN family who had been owners of this “treasure” since MÉLANIE’s death in 1878. In return for their generous financial help HAEHL gave his American benefactors the original manuscript of the 6th edition of the Organon while he held on to a copy which MÉLANIE d’HERVILLY had had drawn up already in 1865. The copy might also be one which MÉLANIE’s adopted daughter SOPHIE, the wife of one of BÖNNINGHAUSEN’s sons, had commissioned in 1879. HAEHL used one of the two copies for his edition of the 6th edition published by Willmar Schwabe in 1921. Both copies
Einige Worte über Dosesologie 1).

Von Dr. C. v. Bönninghausen in München.

Es ist in der Tat eine sehr heiklere Frage, dass die Anhänger der Homöopathie noch in einem einzigen, nämlich im Punkte der Dosesologie so durchsichtige Ansehene haben und solche zum Thedie in so erfüllter Weise verfechten, dass man unmöglich an den alten Spruch erinnert wird, welcher lautet: Medicus mendecum non magis est, quam medicus medium.


Wenn es auch keinen einzigen klaren Homöopathen endeden kann, die Meinungen und gesehen, ständich wiederholt haben kann der Allopathie in Anwendung und, obzwar die Arzneizweck wiederauffinden, dessen über mehr und selten zu nennen sind, so besteht doch bei den Homöopathen eine solche Verschuldung in der Anschauung und Praxis in Bezug auf diese, der Homöopathie wesentlich abhängige Doctrin, dass eine ruhige Besprechung und Erörterung darüber unfähig zu sein scheint.


Allgemein von den Grundsätzen der Allopathie, — (Contrariam contrariis und Similis similibus) — liegt zwischen beiden noch ein ebenso wertvoller Unterschied in der Quantität der Gaben, was bei Dosesologie nennt.

Wenn die Allopathie fragt: wie viel kann der Kranke, oder überhaupt der Mensch von einem Arzneimittel vertragen, ohne vergiftet, oder wenigstens mit einer gefährlichen Arzneimittel belastet zu werden? — so fragt die Homöopathie ganz einfach: wie wenig davon ist hinreichend, um eine Krankheit zu heilen?

Die Allopathie, welche für sich das Prädikat einer hepbätischen Medizin usurpir, hat dabei den weisen Ausspruch des Hippokrates über den Nächsten des Zuwachs, wie es scheint, ganz vergessen. Daher findet man in der Pharmakopoea bessern (und mehreren anderen Pharmakopöen) eine menschenfreundliche und wahrhaftig wegen trauriger Erfahrungen sfuswigende Tabelle: "Atkinesis das medicamentum maximus,allis, intra quas Medicus pro su interno non praescrinit absque addito signo(\(^{1}\))." — Eine ähnliche Erklärung hierüber steht in der Verredung mit folgenden Worten: "Si Medicus medecorum pro su interno, ut apis, praescrinit donum, signum(\(^{2}\)) addere debeat; si neglectatur, Pharmacoapis, Jam formulae Medico remittere oporet, ut hic de ipso pronunciet." 2)

So wie die Allopathie die Erfahrung benutzt, — denn dieser Artikel und schicklich gehoben die Entscheidung, — um zu wissen, wie hoch die Gaben gefährlich gesteigert werden darf, ebenso benutzt auch die Homöopathie ihre Erfahrung, um zu erkennen, bis zu welchem Masse die Gaben verkleinert werden dürfen, um nach den Zweck der Heilung damit zu erreichen.

Hahnemann bat um so dringendes Verständnis, gleich vom Anfängen an die gefährlichen Gaben der Allopathen zu verkleinern, indem er wahrhaben, dass die Arznei um desto heiffer wirke, je mehr sie in Beziehung auf das Similus similibus der Krankheit entsprach. Um daher dem menschenfreundlichen Strebem, osto, tuto et juvente zu helfen, sowie in möglich Gegen zu thun, wurde die Dosis allmählich verringert und mehr gebracht, und zwar nicht, wie die Allopathie es versuchte, durch Zusatz von angehalt (arzneimittelchemische) Cenexsantien und Metamorphosen, sondern einfach durch Thellung, vermittelt Zusatz eines indifferenten Stoffes, welcher das Volumen und das Gewicht vermindert und so eine weitere Thellung möglich machte, wie die übrigen Masse und Gewichte nicht mehr ausreichenden.

Wir finden daher in der ersten Periode der Homöopathie nur Verdünnungen im engsten Sinne des Wortes (Dilutiones), und in diesen noch nicht die später, wohl mehr durch Zufall entdeckte größere Entwicklung der Arzneimittel (Hynomiasis) durch verstärktes Schießen oder

1) Zum Verfasser im Original zum Abdruck überreitet, Ned.

2) Der so voll eu gnex pleonex. Ίτανων. Αριθ. I. 51.

Plate 5: Bönninghausen on posology
have been considered lost ever since. They are not with Haehl’s collection which the German industrialist Robert Bosch sen. (1861–1942) had bought off him still during his lifetime. The original which Boericke used as the basis for his American translation of the Organon eventually found its way into the library of the University of California in 1971 and is still there today. Josef M. Schmidt’s text-critical 1992 publication of the Organon’s 6th edition is based on this still existent original manuscript which shows only few gaps in comparison to one of the copies that were available to Haehl for his edition.

Neither Boericke in the preface to his translation nor Haehl in the introduction to his edition refer to the significance of the new potentisation method described in § 270 of the 6th edition for Hahnemann’s therapeutic practice in the last years of his life and for homoeopathic pharmacotherapy in general. Only in his very comprehensive Hahnemann- biography the latter remarks: “Hahnemann called remedy potencies that were produced in this new way Médicaments au globule as opposed to the Médicaments à la goutte which were produced using an earlier system and whose potency grades he used to express in Roman numerals. For the new remedy preparations on globules he used Arabic numerals with a little ring above (1, 2, 3, 5 etc.).” Haehl also mentions that according to Hahnemann’s then still existing medicine chest these remedies were produced in ten different potencies. Which potentisation Hahnemann preferred, when and in which cases he resorted to the controversial Q-potencies and how often he actually used them Haehl was unable to disclose. His premature death prevented him from publishing Hahnemann’s case journals, which had not been published before and had originally not been intended for publication at all.

The initial inability to recognize what was new in the 6th edition of the Organon became apparent also in a controversy fought in the British Homoeopathic Journal shortly after the publication of
Plate 7: Original page from the 6th edition of the Organon
ORGANON OF MEDICINE
BY
SAMUEL HAHNEMANN

Aude Sapere

SIXTH EDITION
AFTER HAHNEMANN’S OWN WRITTEN REVISION FOR THE SIXTH EDITION

TRANSLATED WITH PREFACE
BY
WILLIAM BOERICKE, M.D.

INTRODUCTION BY JAMES KRAUSS, M.D.

PHILADELPHIA:
BOERICKE & TAFEL
1822

Plate 8: Title page of Boericke's translation
The followers of Kent (Weir Borland, Tyler) had obviously read that, during the last years of his life, Hahnemann had been convinced of the necessity to increase the potency by succussion of the daily administered remedy. But they did not see a connection to the completely new manufacturing method also described in § 270. They called their own approach the ‘plus-method’ and simply applied it to high potencies that were common at the time.\footnote{Boerick’s translation.}

The historiography of homoeopathy which did not only begin with Richard Haehl\footnote{The historiography of homoeopathy which did not only begin with Richard Haehl also tried to downplay Hahnemann’s new edition of § 270, probably in order not to add fuel to the debate on high potencies which had already divided the homoeopathic movement for a long time and presented a potential target for the representatives of conventional medicine. Rudolf Tischner (1879–1961) only mentions the Q-potencies in one single sentence in his Geschichte der Homöopathie (published between 1932 and 1939), concluding that the new manufacturing method “carried on with the dilution”. His 1950 short history describes § 270 as a “spiritualist approach in the purest form.”} also tried to downplay Hahnemann’s new edition of § 270, probably in order not to add fuel to the debate on high potencies which had already divided the homoeopathic movement for a long time and presented a potential target for the representatives of conventional medicine.\footnote{Rudolf Tischner (1879–1961) only mentions the Q-potencies in one single sentence in his Geschichte der Homöopathie (published between 1932 and 1939), concluding that the new manufacturing method “carried on with the dilution”. His 1950 short history describes § 270 as a “spiritualist approach in the purest form.”} Rudolf Tischner (1879–1961) only mentions the Q-potencies in one single sentence in his Geschichte der Homöopathie (published between 1932 and 1939), concluding that the new manufacturing method “carried on with the dilution”.\footnote{His 1950 short history describes § 270 as a “spiritualist approach in the purest form.”}
Rediscovering the Q-potencies for the homoeopathic practice

It is astonishing that almost 20 years passed before a homoeopath seriously looked at HAHNEMANN’s latest posology and drew from it for his own therapeutic practice.

The credit of having rediscovered the Q-potencies for 20th and 21st century homoeopathy belongs to the abovementioned Swiss physician Dr RUDOLF FLURY (1903–1977). He graduated from medical school in Zurich and received his doctorate in 1928 with a non-homoeopathic thesis (“Graham’s Cholecystography test results at the Kantonspital in Zurich”). After his residency in Rorschach hospital he settled down in 1934 as a homoeopathic doctor in Berne. It was in 1942 that he discovered something that would decisively influence his approach to therapy. He describes this in a later published lecture:

“I did not discover the ‘LM-potencies’, I re-discovered them. HAHNEMANN discovered them and his wife MÉLANIE prepared them. During his last years in Paris HAHNEMANN probably administered mostly LM-potencies. A hundred years later, in 1942, I noticed the large footnote to § 270 in the 6th edition of the Organon. I then proceeded to make up the remedies myself, because there were no pharmacies at the time to do it for you. I made up my entire pharmacy and I give LM-potencies. I very rarely give a centesimal or decimal potency. You can give LM safely every day. A child is given one globule of sulphur LM 30 in the morning and one in the evening. And if the children feel better one does not have to tell the parents: ‘Reduce the dose’, they will just forget about it. You don’t have to worry: once people feel better they forget about taking their
medicine. I have never experienced any damage, initial aggravation, or anything of that kind and I have given LM almost exclusively for 33 years now (1976, R.J.). HAHNEMANN’s discovery of the LM-potencies was an enormous step for homoeopathic medicine."

Dr Flury’s pharmacy with the original Q-potencies has been preserved as part of the homoeopathic historical collection of the Institut für Geschichte der Medizin of the Robert Bosch Foundation in Stuttgart where it can be accessed for research purposes.

Towards the end of the 1940s Flury conducted his therapeutic experiments with the “LM-potencies” known among experts, but to start with only in the French speaking realm. Two lectures he gave in 1948 and 1949 at conferences of the Société Rhodanienne d’Homéopathie were published in 1950 under the title Les Dilutions au Cinquante-Millième de la VI. Edition de l’Organon as part of the Lyon Laboratoires P.H.R. publication series.

A publication by Heinz Schoeler (1905–1973), general editor of the AHZ, from 1951 proves that the manufacturing method for Q-potencies described by HAHNEMANN had been known for a while, even among scientific critical homoeopaths, but it had not affected the actual practice. He writes:

“HAHNEMANN came up with a strange way of preparing the potency stages in Paris: instead of taking a drop of remedy he succeeded a globule saturated with the substance in 99 drops of alcohol in order to produce the next potency stage. His reason for doing this was, he said, that the majority of his Paris patients displayed an unusual nervous irritability. Even after administering the 30th centesimal dilution, unpleasant aggravations had often ensued. He used the new method in order to avoid these negative side-effects, these ‘homoeopathic aggravations’.

The writer is obviously sceptical. He himself conducted numerous drug tests at the Leipzig homoeopathic polyclinic in the late 1930s. He made no attempt at hiding his critical view of the high potencies later on in the same publication:
“It is noticeable that while HAHNEMANN’s ‘extremism’ in ‘letting patients smell a remedy’ was abandoned by all homoeopaths who thereby admitted that the ageing master had made a mistake, his incredibly strange dilutions have survived and are not considered a mistake. The doggedness with which a considerable number of homoeopathic physicians have continued using high potencies because of the success they are supposed to yield is the main reason for this systematic examination.”

One of the physicians criticized by SCHOELER for holding on to the high potencies and even going a step further was the Swiss homoeopath Dr ADOLF VOEGELI (1898–1993). He had been a successful radiologist in Zurich before he turned to homoeopathy in the late 1930s, after reading a book by the famous French homoeopath LÉON VANNIER (1880–1963). From 1939 up to his death VOEGELI worked as a homoeopathic physician in Pully near Lausanne. He was one of the founders of the Zeitschrift für Klassische Homöopathie in 1957. One chapter in his work Heilkunst in neuer Sicht (1955), which saw several editions, is dedicated to the “potentisation on the 50 millesimal scale” where he describes the manufacturing specifications as set out by HAHNEMANN in § 270 of the sixth edition of the Organon. At the same time he was fully
aware that such unimaginable dilutions would be grist to the mill of the opponents of homoeopathy:

“The allopaths usually accuse us of using too small dosages that cannot possibly have an effect. They are referring to doses which seem small to the rational mind, doses of a millionth or a billionth gram. That means they are passing a judgement about these relatively high dosages, often without having a clear idea of what a 30th centesimal or even a 12th 50 millesimal potency (referred to below as LM) actually is.”

Voegeli admits that he also had initially questioned the efficacy of such highly diluted remedies. But after putting them to the test in his practice he became convinced that Hahnemann had been right with his new potentisation method:

“In thousands of tests I had to convince myself that the 50 millesimal potencies achieve much stronger and longer lasting curative effects than the centesimal potencies.”

Voegeli’s explanation for the efficacy of these “astronomic dilutions” was that during succussion “energetic properties” were transferred from the medical substance to the solvent. He therefore calls the 50 millesimal potencies (from LM 4) “insubstantial, biological energy units.” We find similar attempts at an explanation, which were influenced by nuclear physics, in the later homœopathic literature.

It is not possible to determine whether Voegeli was already aware of Flury’s experiments with Q-potencies at the time, but we cannot rule it out altogether seeing they both were Swiss homœopaths. Voegeli’s ‘teacher’, Léon Vannier, certainly knew about them and did not think much of them because he wrote in his textbook: “Il est d’ailleurs complètement étranger au développement de l’homéopathie, et nous le citons que pour mémoire, étant donné son caractère irrationnel, qui ne peut séduire que les amateurs d’étiquettes hautement numérotées.” For the French homoeopath, the belief in Q-potencies was irrational and had
therefore, in his opinion, no place in the further development of homoeopathy.

A further trace leads us to Switzerland. The eminent French homoeopath PIERRE SCHMIDT (1894–1987) settled down in Geneva in 1921. After graduating from medical school he had studied homoeopathy in London and New York with, among others, JOHN HENRY CLARKE (1853–1931) and MARGARET TYLER (1857–1943) as well as with ALONZO AUSTIN, one of Kent’s students. Schmidt was one of the first graduates of a training course offered by the American Foundation for Homoeopathy for the first time in 1922. In 1924 he became one of the founders of the Liga Medicorum Homoeopathic Internationalis. Around the same time he visited RICHARD HAEHL and had a look at HAHNEMANN’s Paris journals which he found very impressive but he did not have the time to study them in detail.28

SCHMIDT was not only involved in the revised edition of Kent’s Repertory; in 1952 he also translated the sixth edition of the Organon into French. He could hardly have overlooked the controversial § 270, yet he only referred to it in a footnote, saying that the homoeopaths at the time spoke of the new potentisation method as dilutions au cinquante millième.29 He uses exactly the same expression that RUDOLF FLURY had chosen as the title for his essay which was published in 1950 in the Laboratoires P.H.R. Lyon series. It is interesting that PIERRE SCHMIDT did not yet mention the Q-potencies in a lecture on “HAHNEMANN’s patrimony” which he gave at the 1936 Liga Congress in Glasgow. He merely said that the founder of homoeopathy had given low as well as high potencies, among them C200 and C1000, during his time in Paris.30 Only shortly after the publication of his Organon translation, SCHMIDT clearly pointed out the significance of § 270 in a contribution to the British Homoeopathic Journal.31 Throughout his life PIERRE SCHMIDT remained a Kentian and preferred working with high C-potencies:
Heilkunst in neuer Sicht
Ein Praxisbuch

Von
Dr. med. Adolf Voegeli

2. erweiterte Auflage

KARL F. HAUG VERLAG / ULM-DONAU

Plate 11: Adolf Voegeli: Heilkunst in neuer Sicht, 1955
“And in inventing high dynamisation KENT has created a method that is so simple and uncomplicated in its use and achieves such outstanding results that one only has to prescribe the Q-potencies in exceptional cases, where KENT’s method cannot be used or where it does not work. I personally use the Q-potency twice or three times a year.”  

In another context SCHMIDT made a similar statement explaining that he used Q-potencies only for patients who were taking allopathic medicines, such as anti-epileptic drugs, as well. Here, he also provides information about the special medication when using Q-potencies:

“If the allopathic drug is given in the evening, it is best to take the homoeopathic remedy in the morning when the concentration of the allopathic drug in the blood is at its lowest. The author generally administers the Q-potency every second evening, two drops after strictly shaking ten times, in order to change the drug picture and to avoid testing the drug.”

Initially, PIERRE SCHMIDT’s wife DORA NAGEL, a qualified pharmacist, prepared his high potencies (up to MM) in their own laboratory. From an essay he wrote in 1962 we learn that SCHMIDT despite his preference for high C-potencies, had ample therapeutic experience with Q-potencies. Here he describes the treatment of common acute cases with Q-potencies:

“This is the example of a case where the treatment will presumably take about 6, 7 days and where a two hourly repetition within 16 of 24 hours is indicated:

1. Under these conditions I take a 300cc flask and fill it up to 280cc with ordinary water.
2. To this I add 20cc of 90% camphor-free alcohol as a preservative.
3. The patient is given a powder capsule which contains milk sugar to which a globule of size no. 00 is added that has been saturated with the remedy. With the handle of a knife or something
similar I crush the globule into the milk sugar in the capsule, while the capsule rests on any kind of hard surface (marble, a hard table top etc.).

4. At the moment of taking the medicine the patient shakes the content of the capsule into the flask with the water/alcohol mixture where it dissolves.

5. Before each use the patient has to shake the flask ten times by holding it in one hand and hitting it against the other.

6. He then has to take one teaspoon of the mixture every two hours, each time shaking the flask ten times so that each teaspoon contains a liquid that has been manually dynamized to a higher scale.”

Pierre Schmidt was fully aware of the fact that the mostly scientific and critically minded German homoeopaths of the 1950s and 60s would not be open to these dosages. He had already been declared a “visionnaire, quasi un déséquilibré”, that is a nutcase, even a lunatic, by them, he writes in his memoirs looking back over fifty years as a homoeopathic practitioner, just because he had defended the high potencies. It would be worse if he tried to justify even higher potencies. It is little wonder then that in Germany initially only the Zeitschrift für Klassische Homöopathie, found-
ed in 1957, wrote about HAHNEMANN’s Q-potencies, but not the Allgemeine Homöopathische Zeitung, whose editor at the time was HEINZ SCHOELER.

Another Swiss homoeopath must be mentioned in the context of the rediscovery of the Q-potencies for homoeopathic use: JOST Künzli von Fimmelsberg (1915–1992). He came from a doctors’ family in St. Gallen that had produced three generations of homoeopathy supporters. In 1946, he learned from PIERRE SCHMIDT about the Kentian approach to homoeopathy. In 1947, he settled down in St. Gallen where he offered training courses for prospective homoeopaths. His courses on homoeopathy on the North Sea island of Spiekeroog made him an influential teacher in Germany. Among his students were OTTO Eichelberger (1918-2005), KLAUS-HENNING GYPSER and MANFRED VON UNGER-Sternberg. In 1973, Künzli translated Kent’s textbook Lectures on Homoeopathic Philosophy into German. Almost two decades before that, he had helped Pierre Schmidt with his French translation of the 6th edition of the Organon. It was then that he had discovered the mysterious § 270. From 1949 he began, partly in collaboration with his teacher, to produce and use Q-potencies of antipsoric remedies, an experience which led him to pronounce the following positive verdict in 1956:

“I cannot get myself to see the quinqua-millesimal potencies merely as a historical curiosity, because I am convinced that they have certain advantages. As soon as I can look back over about ten years of experience I will happily share it.”

He did this, in fact, much sooner: in 1960. In a contribution to the Zeitschrift für Klassische Homöopathie Künzli writes at length about the manufacture and use of the Q-potencies. He starts by describing the manufacturing process in detail following the instructions in § 270 of the 6th edition, which he had helped to translate into French. And he adds his own practical therapeutic experiences:
“Add one globule of the chosen potency – usually beginning with Q1 – to some milk sugar in a paper capsule. Then fill a 150cc vial (10 tablespoons) to approx. 8/10 with tap water (if not chlorinated!) and add approx. 1/10 wine spirit (95% alcohol) so that the water will keep longer. Ask the patient to take both items home. At home, the patient has to crush the small globule into the milk sugar, using, for example, a knife handle, and then pour the entire content of the capsule into the vial. This makes the stock from which the individual dosages are taken. [...] In cases of chronic disease it is sufficient to take the remedy every second evening before going to bed. The patient has to take the vial into one hand and shake it ten times vigorously against the palm of the other hand. In this way the stock is each time dynamized to a higher scale. [...] Once this has happened one tablespoon of the stock is stirred into a glass of fresh water. The glass should have about the same size as the vial with the stock. Once the spoonful of stock has been thoroughly mixed with the water, the patient takes one small tea spoon full (= 5ccm). The rest of the liquid in the glass is discarded and the glass thoroughly cleaned. Two day later, the patient repeats this procedure in exactly the same way [...]”

This procedure is very similar to the one described by Pierre Schmidt. It is also remarkable that Künzli increases the Q-po-
Rediscovering the Q-potencies for the homoeopathic practice

Tendencies by two stages when treating chronically ill patients. Other application methods, such as giving one globule onto the tongue, are also mentioned in this contribution to a homoeopathic journal which saw itself as the mouthpiece of the “classical” approach.

20 years later, Künzli no longer had any reason to complain about the homoeopaths’ lack of interest in Hahnemann’s new dynamizing technique, on the contrary: When introducing the new English translation of the 6th edition of the Organon at the 1981 Liga Congress in Rome he said: “In France and Germany practitioners, skilled and unskilled alike, adopted the 50 millesimals with fervour. Manufacturers, both qualified and unqualified, began to sell them, and now the world is awash in them.”

In 1989, Künzli commented for the last time on the Q-potencies. In an essay for the Zeitschrift für Klassische Homöopathie he wondered whether Hahnemann had been inspired by Constantin Hering to experiment with the new potentisation.

One of the pioneers of the re-introduction of Q-potencies into homoeopathy was the Austrian Mathias Dorcsi (1923–2001). He had started his homoeopathic studies with Hartmut Oemisch (1901–1992) in 1953 and had founded the Austrian association of homoeopathic physicians in the same year. In 1975, he founded the Ludwig-Boltzmann-Institute for Homoeopathy in Vienna. At the end of the 1950s, Dorcsi discovered the Q-potencies for his therapeutic practice, inspired by Rudolf Flury who also supplied him with the first samples. Dorcsi also used Kentian high potencies which he received from “M[adam?]e. Schmidt”, presumably the wife of Pierre Schmidt. In an essay for the Zeitschrift für Klassische Homöopathie the Austrian homoeopath describes his initial difficulties when using Q-potencies in his practice:

“I painstakingly followed the instructions but met with resistance on the part of my patients, on the one hand because they could not understand why they should throw away an efficacious medicine and, on the other hand, because so many of my patients
travel and find the 150ccm flask impractical, so they left it at home. Finally, most of them could not understand the scale of dilution. But no-one can say that I did not have enough contact with my patients.”

Disillusioned, Dorcsi wrote to experienced colleagues to ask their advice. His list of contacts reads like a Who’s Who of the Q-potency pioneers. Apart from the homoeopaths already mentioned: Künzli von Fimmelsberg, Pierre Schmidt, Rudolf Flury and Adolf Voegeli, he lists Ernst H. Schmeer (1921–1997), one of Voegeli’s students, Jacques Baur (1920–2003) and Hanns C. Laudenberg (*1915), the two latter being students of Pierre Schmidt. In his essay, Dorcsi also explains where his Q-potencies came from. Apart from Rudolf Flury, the company Staufenpharma and the pharmacy Spaich & Pfänder in Göppingen/Germany he mentions ARCANA as the company who supplied the majority of his globules. Dorcsi summarizes his experiences with the Q-potencies in the treatment of acute, not life threatening conditions as follows:

“Since using LM potencies I experience the same fast effect and the advantage of dose repetition if this should become necessary in case histiostasis [i.e. an organ or tissue lesion, R.J.] develops. I (just as all other reporters) use the 6th LM as a matter of principle and give 5 drops on the tongue or dissolved in water once or in repetition after 2 or 3 hours.”

In cases of chronic disease Dorcsi also principally started with a Q6-potency, changing to Q12 after about five weeks and then to Q30. But he also knew of colleagues who started with the Q30 and then moved on to Q60 and Q90.

His experiments with Q-potencies for all kinds of diseases led Dorcsi to draw the following conclusion:

“I am convinced that the use of the highly effective LM potencies means that interim medication, nosodes and drainage products are needed much less frequently. […] Even though the other potencies
will not be necessary because of the universality of the LM potencies, one will be forced from time to time in practice to use reliable organotropistic preparations such as crataegus, berberis, solidago etc., and in cases where the general mood indicates this, one can achieve a fast effect with C-potencies.\textsuperscript{43}

Dorcsi clearly shows himself to be a student of Flury who nevertheless did not lose sight of Pierre Schmidt’s Kentian orientation.

In the mid-1960s, the Q-potencies had clearly ceased to be only a topic for a small circle of homoeopaths keen on experimenting. On April 10, 1965 – Hahnemann’s 210th birthday – the Bavarian branch of the Zentralverein homöopathischer Ärzte in Germany held a meeting in which focused mainly on Q-potencies. Among the speakers were – apart from the aforementioned protagonists Dorcsi, Laudenberg, Kunzli and Eichelberger – Georg von Keller (1919–2003) from Tübingen and Martin Stübler (1915–1989), second chairman of the German central association of homoeopathic physicians from 1960 to 1975. Also invited were

\textit{Plate 14: Guidelines for the usage of Q-potencies in the late 1950s}
pharmacists who had already specialised in the manufacture of Q-potencies at this early stage: Dr Sewerin, founder of ARCANA, Wolfgang Spaich, who, in 1956 had founded Staufen-Pharma in Göppingen together with Harald Pfändner MD, board member of the German federal association of the pharmaceutical industry and chairman of the department for phytotherapy, as well as Dr Friedrich Zinsser, who had opened a pharmacy at the ‘Neckar Gate’ in Tübingen in 1958 and later on worked closely with Dr Georg Keller on the manufacture of Q-potencies.

No opponents of the high potencies seemed to be present at this meeting and Max Tiedemann (1914–1998), in his conference report, praised the professional atmosphere and the productive discussion. In the face of the homoeopaths’ growing enthusiasm for the Q-potencies, especially in the German speaking world, one of the main representatives of this new approach deemed it necessary to hold up a warning finger:

“Mr Künzli strongly cautioned against this LM commotion, because one gives the remedy for quite a long time in classical therapy and there was a great risk that the case would be spoilt, if the kind of sensitive or hypersensitive patients that are so common today, were given one or more wrong remedies in a row which could lead to a lasting impregnation with drug symptoms. […] If one could not be sure of a thing (especially if working without repertory), one had better refrain from using LM potencies.”

A detailed discussion followed about the intake mode and two procedures were presented: firstly the one we know from Künzli where the patient is given a flask and a globule with a capsule of a milk sugar powder to take home and to mix and shake according to the instructions of the homoeopath. Secondly, a method favoured by Dorcsi and Keller: the homoeopath dissolves the globule that is saturated with the LM potency in a 20% alcoholic solution so that the patient merely has to take drops of the remedy at home after having shaken the flask first. Künzli also accepted the arguments
against giving out globules. They were not just pragmatic ones, but had also to do with the restricted dispensing rights that applied to most German homoeopaths. There was also no consensus on the sequence of the Q-potencies. Some agreed with Künzli and started with Q1, others followed Dorcsi and gave Q6 straight away. Then there was a group of those who, like Georg von Keller, began with Q18 and then prescribed the next higher potency.
At the 1956 HAHNEMANN Jubilee Congress in Stuttgart Jost Künzli gave a lecture which centred on a publication by Bönninghausen which had appeared in Stapf’s Archives. The Swiss homoeopath who was at that time intensely involved with the ‘rediscovered’ Q-potencies had noticed a few years earlier that the inconspicuous essay title *Drei Cautelen Hahnemanns* concealed a first indubitable allusion to the use of HAHNEMANN’s 50 millesimal potencies. The publication of HAHNEMANN’s casuistics by his friend and pupil Bönninghausen did not only present a puzzle to the editor Ernst Stapf who himself had added question marks to the printed version in several places. The writer also deemed it necessary to explain incomprehensible passages to the reader. Faced with this unusual situation Bönninghausen had no choice but to try and solve the puzzle because he obviously also found it difficult to understand HAHNEMANN’s therapeutic approach in the two cases about which he had been personally informed. But let us first look at the events leading up to this publication.

On 24th March 1843, just a few weeks before his death, HAHNEMANN had sent a letter to Bönninghausen (not in his own handwriting) telling him among other things:

“Enclosed I send you extracts from a couple of cases which are not the most instructive yet. I wish that your salubrious practice will continue to flourish and I draw your attention to the sixth edition of my Organon which will, God willing, soon be published, in French at least, and will satisfy you in every respect.”
Only address (“To my friend BÖNNINGHAUSEN”) and signature are in HAHNEMANNS own hand. He was obviously too weakened by his illness to put a three page letter onto paper.

BÖNNINGHAUSEN found the cases he had been told about so important that he decided to publish them shortly after HAHNEMANN’s death. In his introduction he pointed out that “only very little, and hardly more has become known of the healings of the deceased master.”48 He also stressed that he had made every effort to produce a “diplomatically faithful copy” at the risk of irritating the reader with “some not generally known notations”. He pointed out the “soon to be expected sixth edition of the Organon which HAHNEMANN had completed before his demise”.49 As publication of the 6th edition was delayed, as we know, due to the unyielding attitude of the widow MÉLANIE d’HERVILLY, BÖNNINGHAUSEN was forced to take a different route. He asked homoeopathic physician Dr SIMON-FÉLIX-CAMILLE CROSERIO (1786–1855) who had also been present at HAHNEMANN’s deathbed to help him solve the puzzle of the mysterious text passages. He published a German translation of CROSERIO’s letter in the next issue of the Archiv für die homöopathische Heilkunst asserting that he had only omitted personal passages. We reproduce the beginning of this letter here because it throws new light on MÉLANIE’s secretiveness:

“Dear Sir and honoured colleague! Your letter was such a pleasant surprise that I find it difficult to express my gratitude warmly enough to show the great pleasure I took in the benevolent expressions of a man who …, I immediately went to Madame HAHNEMANN to ask her about the preparation of the medicines which our most honoured master thought of most highly in the last years and to which he adjusted his method. Her answer was, however, clearly evasive the reason being that she thought it inappropriate (pas convenable) to publish anything to do with this discovery anywhere else but in the 6th edition of the Organon of which it was a part.”50
Drei Cautelen Hahnemann's.
Vom Regierungsratth D. v. Böninghausn in Münster.

Der noch verehrte Stifter der Homöopathie hat in seinem Werke: "Über die chronischen Krankheiten z. etc." (Bd. 1. S. 146 u. f. der zweiten Ausgabe) vorzüglich drei Cautelen aufgestellt, diese seinen Anhängern und Nachfolgern aus Dringendste ans Herz gelegt und die Vernachlässigung derselben (a. a. D. S. 149) als die größten Fehler bezeichnet, deren sich der homöopathische Arzt schuldig machen kann. Es sind folgende:

1) "Die nach vielsätzigen Versuchen bis soweit (durch die "Erfahrung genötigt) von mir (Hahnemann) gemäßigten, bei "jeder antipsorischen Arznei angesehenen Gaben für zu klein "zu halten."

2) "die unrichtige Wahl des Mittels und"

3) "die unvorsichtige Erfahrung, jede Gabe nicht hinreichend "auszuschütten zu lassen."

Ob es überflüssig und außer der Zeit ist, gerade an diese Lehren und Warnungen des anerkannten großen Beobachters einmal wieder zu erinnern, darf ich unbedenklich dem Urtheile jedes wahren Homöopathen anheim geben, indem es eben diese drei Cautelen, und namentlich die Erste und die Dritte sind, worin bekannter und selbst eingestandener Maßen die Praxis der neueren Zeit am meisten mit der ursprünglichen Lehre im Widerspruche steht.

Plate 15: Böninghausn: Drei Cautelen
As Croserio also only received an evasive answer to his question about the new preparation method for homoeopathic remedies which Hahnemann was said to have developed during the last years of his life, he decided to try speculation on the one hand (higher number of succussions than before) and on the other hand not to attach too much importance to the matter, because he was convinced that nothing had changed in the dosage sizes. As far as he was aware, Hahnemann had never – not during his time in Paris either – departed from his own rule of using “at any time only the known little globules which are usually saturated in the 30th dilution, in cases of acute as well as chronic illness”.

Bönninghausen, however, was not content with this answer from his informant in Paris. In his view, the problem was not so much the remedy preparation but Hahnemann’s clearly unusual notation of the potentisation scale. It was the labelling of the different potencies that he felt “left him in the dark”. Bönninghausen also doubted that Hahnemann had really used the C30 potency, as Croserio had suggested. Bönninghausen himself refers to allusions Hahnemann had made to a C60 potency as the regular dose. This means that Bönninghausen consequentially interpreted all passages in the two case histories he had been given, which don’t include a potentisation grade, as referring to the standard size. It also means that Bönninghausen had no idea as yet that Hahnemann had actually moved on to a wholly new potentisation method: the 50 millesimals. At that point in time only Mélanie knew more and she did her level best to keep this secret because she feared that her beloved husband’s reputation among homoeopathy supporters would suffer because of the unusual potency grade.

Jost Künzli who, through his translation work for Pierre Schmidt, was familiar with the manufacturing guidelines in paragraphs 247 to 248 of the 6th edition of the Organon, was the first to succeed in making sense of the new notation that Bönning-
Plate 16: Hahnemann's letter to Bönninghausen of 24/3/1843
hausen, Croserio and Stape were still puzzling over. He understood the words “lessened dynamisation in 7 tablespoons, after shaking 1 tablespoon thereof in a glass of water, and after stirring 1 teaspoon to be taken early”\(^{54}\) as referring to a Q-potency. Due to the instruction in the *Organon* to begin with the lowest potencies he concluded that patient Julie M. had first been given a Q1 potency of belladonna. He found the second case history, of a 33-year old actor, even more conclusive. This patient first received belladonna C30, a fact which cannot be doubted because Hahnemann had used the common abbreviation for the dosages and also because he had added the comment “of the lowest former dynamisation”. Hahnemann then changed to a Q1 potency of merc. viv. according to Flury who interpreted the notation “1 glob. of lowest, new dynamisation” in this way. After 10 days, Hahnemann changed to a Q2 potency of the same medicine, as the notation “merc. viv. (2/0) of the second such dynamisation” most likely indicates.\(^{55}\)

It took another 20 years, though, before Swiss homoeopath, Hanspeter Seiler, discovered Bönninghausens cryptic publication as the key to Hahnemann’s development of potentisation and took it upon himself to look up the original passages in Hahnemann’s Paris journals. The partial publication of the early case journals\(^{56}\) initiated by Heinz Henne (1923–1988) at the beginning of the 1960s could not satisfy the homoeopaths’ burning curiosity either, because Hahnemann, as we know, only experimented with these extreme dilutions during the last ten years of his life. Yet, Hahnemann had worked with higher potentisation scales already before he moved to Paris. How he had gradually, in the course of more than 40 years of homoeopathic practice, arrived at ever higher dilutions (first to C30 and finally to C200) before he finally developed the “médicaments au globules”, two practitioners tried to find out in 1992 independently of each other on the basis of Hahnemann’s publications and of a few individual case journals: Peter Barthel, a homoeopathic practitioner\(^{57}\), and
KARL-OTTO SAUERBECK, a philologically trained medical historian. Barthel’s diagram of the individual developmental stages provides a particularly clear picture although it is not entirely uncontroversial. One occasionally finds it in the relevant literature. But, however helpful this graph might be, one keeps on coming across discrepancies in HAHNEMANN’s practice that need to be explained, as the publication of the Paris Journals shows.

Yet, only a study of the 17 still existing case journals from HAHNEMANN’s Paris years can reveal when he first demonstrably used the Q-potencies. Hanspeter Seiler was the first researcher to undertake a random examination of the French Journals in order to find out more about the Q-potencies. Apparently unaware of KüNZLI’s study from the 1950s he set out – and managed – to find the two case histories that had been published by BÖNNINGHAUSEN in the original journals which, already at the time, could be accessed for research purposes at the Institute for the History of Medicine of the Robert Bosch Foundation. He first established that the copy which BÖNNINGHAUSEN had received from HAHNEMANN in 1843 was mostly identical with the original and showed only minimal deviations. The printed version, for example, contains some added comments relating to the anamnesis (e.g. an indication of time). Other discrepancies might have to do with BÖNNINGHAUSEN attempting to conceal from the reader that MÉLANIE had been actively involved in case registrations. While the original reads: “She [the patient, R. J.] recognized me, called me by my name and desired to kiss me”, BÖNNINGHAUSEN writes: “calls my name and desires to kiss a lady present [this can only refer to MÉLANIE, R. J.]”. We know now that BÖNNINGHAUSEN also took liberties with his own case histories in order to hide errors or to present healing successes in a more positive light. One difference in the notation is, however, more serious: we do not find the expressions “lessened dynamisation” or “of the lowest former dynamisation” in the original journals. They were obviously added either by HAHNEMANN...
Plate 17: Hanspeter Seiler, Hahnemann’s medical practice (1988)
or somebody else (Mélanie?) to explain the unusual dosage of these remedies, but they do not say much about the manufacturing process. It was this vagueness that had irritated and astonished Bönninghausen and Stapf, the editor.

All in all, Seiler published five case descriptions from the early 1840s where, in his opinion, Hahnemann had administered different Q-potencies, including the two that Bönninghausen had published already without recognizing them for what they were. One case history which had remained unknown until then was that of the 33-year-old architect Charles Tamin. The description begins in Mélanie’s handwriting. We read that the patient had suffered from psoriasis from an early age, with itching legs. Other parts of his body did not seem to be affected. We also learn that the architect had had a lot of work recently. What follows was written by Hahnemann himself: “The rash consists in small pustules on the calves which are very itchy in the night. For 30 years. Had suffered from chancre which was cauterized with silver nitrate. Very easily sexually aroused, but willing to find the right measure. Must refrain from drinking black tea and coffee.”

– We can only give a summary of the anamnesis here. Tamin was treated with sulphur, according to Seiler in the 5th Q-potency, one globule dissolved in
7 tablespoons of water with half a spoon of alcohol. The patient is told to add one tablespoon of this mixture to a glass of water and
take one teaspoon in the morning on an empty stomach. The solution should be taken for one week after which the patient should see HAHNEMANN again. As a next step TAMIN received sulphur again on 9th November. This time a ‘6’ is written above a small zero, which SEILER interprets as an abbreviation for globule and, because of HAHNEMANN recommendation in the sixth edition of the Organon not to start with the highest grade for the new potencies, but “with the lowest dynamisations”, SEILER assumes that this must refer to a Q-potency. Unfortunately, he does not explain in detail which other criteria led him to think so. Neither in his later case journals, nor in the sixth edition of the Organon, did HAHNEMANN leave any indications as to the abbreviations he used for this kind of medication.

SEILER thought that the medications that KÜNZLI had taken for C-potencies were also Q-potencies and suggested that BÖNNINGHAUSEN had probably had an incorrect copy. According to SEILER the abbreviations for Q- and C-potencies are clearly different as the latter always show an Arabic numeral either above or below a small zero. The HAHNEMANN biographer Richard HaeHL thought, however, that HAHNEMANN always used Arabic numerals for the new potentisation method, “with a small ring on top.” Another informant confirms this notation. David Little pointed this out recently. In a letter to a homoeopathic physician the English cleric and close friend of HAHNEMANN’s, Reverend Thomas RAPPOUL EVEREST (1801–1855), who – as he pointed out – had his own pharmacy made up according to HAHNEMANN’s guidelines (and apparently including Q-potencies) described how the founder of homoeopathy had searched for new ways of producing even more efficient homoeopathic remedies:

“The last, however, and the one that gave the most satisfactory results (I believe I may say that he was perfectly satisfied with them) was the plan I now explain: Starting from the first spirituous tincture of any medicine which I believe was the third from the com-
mencement, and is, according to the ordinary notation, written 1, instead of adding one drop of this dynamization to one hundred drops of spirit of wine to make the next, and so continuing the dynamization by drops, he moistened a few globules of a fixed normal size with it, and taking in the first experiment, I believe, ten, but in the latter and more satisfactory ones only one globule of those so moistened he dissolved that in a minute drop of water, and then added one hundred drops of spirit of wine. Having shaken it (I forget how much) he moistened globules with this, and having dried them, put them into a tube in his medicine chest, well corked; these he labeled o/1. The next dynamization was procured by dissolving one globule of o/1 in a small drop of water, and adding one hundred drops of spirit of wine; with this he humected a globule as before and called that dynamization o/2. This proceeding was thus carried on until the tenth which was labelled o/10. Originally he used the Roman characters, and called them o/ix, o/x etc., but afterwards adhered for these preparations to the Arabic ciphers.

These preparations so made were called medicamens au globule (which is the meaning of the o), to distinguish them from the old ones, which are marked with a small cross (x), called medicamens a la goutte (medicines of the drop).

He was so entirely satisfied with the gentle and kindly action of these preparations that they would, I think, almost have superseded with him all other preparations. I possess many of the medicines so prepared for him; most of them are complete series from o/1 to o/10.⁶⁶

This is no doubt the first time a homoeopathic layperson describes the manufacture of the Q-potencies before the publication of the sixth edition of the *Organon* in 1921, but he did not remember all the details correctly and failed to recognize the momentousness of this change to a new dynamisation of homoeopathic remedies. The reference to the series Q1 to Q10 coincides, by the way, with the information supplied by Haehl that Hahnemann owned just
Eine homöopathische Liebesgeschichte
Das Leben von Samuel und Mélanie Hahnemann

Aus dem Englischen übertragen von Corinna Fiedler

C. H. Beck Verlag München

such a medicine chest with Q-potencies which has, however, been lost without a trace since the 1920s.\textsuperscript{67}

The first French case journal which was edited by Arnold Michalowski\textsuperscript{68} as part of a historical-critical publication came out in 1992 and immediately met with great interest among homoeopathic physicians who were hoping that it would provide them with more information about the use of the Q-potencies in the Paris years. But they were disappointed, as were some reviewers, because they searched in vain for references to the 50 millesimal potencies in this journal.\textsuperscript{69} It was speculated, among other things, that the editor might simply have “overlooked” the relevant entry or that he had been unable to decipher the abbreviation or notation. Because the Paris case journals were not – as they had been – in chronological order but in patient order, Michalowski was able to dismiss such objections by suggesting that it must be coincidence if the case studies documented in the DF5 did not contain any reference to the use of Q-potencies.

Before that, Rima Handley whose double biography of Samuel and Mélanie Hahnemann – first published in English in 1990 and now also available in its 5th edition in a German translation, had tried to investigate the Q-potencies in Hahnemann’s journals. In order to prove her point she refers to the case history of a Madame Carré who apparently received sulphur in the 7th potency at the beginning of her treatment.\textsuperscript{70} Handley writes in more detail about the Q-potencies in her book \textit{In Search of the Later Hahnemann} (Engl. 1997, German 2001). She thinks that the musician Rousselot was one of the first patients to be treated with the new method. He first consulted Hahnemann in October 1837 because of a hearing problem. To start with, he was treated with a whole range of homoeopathic remedies in centesimal potency. On 16th September he then received, according to Handley, one sulphur globule in the 10th potency, dissolved in a glass of water. She is therefore convinced that the notation “o” definitely
Rima Handley

Auf den Spuren des späten Hahnemann

Hahnemanns Pariser Praxis im Spiegel der Krankenjournale

Aus dem Englischen übersetzt von Dr. med. Werner Bühler

Mit 9 Faksimiles

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refers to HAHNEMANN’s new approach of using globules instead of drops. And the “use of globules”, she writes, “stands for what we call LM potencies today.” This English author obviously takes no notice of SEILER’s research into the French case journals although they had already been published in 1988. But HANDLEY also fails to supply reliable evidence that HAHNEMANN’s notation really is an abbreviation for the Q-potencies. She did notice, however, that HAHNEMANN wrote quite high Arabic numbers (190 and higher) below a little circle. Because of their size she thought they were C-potencies. In her opinion, the following remedies were dispensed by HAHNEMANN during the last years of his life in extreme dilution: sulphur, calcium carbonicum, graphites, silicea, lycopodium, natrium muriaticum, nux vomica, phosphor, hepar sulphuris, belladona, bryonia and opium, but she found that most prescriptions were for sulphur. HANDLEY also arrives at the surprising conclusion that HAHNEMANN administered the Q-potencies not only, as he recommends in the sixth edition of his Organon, in ascending but also in descending order. By way of example, she describes the case of the sculptor Richome. He apparently was first given the 11th then the 10th Q-potency. HAHNEMANN then left out several stages and prescribed Q15 followed by Q16 and continued in ascending order (Q7, Q8, Q9). HANDLEY concludes from her research that HAHNEMANN used the Q-potencies especially for healing chronic illnesses and that he showed a marked preference for sulphur. In acute cases he seems to have preferred centesimal potencies.

The Brazilian homoeopath UBIRATAN C. ADLER proceeded differently from HANDLEY in his essay published in the journal Medizin, Gesellschaft und Geschichte in 1995. He used the following criteria to identify Q-potencies which in his opinion appear quite often in the French case journals: Firstly, only case notes from 1837 onwards are to be considered because, as HAHNEMANN points out in the sixth edition of the Organon, he had only experimented with Q-potencies during the last four or five years. If one accepts
the time indications of HAHNEMANN’s biographer HAEHL the manuscript for that edition was completed in February 1842. This means that the first notes about these potencies can only have been written between 1837 and 1838. The first references must therefore be found in the case journals of 1837 to 1838. Secondly, according to ADLER, the potentisation grade must be 3 or less, or the potency more than 3, provided the treatment began with one of the first three potencies of the same remedy and continued with a gradual augmentation up to a potency higher than 3.

By way of an example ADLER introduces a case history from journal DF12, which, he believes, proves that HAHNEMANN did not use any particular name for the Q-potencies, neither when writing down the remedy nor when describing the dynamisation process.

ADLER thinks that, based on the two criteria mentioned above, he can identify a total of 681 prescriptions of Q-potencies. He felt this was a small number considering the importance that HAHNEMANN had attached to the new potentisation method which he had still prepared for publication in the sixth edition of the Organon. A few years later, ADLER therefore took on the task, together with his wife, of systematically combing through the Paris journals again. This time, he included also those medications where the chosen drug was marked with the small circle (ο) to which we had referred
earlier already. On the basis of this research Adler came to the conclusion that Hahnemann, during the final six years of his life, had prescribed Q-potencies in at least 1,836 cases.75

Adler demonstrates three different phases during which Hahnemann experimented with Q-potencies. In the first phase (1837-1839) Hahnemann applied the new potentisation method quite rarely. He tended to use Q1, at first almost exclusively with sulphur and hepar sulphuris prescriptions. During the second phase (1840/41) Hahnemann conducted comparative research into the efficacy of Q- and C-potencies. The Q-potencies ranged between Q4 and Q10, higher Q-potencies are hardly ever mentioned. During the same period Hahnemann also administered C-potencies (from C4 upwards) to the same patients to be able to compare the results.

During the third phase Hahnemann moved on, so Adler, to prescribe Q-potencies based on the instructions he had recorded in the sixth edition of the Organon. He started with Q1 or Q2 and then

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Source: Adler/Adler (2006), table 2
went up the scale as necessary. During this phase HAHNEMANN used the symbol ‘o’ much less frequently to denote a Q-potency. ADLER also points out what other researchers had noticed before him: the little circle can be above or below the fraction bar that indicates the potentisation of the remedy dose. Just as RIMA HANDELEY, ADLER comes to the conclusion that, as far as medicines in Q-potencies were concerned, HAHNEMANN had clearly preferred sulphur at first. All in all, ADLER finds evidence of 36 homoeopathic remedies in the French journals that had been administered in Q-potency. The high proportion of sulphur (69%) among these remains remarkable.

After ADLER’s first publication Luise Kunkle also attempted to solve the mystery of the Q-potencies in HAHNEMANN’s case journals. She wondered whether HAHNEMANN had experimented with other Q-potencies in his Paris practice apart from the 681 that ADLER had identified. His analysis suggested, so KUNKLE, that HAHNEMANN had prescribed Q-potencies only 27 times before completing the sixth edition of his Organon and that all these prescriptions were made in 15 months before the completion. She assumed that HAHNEMANN must have tried out the Q-potencies much more often in the four to five years leading up to the completion of the new edition, that is, since around 1837/38. At a time when ADLER had not yet published his new analysis of the French case journals, she suspected that the Q-potency notations were to be found prevalently, if not exclusively, in sulphur prescriptions. She therefore decided to focus on potencies which had been taken to be C-potencies before (1/190 to 1/198) and where a gradual ascent of the last digit was noticeable. KUNKLE saw the notation 190, 191, 192, 193 as obviously parallel to the modern notation Q1, Q2, Q3, Q4, Q5. If that was the case, the number 19 would represent a static factor corresponding to the letter Q used today which denotes the special mode of dilution. The end digits would then indicate the potentisation grade (1,2,3,4,5). The question remains why HAHNE-
Plate 23: Case journal DF12, p. 240
Hahnemann should have chosen the number 19 in particular as a code for his ultra-high potencies. Kunkle has an intriguing answer to this question: the 1:50,000 dilution – if written as a decimal – is 0.00002. In this case Hahnemann would probably have chosen the notation 20, 21, 22, 23 etc. According to §270 of the Organon the dilution is, however, slightly higher than 1:50,000, or 1:x > 50,000. For any x between 50,001 and 53,000 the decimal is 0.000019. In order to save time Hahnemann might have left out all the zeroes in front of the figures 19. This might sound like number shenanigans but it shows what unusual ways have been found at times to get to an understanding of Hahnemann’s case journals so that his theory can be put into practice. Although Adler finds Kunkle’s theory interesting, he thinks that it is highly unlikely because of the

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*Number of prescriptions in each degree of Q-potency, identified by the sign ○*

*Source: Adler/Adler (2006), chart 2*
manufacturing methods for globules used at the time, as described by HAHNEMANN in the *Organon*.

To date Adler’s hypothesis regarding the evident use of Q-potencies in the French case journals seems to be the most thorough and convincing one. It is based on observations that had already been made by Künzli, Seiler and Handley.
A detailed description of how HAHNEMANN made up the Q-potencies can be found in §270 of the 6th edition of the Organon with the relevant footnotes. Because of the importance of this paragraph we include it here in full:

“§270: In order to best obtain this development of power, a small part of the substance to be dynamized, say one grain, is triturated for three hours with three times one hundred grains sugar of milk according to the method described below (1)

(1) One-third of one hundred grains sugar of milk is put in a glazed porcelain mortar, the bottom dulled previously by rubbing it with fine, moist sand. Upon this powder is put one grain of the powdered drug to be triturated (one drop of quicksilver, petroleum, etc.). The sugar of milk used for dynamization must be of that special pure quality that is crystal-lized on strings and comes to us in the shape of long bars. For a moment the medicines and powder are mixed with a porcelain spatula and triturated rather strongly, six to seven minutes, with the pestle rubbed dull, then the mass is scraped from the bottom of the mortar and from the pestle for three to four minutes, in order to make it homogeneous. This is followed by triturating it in the same way 6–7 minutes without adding anything more and again scraping 3–4 minutes from what adhered to the mortar and pestle. The second third of the sugar of milk is now added, mixed with the spatula and again triturated 6–7 minutes, followed by the scraping for 3–4 minutes and trituration without further addition for 6–7 minutes. The last third of sugar of milk is then added, mixed with the spatula and triturated as before 6–7 minutes with most careful scraping together. The powder thus prepared is put in a vial, well corked, protected from direct sunlight to which the name of the substance and the designation of the first product marked /100 is given. In order to raise this product to /10000, one grain of the powdered /100 is mixed with the third part of 100 grains of powdered sugar of milk and then proceed as before, but every third must be carefully triturated twice thoroughly each time for 6–7 minutes and scraped together 3–4 minutes before the second and last third of sugar of milk is added. After each third, the same procedure is taken. When all is finished, the powder is put in a well corked vial and labelled /10000, i.e., (1), each grain containing 1/1,000,000 the original substance. Accordingly, such a trituration of the three degrees requires six times six to seven minutes for triturating and six times 3–4 minutes for scraping, thus
one hour for every degree. After one hour such trituration of the first degree, each grain will contain 1/000; of the second 1/10,000; and in the third 1/1,000,000 of the drug used.*

* These are the three degrees of the dry powder trituration, which if carried out correctly, will effect a good beginning for the dynamization of the medicinal substance.

Mortar and spatula must be cleaned well before they are used for another medicine. Washed first with warm water and dried, both mortar and pestle, as well as spatula are then put in a kettle of boiling water for half an hour. Precaution might be used to such an extent as to put these utensils on a coal fire exposed to a glowing heat.

up to the one-millionth part in powder form. For reasons given below (6) one grain of this powder is dissolved in 500 drops of a mixture of one part of alcohol and four parts of distilled water, of which one drop is put in a vial. To this are added 100 drops of pure alcohol (2)

(2) The vial used for potentizing is filled two-thirds full.

and given one hundred strong succussions with the hand against a hard but elastic body (3).

(3) Perhaps on a leather bound book.

This is the medicine in the first degree of dynamization with which small sugar globules (4)

(4) They are prepared under supervision by the confectioner from starch and sugar and the small globules freed from fine dusty parts by passing them through a sieve. Then they are put through a strainer that will permit only 100 to pass through weighing one grain, the most serviceable size for the needs of a homœopathic physician.

may then be moistened (5)

(5) A small cylindrical vessel shaped like a thimble, made of glass, porcelain or silver, with a small opening at the bottom in which the globules are put to be medicated. They are moistened with some of the dynamized medicinal alcohol, stirred and poured out on blotting paper, in order to dry them quickly.

and quickly spread on blotting paper to dry and kept in a well-corked vial with the sign of (I) degree of potency. Only one (6)
(6) According to first directions, one drop of the liquid of a lower potency was to be taken to 100 drops of alcohol for higher potentiation. This proportion of the medicine of attenuation to the medicine that is to be dynamized (100:1) was found altogether too limited to develop thoroughly and to a high degree the power of the medicine by means of a number of such succussions without specially using great force of which wearisome experiments have convinced me. But if only one such globule be taken, of which 100 weigh one grain, and dynamize it with 100 drops of alcohol, the proportion of 1 to 50,000 and even greater will be had, for 500 such globules can hardly absorb one drop, for their saturation. With this disproportionate higher ratio between medicine and diluting medium many successive strokes of the vial filled two-thirds with alcohol can produce a much greater development of power. But with so small a 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. But the method described by me, on the contrary, produces medicines of highest development of power and mildest action, which, however, if well chosen, touches all suffering parts curatively.*

* In very rare cases, notwithstanding almost full recovery of health and with good vital strength, an old annoying local trouble continuing undisturbed it is wholly permitted and even indispensably necessary, to administer in increasing doses the homœopathic remedy that has proved itself efficacious but potenized to a very high degree by means of many succussions by hand. Such a local disease will often then disappear in a wonderful way.

In acute fevers, the small doses of the lowest dynamization degrees of these thus perfected medicinal preparations, even of medicines of long continued action (for instance, belladonna) may be repeated in short intervals. In the treatment of chronic diseases, it is best to begin with the lowest degrees of dynamization and when necessary advance to higher, even more powerful but mildly acting degrees.

globule of this is taken for further dynamization, put in a second new vial (with a drop a water in order to dissolve it) and then with 100 powerful succussions. With this alcoholic medicinal fluid globules are again moistened, spread upon blotting paper and dried quickly, put into a well-stoppered vial and protected from heat and sun light and given the sign (II) of the second potency. And in this way the process is continued until the twenty-ninth is reached. Then with 100 drops of alcohol by means of 100 succussions, an alcoholic medicinal fluid is formed with which the thirtieth dynamization degree is given to properly moistened and dried sugar globules.
By means of this manipulation of crude drugs are produced preparations which only in this way reach the full capacity to forcibly influence the suffering parts of the sick organism. In this way, by means of similar artificial morbid affection, the influence of the natural disease on the life principle present within is neutralized. By means of this mechanical procedure, provided it is carried out regularly according to the above teaching, a change is effected in the given drug, which in its crude state shows itself only as material, at times as unmedicinal material but by means of such higher and higher dynamization, it is changed and subltlized at last into spirit-like (7)

Plate 24: Hahnemann's medicine chest

(7) This assertion will not appear improbable, if one considers that 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, so that the further dynamization of 125 and 18 ciphers reaches only the third degree of dynamization. The thirtyeth thus progressively prepared would give a fraction almost impossible to be expressed in numbers. It becomes uncommonly evident that the material part by means of such dynamization (development of its true, inner medicinal essence) will ultimately dissolve into its individual spirit-like, (conceptual) essence. In its crude state therefore, it may be considered to consist really only of this underdeveloped conceptual essence.
medicinal power, which, indeed, *in itself* does not fall within our senses but for which the medicinally prepared globule, dry, but more so when dissolved in water, becomes *the carrier*, and in this condition, manifests the healing power of this invisible force in the sick body.”

After HAHNEMANN’s death the Q-potencies fell, as we saw, into oblivion and so did the manufacturing method, although a few adepts (such as Reverend Everest) knew about them.

**Rudolf Flury**

100 years passed before somebody again found the courage to prepare Q-potencies: in 1943, **Rudolf Flury** manufactured his first Q-potencies in Switzerland. He was allegedly assisted by the nanny of his daughter who was born in that year. He closely adhered to § 270, as he wrote in a memorandum which has remained unpublished. First 1 grain (0.062 g) of a C3 trituration of a homoeopathic substance was dissolved in 500 drops of a 20% spirit of wine. Flury did not weigh one grain each time but memorized the amount he had used the first time (the point of a knife). To simplify the counting of drops he used a graduated flask. Of this solution Flury put one drop into a vial and added 100 drops of a 90% spirit of wine. 1 grain in 500 drops corresponds to a dilution ratio of 1:500. One drop of this in 100 drops of alcohol results in a dilution of 1:50,000.

For the succussion Flury invented the following method which closely follows HAHNEMANN’s instructions: “The vial [with the 50 millesimal dilution, R.J.] is shaken a hundred times by hand against a hard object (such as a leather-bound book), not by machine. After I had wrecked several books a bookbinder made a special board of one cm thickness for me, covered in fabric [...].”

Flury also recommended not to use vials that were too small (with a filling weight up to 3g), as one could not “hit them hard enough”. The Swiss homoeopath also expressly defended HAHNEMANN’s la-
bourious method of manual succussion. “For HAHNEMANN who attached much value to the succussion process, many strong strikes, performed by a machine, can exceed the gentle effect of manually prepared medicines: one would end up with medicines that work with a strength proportional to that with which they were manufactured. One could not give these medicines repeatedly because of the risk of aggravation.”

PIERRE SCHMIDT

PIERRE SCHMIDT also used Q-potencies early on in his surgery, but not as exclusively as FLURY. He mostly followed the manufacturing method described in the sixth edition of the Organon:

“To make up these so-called Q-potencies use 1 drop of the aforementioned mother tincture, 100 drops of a 95% alcohol and shake this well a hundred times. Then moisten 500 globules of poppy seed size (globule 0 = zero), place them into a small platinum cup that has a small hole in the bottom the size of a pin head through which
the liquid can drain off that was used to moisten the globules. [...] If you now dissolve one single of these globules in one single drop of distilled water and add another 100 drops of 95% alcohol, shaking this 100 times as before, the result is the II. (second) dynamisation Q."\(^8\)

Pierre Schmidt’s wife, a pharmacist, manufactured the Q-potencies in this way for her husband who, however, used them only rarely, and for other homoeopaths (Dorsci, for example).\(^8\)
Towards standardised manufacturing

In 1965, at a conference in the German town of Bad Wiessee, interested homoeopaths discussed the particular problems that the preparation of Q-potencies presented with pharmacists and manufacturers of homoeopathic remedies. One of the main problems was the trituration mode. Pharmacist Spaich from Göppingen, for example, pointed out that a 1:100 mixture did not only depend on the relative ratio of ingredients, but also on the ratio of total amount and trituration time, a fact which also militated in favour of manual trituration.

The different ways of moistening the globules was also discussed. Pharmacist Zinsser suggested not using a funnel with a hole as this small opening could easily be obstructed by one of the globules. He chose to pour 500 globules into the appropriate alcoholic solution and then “decant it from the top”.83 This would make the moistening process easier and render the funnel unnecessary. He recommended, however, boiling the vials used for moistening after each use, rinsing them with distilled water and drying them at 250° Celsius in the drying chamber before using them again.

Some of the experts present also saw a problem in starting off plant preparations with trituration, as Hahnemann had prescribed, because they thought that the enzymes in the fresh plant juices would react with the milk sugar. They suggested fixing the plant juices in alcohol for the manufacture of Q-potencies.84

HAB

The first homoeopathic pharmacopoeia for the Federal Republic of Germany (HAB) was published in 1978. The second revised edition
of 1983 was the first to include instructions for the manufacture of Q-potencies (still called LM-potencies at the time). In guideline 17a we read:

“For the preparation of potency grade LM I, 60 mg of a C3-trituration of the substance to be potentized are dissolved in 20.0 ml of 15% ethanol (equivalent to 500 drops). One drop of this solution is then placed in a small glass vial with 2.5 ml of 86% ethanol (equivalent to 100 drops) and succussed one hundred times. Use this solution to evenly moisten 100g of size 1 globules (approx. 50,000). After impregnation in a closed container the globules are air-dried.”

Now the standardization of the manufacture of Q-potencies which had already been requested by the homoeopathic physicians and pharmacists at the conference in Bad Wiessee in 1965 was achieved, but criticism and justified reservations were raised soon after. Peter Barthel, for one, was critical of the HAB guideline because he found that it did not exactly follow HAHNEMANN’s instructions. He mentions the succussion method in particular, where it was important that “the same quantities, the same power and the same time were applied”. Barthel also emphasizes the importance of manual trituration and points out that the manufacturing guidelines by Künzli (1960) and Schmidt (1961) also differed from the sixth edition of the Organon. He therefore calls on homoeopaths to “choose a manufacturer who precisely fulfilled the requirements set out by HAHNEMANN.”

Shortly after that, Barthel developed his “precise manufacturing instructions” for Q-potencies strictly adhering to HAHNEMANN’s indications. All substances, for example, were to be trititated up to C3 while quantity and trituration time were to be exactly as prescribed in the sixth edition of the Organon. He recommended the use of 10% alcohol for the solution and for the impregnation the use of a Petri dish, in which 50,000 globules of 0.62 mg weight each were to be combined with the potentized and succussed solution and then dried.
Plate 26: HAB 1983 title page
In 1991, the homoeopathic pharmacist Andreas Grimm pointed out another problem with the HAB guidelines: the globules recommended there were about 3.3 times as heavy as the ones used by Hahnemann. This would result in a completely different dilution ratio: only 1:22,700 instead of 1:50,000. Yet even Will Kluker’s public “appeal” in 1992 to correct guideline 17a of the HAB remained unheard to start with, until Andreas Grimm, one year later, took it upon himself to draft a new HAB guideline based on § 270 of the sixth edition of the Organon and presented it for discussion in the journal Zeitschrift für Klassische Homöopathie.

Grimm also found that the homoeopathic pharmacologies in other countries did not adhere closely to Grimm’s instructions. As an example he mentions the Homoeopathic Pharmacopoeia of India (1971 edition). Even Indian homoeopaths who had studied the Q-potencies intensively, were recommending an incorrect globule size. Grimm here mentions Ramanlal P. Patel and Harimohan Choudhury who used globule size 10 as standard when preparing Q-potencies. Brazil started off by using Patel’s guidelines which had been adopted by Nelson, the English manufacturer of homoeopathic remedies. At the beginning of the 1990s, Peter Barthel’s research results for the manufacture of LM-potencies were taken into consideration for the Brazilian market.
Dr Willi Sewerin (1914–2000), the founder of ARCANA REMEDIES, studied veterinary medicine at Hannover University. After WW II. he started a surgery for small animals in Gütersloh. As he was not satisfied with the conventional approach to medicine he turned to homoeopathy. He attended courses by Dr Adolf Voegeli and started preparing LM-potencies for use in his veterinary surgery. He achieved very positive results with these high potencies and therefore kept on extending his medicine chest. When, in 1954, during a workshop with Dr Voegeli in Überlingen on Lake Constance, many of his medical colleagues complained about the limited availability of LM-potencies, Dr Sewerin felt called upon to fill this gap. On 1st October 1957 he founded the company ARCANA Arzneimittelherstellung.

In 1962, he passed his examination as alternative practitioner, but he did not receive permission to practise this profession because of his veterinary background. It took a three year legal dispute before the German Federal Administrative Court decided that the two professions could be practised side by side. Until 1997, Dr Sewerin worked as a vet and nonmedical practitioner.

After his death in 2000, his oldest daughter, Katrin Zink née Sewerin, who had studied pharmacy at Münster University, took over the family business as director of production and managing director. She is supported by head of quality control, Dr Michael Grün.

Right from the beginning, ARCANA exclusively produced “50 millesimal potencies”. Soon after Dr Voegeli’s first seminars in
Freiburg and Überlingen, the first seminar participants were supplied with ‘ARCANA LM-Potencies’. At the afore-mentioned conference in Bad Wiessee in 1965, Dr Sewerin gave a lecture on the manufacture of the LM-potencies according to the sixth edition of the *Organon*. The first product list from 1957 contains the following significant comment: “All medicines listed here are produced *lege artis* up to the 30 LM-potency according to HAHNEMANN, *Organon of the Art of Healing*, 6th edition, using manual succussion only.”

The potential buyer is also informed “that, in the manufacture of the remedies, the greatest attention is given to the relevant star constellations.” Homoeopathic physicians and practitioners obtained the LM-potencies as globules (1g flasks containing 500 to 600 globules), from the ‘Mohren Apotheke’ in Gütersloh. Patients received a so-called ‘patient pack’ which consisted of a small 10ccm flask, with the direction to shake the content 100 times before use and to stir the solution for each dose thoroughly in the glass with a non-metal spoon. With regard to the dosage the guidelines in Dr Voegeli’s *ABC der Gesundheit* (Haug Verlag 1957) were recommended. Dilutions were slightly more expensive than globules: at the end of the 1950s, a small flask with a LM-potency was
1.60 Deutschmark, a 30th LM-potency 4.50 Deutschmark. The product list from the late 1950s that was mentioned earlier already also contains the comment that “due to the high production costs it was not possible to offer product samples”. At that time the range of LM products already included 662 remedies.

There are a few changes in the 2nd edition of the product list published in 1959. The number of available potencies has risen from just 700 to over 1,000 and the supply to physicians and practitioners had been discontinued.⁹⁷

Today, around 1,000 homoeopathic remedies are available, from the 1st to the 120th LM-potency. Higher potencies are produced on request.

From the beginning, ARCANA has called the 50 millesimal potencies LM-potencies (L=50, M=1,000), based on the notations provided by Dr Flury and Dr Voegeli. The German Homoeopathic Pharmacopoeia (HAB) also uses this name (cf. HAB guideline 17: LM-Potencies).

STAUFEN PHARMA GMBH & Co KG

The chemical pharmaceutical factory Müller-Göppingen and the company Staufen-Pharma which was founded in 1956 both evolved from the ‘Homöopathische Central-Apotheke’ founded by Göppingen pharmacist Carl Müller who died in 1932. From the late 1950s onwards, pharmacist Wolfgang Spaich, who directed Staufen-Pharma together with Dr Harald Pfänder MD, also produced Q-potencies. The homoeopathic physician Mathias Dorsci in Vienna ordered some of the Q-potencies used in his 1960/61 therapeutic experiments from this company.⁹⁸ In an article for the German monthly journal *Deutsche Homöopathische Monatsschrift* Wolfgang Spaich and his colleague Dr S. Grüner warned that the introduction of the new potentisation method could cause
problems for most manufacturers used to the production of C- and D-potencies. It could also lead to ‘confusion’. According to both authors, Adolf Voegeli’s book *Heilkunst in neuer Sicht*, published in 1955, was responsible for the sudden demand in the mid-1950s.

The manufacture proceeded right from the start in accordance with the sixth edition of the *Organon*. A C3-trituration was prepared, followed by these steps:

“1 grain (= 0.06 g) of this powder is dissolved in 500 drops of a mixture of spirits and water (1:4). To one drop of this solution 100 drops of wine spirit are added, the vial is closely sealed with a ‘stopper’ and 100 succussions are administered with the hand against a hard, but elastic surface.

This first grade dynamisation is applied to globules which are called potency grade I. Of these, one single globule is used for the next dynamisation step: it is dissolved in one drop of water and 100 drops of wine spirit are added. After another 100 strong succussions more globules are saturated with the solution resulting in potency grade II. etc.”

The full product range now includes Q-potencies of 33 homoeopathic single remedies. They are sold as globules in 5g packs in potency grades LM VI and LM XII. In contrast to some other manufacturers Staufen-Pharma have retained the old name ‘LM-potencies’ which is also found in the HAB.

**‘NECKARTOR-APOTHEKE’ DR FRIEDRICH ZINSSER**

In the early 1960s, pharmacist Dr Friedrich Zinsser already manufactured Q-potencies in Tübingen. In the year 1972, he moved his pharmacy to house ‘Neckartor’, situated in ‘Neckargasse 22’. Since 1973 Dr Zinsser had been working together with Dr Georg von Keller MD (1919 – 2003) manufacturing Q-potencies according to HAHNEMANN’s *Organon*. Together, they developed their own
manufacturing guidelines following the original instructions of the sixth edition of the *Organon*. Dr Zinsser died in 1998. Dr Peter Andreas took over the pharmacy and was succeeded in 2002 by Dr Zinsser’s nephew, pharmacist Albert Schmierer.

To start with the Q-potencies were not manufactured on a large scale, but only on prescription. With the growing demand separate manufacturing premises were set up in order to relieve the pharmacy. In 2000, the ‘Neckartor Apotheke’ was granted permission to start pharmaceutical manufacture. At the time, Dr Peter Vogel was head of production, Dr Wolfgang Schmitt head of quality control and pharmacist Albert Schmierer marketing director. The production was situated in an 18th century, heritage-protected tower. No electronic equipment is used to guarantee that the Q-potencies are produced without interference. The product range includes now over 1,100 single remedies, available from Q1 to Q90 in liquid dilution (20% ethanol).

LABORATOIRE D. SCHMIDT-NAGEL

The Laboratoire homéopathique Schmidt-Nagel in Geneva was founded in 1927 by Dr Pierre Schmidt and his wife Dora Nagel. In February 1947, Dr Schmidt started to produce Q-potencies together with Dr Künzli. The first remedy produced in faithful adherence to Hahnemann’s instructions was sulphur. To the present day, laboratory Schmidt-Nagel is producing manually succussed Q-potencies (up to Q120).\textsuperscript{103}

DEUTSCHE HOMÖOPATHIE-UNION

Deutsche Homöopathie-Union (DHU) evolved from the ‘Homöopathische Centralofficin’ founded in 1865 by Leipzig pharmacist
Dr Willmar Schwabe. In 1946, the company Schwabe moved from Leipzig to Karlsruhe. The third generation of the Schwabe family continued the tradition on both levels: manufacturing plant remedies and homoeopathic medicines (its original line). When it was decided in 1961 to separate the two production lines the subsidiary DHU – Deutsche Homöopathie-Union – was founded. Since the beginning of the 1980s DHU has also produced Q-potencies. The 1983 product list names 82 homoeopathic single remedies within the pharmacy’s “LM program”\(^{104}\). One of the reasons for widening the product range might have been the official recognition of the Q-potencies in the second revised edition of the Homöopathische Arzneibuch (HAB).\(^{105}\)

**HOMOEOPATHIC LABORATORY GUDJONS**

In 1976, trained pharmacist Brita Gudjons attended a seminar led by Dr Mathias Dorcsi in Baden near Vienna. She was so inspired by it that she decided to undergo further training in this particular field. She took part in repertorisation seminars on the Northern German island of Spiekeroog, held by Dr Künzli, Dr von Ungern-sternberg and Dr Tiedemann, in the ABC courses in Bad Brückenau and similar courses offered by Dr Braun and Dr Zimmermann in the hospital for natural therapies in Munich-Harlaching, as well as in the homoeopathy training days organised by Dr Stübler in Weidenkam Castle. She also visited the companies Wala and Weleda. At the beginning of 1987 she started her own Q-potency production, initially inspired by Dr Will Klunker as she points out in her review of the beginnings of her pharmaceutical company:

“At a celebration in 1983 on Lake Constance Dr Klunker suggested that somebody should produce all important remedies in accordance with Hahnemann’s indications and thoroughly document the
process. As the only pharmacist among all the physicians present I felt as called upon as I had done in 1976 when Dr Künzli had said on the island of Spiekeroog, a pharmacist in Germany should import the high potencies from Schmidt-Nagel to make them more easily accessible to German physicians.

According to what I knew at the time from the training courses I had attended I first thought of manufacturing C-potencies. Peter Barthel convinced me to start with Q-potencies. It made sense to me to produce the remedies that corresponded to Hahnemann’s latest state of research.

On 9th and 10th of April 1987, ‘Mezereum’ was the first medicine produced by C1, C2, C3 lactose trituration followed by the steps described in § 270 of the Organon of the Art of Healing, VIth Edition. I was not aware at the time that the 10th of April was Hahnemann’s birthday. In the following 10 years I extensively celebrated Hahnemann’s birthday with the physicians in my area.\textsuperscript{106}

In the first year approximately 80 remedies up to Q12 were prepared in this way. In 1990, Brita Gudjons received permission to manufacture homoeopathic medicines according to Hahnemann’s indications after applying to the relevant supervisory authority in Darmstadt. In 1993, manufacture moved to purpose-built premises in Stadtbergen and directors of quality control and production were employed in order to fulfil the legal requirements. Today, Laboratory Gudjons must produce its Q-potencies in accordance with the HAB, after the German Federal Health Authorities successfully appealed against the original manufacturing permission.
50 millesimal potencies are not as controversial today as they used to be still in the 1950s, when – at least in Germany – the critical-scientific school of thought dominated and low potencies were more popular. The national reports collected by Kurt-Hermann Illing in 1985 show that the situation still considerably differed from one country to another in the 1980s. In India, for example, Q-potencies were in use, “but only to a limited extent”. In France C30 potencies were the upper limit. More recent surveys conducted among homoeopaths show that nowadays the whole range of dosages is in use.

Survey: Use of low and high potencies in therapy 2007

<table>
<thead>
<tr>
<th>Potency Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>C (Centesimal)</td>
<td>35.3%</td>
</tr>
<tr>
<td>C and LM</td>
<td>25.6%</td>
</tr>
<tr>
<td>X, C and LM</td>
<td>16.1%</td>
</tr>
<tr>
<td>X (Decimal)</td>
<td>12.6%</td>
</tr>
<tr>
<td>LM (50 Millesimal)</td>
<td>10.5%</td>
</tr>
<tr>
<td>N = 1162</td>
<td></td>
</tr>
</tbody>
</table>


A survey conducted among English homoeopaths between 2003 and 2005 shows quite a different picture. The proportion of Q-potencies in homoeopathic therapy registered in this survey amounts to 28.8% (n=344), but C-potencies are clearly also top of the prescription list here.
Hahnemann developed the Q-potencies almost 170 years ago to improve the effect of homoeopathic medicines, in cases of acute, but particularly also of chronic disease. After his death in 1843, his new method of producing highly effective remedies, which his followers found somewhat bewildering at first, fell into oblivion. His widow was not entirely innocent in this. She thought that she had good reasons for keeping this legacy of Hahnemann’s a secret. Only decades later, the homoeopathic world learned about the existence of the 50 millesimal potencies. And another 25 years went by before Hahnemann found imitators who, next to high and low potencies, also used Q-potencies in their practice.

Apart from some pioneers of ‘classical’ homoeopathy (Flury, Voegeli, Schmidt, Künzli and others) a number of companies that specialised in the manufacture of the 50 millesimal potencies, such as ARCANA Dr Sewerin GmbH & Co in Gütersloh, contributed to their rediscovery and dissemination.

Today, the Q-potencies take up a small, but not insubstantial share of the market of homoeopathic remedies which are prescribed by physicians and practitioners. They even found their way into the HAB and into the pharmacopoeias of other countries. Hahnemann’s legacy has, at long last, come to fruition. Patients and homoeopaths worldwide are obviously convinced of the efficacy of the 50 millesimal potencies. Although this by no means indicates that the high potency debate has come to an end, the gentle power of the small dosage convinces an increasing number of people, although the kind of evidence required by scientific medicine is still not available and will remain difficult to supply in the future.
Notes

1. AHZ 52 (1856), p. 144.
2. AHZ 52 (1856), p. 144.
12. Haehl (1922), Bd. 1, p. 360.
27. Vannier (1960), p. 120.
Künzli (1960), p. 52f.
Künzli (1989).
Künzli (1956).
See Little (2007a).
Bönninghausen (1844a), p. 79.
Bönninghausen (1844a), p. 79.
Bönninghausen (1844b), p. 31.
Bönninghausen (1844b), p. 31.
Bönninghausen (1844b), p. 34.
Mélanie d’Hervilly’s letter to Bönninghausen, dated 8/9/1856, IGM-Archives, M-554.
Bönninghausen (1844a), p. 80.
Künzli (1956).
See, for example, Behnisch (1991), p. 390.
Seiler (1988), p. 188.
Haehl (1927), vol. 1, p. 329.
Little (2007b).
Reverend Everest’s letter to Dr Luther, dated 30th June 1853, reproduced in Bradford (1895), pp. 474 – 475.
Haehl (1927), vol. 1, p. 329.
Cf., for example, Reis (1993), S. 48.
Handley (1990), p. 129. The case history is in DF 9, Original page number 3.
Haehl (1922), vol. 1, p. 241.
Adler/Adler (2006).
Kunkle (2002).

Braun (1979), p. 3.

Quoted in Braun (1979), p. 5.


Tiedemann (1965).


Barthel (1990), p. 57.

Barthel (1990), p. 58.


Grimm (1993).

Patel (1960).


Adler [u. a.] (2005).

ARCANA, *Homöopathisches Arzneimittel-Verzeichnis* (no date).


Spaich/Grüner (1955).

Homöopathie Staufen-Pharma (2006), p. 82.


Keller also published something on Q-potencies: Keller (1988).


http://www.q-potenz.de/index2.htm.

Illing (1985), Dokument Nr. 7.2.

The page contains a bibliography with abbreviations, an archive section, and a literature list. The abbreviations listed include:

- AHZ: Allgemeine Homöopathische Zeitung
- BHJ: British Homoeopathic Journal
- DHM: Deutsche Homöopathische Monatsschrift
- IGM: Institut für Geschichte der Medizin der Robert Bosch Stiftung
- MedGG: Medizin, Gesellschaft und Geschichte
- ZKH: Zeitschrift für Klassische Homöopathie

The archive section lists various institutional archives:

- Archiv des Instituts für Geschichte der Medizin der Robert Bosch Stiftung Stuttgart
- Firmenarchiv ARCANA Gütersloh
- Firmenarchiv DHU Karlsruhe
- Firmenarchiv Neckartorapotheke Dr. Zinsser Tübingen

The literature list includes works by various authors such as:

- **Adler, Ubiratan [u. a.]**: LM or Q-Potencies: retrospection of its use during 15 years in Brazil. In: Homeopathic Links 18 (2005), pp. 87–91.
- **Bönninghausen, Clemens von**: Drei Cautelen Hahnemanns. In: Archiv für die homöopathische Heilkunst 21 (1844), H. 1, pp. 69–113 (= Bönninghausen, 1844a).


JAMIESON, SUZANNA: *Honors project: based on an example case from Hahnemann's journal of his last 5 years in Paris, research, explain and justify his applied treatment at the time*. San Francisco, 2002/2003.


Acknowledgements

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