



## Usefulness of 50-Millesimal Potency Over Centesimal Potency: A Systematic Review

<sup>1</sup>Dr. Rakesh Kumar Mishra, <sup>2</sup>Dr. Sandip Samanta, <sup>3</sup>Dr. Jaydebi Sarkar

<sup>1</sup>MD(Hom), Professor, Dept. of Physiology and Biochemistry, Principal, Shri B.A. Dangar Homoeopathic Medical College & Hospital

<sup>2</sup>MD(Hom), Associate Professor, Dept. of Pathology, Madhav University

<sup>3</sup>MD(Hom), Associate Professor, Dept. of Gynae & Obs, Madhav University

DOI: <https://doi.org/10.55248/gengpi.4.1123.113021>

### ABSTRACT:

Centesimal potency was the 1<sup>st</sup> potency to be discovered & used by Hahnemann whereas 50-millesimal potency is last to develop & its description is given in 6<sup>th</sup> edition of Organon of medicine. 50-millesimal potency is developed to bring more rapid & harmless cure by Hahnemann. But some practitioners claim that centesimal potency is more effective whereas another group of practitioners claim that 50- millesimal potency is more effective than former. Here we have gone through several studies to compare which potency is more effective than other. Only studies with sample size >30 are included in this study. The result shows 50-millesimal potency is more effective than Centesimal potency.

**Keywords:** Centesimal potency, 50-millesimal potency, Organon of medicine, Homoeopathy, Systematic review,

### Introduction:

Potentization in homoeopathy is a unique method invented by Hahnemann. It is a mathematico-mechanical process by which scalable reduction is done on medicinal substances to arouse its therapeutic activity in great extent and rendering it harmless & physiologically assimilable, for use as homoeopathic healing remedies. <sup>[1]</sup> Centesimal potency was introduced by Hahnemann in 5<sup>th</sup> edition of Organon of Medicine, Aphorism 270. It is prepared by diluting the one- hundredth part of the original drug with ninety-ninth part of the vehicle and each following, the one-hundredth part of the preceding one with every time after dilution 10 hard downward stroke is necessary. <sup>[2]</sup> Centesimal potency is designated by suffixing 'C' or 'CH' after the number indicating the potency. For example, 3<sup>rd</sup> Centesimal potency is written as 3C. It may also be denoted by simply affixing the latin numerical to the name of the drug e.g., 1M = 1,000C; 10M = 10,000C; 50M = 50,000C; CM = 100,000C etc. <sup>[3]</sup> 50-millesimal potency was introduced by Hahnemann in the name of New Dynamisation in his 6<sup>th</sup> edition of Organon of medicine. As the 6<sup>th</sup> edition of Organon of medicine was not published until 1921, no one really knew about it & Centesimal potency remained most profoundly used potency along with Decimal potency. After publication of 6<sup>th</sup> edition of Organon of medicine older practitioners were reluctant to use it, even the newer practitioners finding it difficult to use for its lack of literature & due to its inherent practical difficulty to use for patients. <sup>[4]</sup> But now-a days there are many practitioners who works mostly with 50-millesimal potency which is also called LM potency or Q potency & also there have been accomplished several studies demonstrating the works of them. So we are in a position to compare these two potencies.

### Materials & Methods:

We have taken the studies done to compare Centesimal potency & 50-millesimal potency. We shall discuss these studies along with their validity & strength & also find out whether 50-millesimal potency is more effective over centesimal potency. We have only considered the studies with sample size more than 30.

### Result:

After extensive search of databases & books we found out some relevant studies. A open randomised pilot trial by Hazra et al. have done the comparative study with two potencies in the treatment of Tinea corporis. Patients were randomly divided into two groups each comprising 30 patients. Primary outcome measured by pruritus intensity scale on 0 to 10 numeric rating; secondary outcomes were Skindex-29 and dermatology life quality index questionnaires—all measured after 6 and 12 weeks of intervention. Both group differences were calculated by intention-to-treat (ITT) & per protocol (PP) analysis. In this study no significant difference of both potency effect found in one way ANNOVA with significance level  $p < 0.05$ . Similar pattern of improvement noticed in both groups. <sup>[5]</sup> Nayak et al. conducted a multi-centric prospective randomized clinical pilot study at Central Council for

Research in Homoeopathy on patients with cervical spondylosis. 56 patients were enrolled and randomized as they have fulfilled the pre-set inclusion criteria. However, 54 patients, LM potency group (n=28) and Centesimal potency group (n=26) were analysed by Visual analogue pain scale. Secondary outcome was assessed by the quality of life using WHO QoL Bref questionnaire. Results showed pain is significantly ( $p=0.007$ ) less in LM potency group (n=28) from Centesimal potency group. In quality of life no significant difference is found in both groups.<sup>[6]</sup> A randomised parallel group study by Parth Aphale & Dharmendra Sharma on patients with type-2 diabetes mellitus in Dr. D.Y. Patil Vidyapeeth showed LM potency is more efficient than centesimal potency in management of Diabetes mellitus type-2. In this study total 50 patients are divided into 2 groups, one treated with centesimal potency & another with LM potency; comparison of both groups done on the level of blood sugar & HbA<sub>1c</sub> on every 3 months till the end of study.<sup>[7]</sup> A multicentric randomized clinical trial by Oberoi et al. conducted in Central Council of Research in homoeopathy on Uterine fibroid to compare the efficacy of Centesimal potency & 50-millesimal potency. Study sample comprises of 216 patients who were divided into 2 groups each having 108 patients. Out of them 209 patients were analysed under modified ITT (LM potency group: 106, Centesimal potency group: 103). Results analysed through Visual analogue scale for pain, health-related quality of life (HRQOL) and subdomains of UFSQOL & USG findings. Both potencies found to be equally effective in reducing symptoms on VAS scale after 1 year of treatment ( $p>0.05$ ). The health-related quality of life (HRQOL) and subdomains of UFSQOL also showed equal effectiveness in both the groups ( $P = 0.05$ ). No difference was observed in all the USG findings except for uterine volume ( $P = 0.03$ ).<sup>[8]</sup> A retrospective study by Abarna et al. on chronic diseases done on 50 cases which were treated on previous 6 months. Treatment outcome was analysed based on follow-up criteria. Data were statistically analysed with Chi-square test in GNU PSPP Software which showed 50 Millesimal potencies have given significant improvement ( $P = 0.01$ ) in the treatment of chronic diseases than previously used Centesimal potency. There were no cases reported with aggravation with 50 Millesimal potencies.<sup>[9]</sup> A double blind controlled study on Allergic Rhinitis by Mohanty N. showed the efficacy of 50-millesimal potency over Centesimal potency & Repeated dose schedules is superior over single dose schedules. The study showed out of 181 patient treated with LM potency 171 patients cured whereas 31 patients treated with Centesimal potency, of them 20 patients cured.<sup>[10]</sup> A study by Robert Hardy is done over Nicotine withdrawal to compare the Centesimal potency & 50-millesimal potency with the span of 6 weeks. The subjects are tested with Fagestrom tolerance test to determine their dependency to nicotine. Total 60 participants were divided into 2 equal groups with 30 in each; one is treated with Centesimal potency & another group with 50-millesimal potency. Heteroisotherapeutic preparation is used for treatment. No significant difference came out from the comparison of outcome between 2 groups tested with Mann-Whitney U-test.<sup>[11]</sup>

---

### Discussion:

Hereby we see that out of the 7 studies described above 4 studies found 50-millesimal potency is advantageous to Centesimal potency in giving all over positive result to patients. 3 studies do not found any significant differences of result between 2 potencies; out of them the study by Oberoi et al. in uterine fibroid though other parameters show insignificant differences between the results obtained from 2 potencies, but in case of uterine volume reduction 50-millesimal potency shows significantly ( $P = 0.03$ ) advantageous to Centesimal potency. Among the studies the study by Hazra et al. have sample size = 60, Nayak et al. have sample size = 56, Aphale et al. have sample size = 50, Oberoi et al. have sample size = 209, Abarna et al. have sample size = 50, Mohanty have sample size = 181, Hardy have sample size = 60. So in terms of sample size the studies of Oberoi et al. & Mohanty are more robust hence more reliable. Though in the study of Mohanty no statistical significance is calculated, only numerical supremacy is considered. Another fact is that, apart from the study of Mohanty nowhere blinding is done. Also randomisation is done in only 4 studies; Hazra et al, Nayak et al, Aphale et al, Oberoi et al. Considering the facts the study of Oberoi et al. is to be considered most robust which gives superior result in favour of 50-millesimal potency than Centesimal potency. After all with extensive search on databases, we were unable to find any systematic review or meta-analysis on above topic.

---

### Conclusion:

From the above illustrated studies, we can conclude that 50-millesimal potency is more effective than Centesimal potency, though there are some shortcomings of the above studies including small sample size, lack of randomisation & lack of blinding in some cases. So more studies in this field is necessary to make a definitive statement.

### Financial support or sponsorship:

None

### Conflict of interest:

Nothing declared

---

### References:

1. Close Stuart, Genius of Homoeopathy, B. Jain Publishers, ISBN: 978-8131901373; p223
2. Hahnemann S., Organon of medicine, 5<sup>th</sup> & 6<sup>th</sup> ed. Combined, translated by Dudgeon R.E., B. Jain Publishers, ISBN: 9788131903117; p62
3. Mandal & Mandal, Pharmacy, 2<sup>nd</sup> ed. New Central Book Agency, ISBN: 81-7381-009-5; p156-157
4. Handley Rima, In Search of Later Hahnemann, ELSEVIER India, ISBN: 978-81-312-1092-5; p141

5. Hazra et al. (2021). A Comparative Study of 50-Millesimal Potencies and Centesimal Potencies in the Treatment of Tinea Corporis: An Open, Randomised, Pilot Trial. *Homœopathic Links*. 34. 267-277. DOI: 10.1055/s-0041-1734025.
6. Nayak et al. (2012) Homoeopathic individualized LM-potencies versus Centesimal potencies for pain management of cervical spondylosis: A multicenter prospective randomized exploratory clinical study. *Indian Journal of Research in Homoeopathy* Vol. 6, No. 4, October - December 2012
7. Aphale et al. (2023) To Study and Compare the Efficacy of LM Potency & Centesimal Potency of Homoeopathic Medicine Acid Phosphoricum in Management of Type-2 Diabetes Mellitus; *RJPT* 2023 16(4): 1689-1694; DOI: 10.52711/0974-360X2023.00277
8. Oberoi et al. (2016), A multicentric randomized clinical trial of homoeopathic medicines in fifty millesimal potencies vis-à-vis centesimal potencies on symptomatic uterine fibroids. *Indian Journal of Research in Homoeopathy / Vol. 10 / Issue 1 / Jan-Mar 2016*. DOI: 10.4103/0974-7168.179148
9. Abarna S, Venugopal J, Sivaranjani T, Poruthukaren K, Raj P, Suresh S. Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases - A retrospective study. *Indian J Res Homoeopathy* 2015;9(2):96-101. doi: [10.4103/0974-7168.159535](https://doi.org/10.4103/0974-7168.159535)
10. [http://www.thehomoeopathy.com/uploads/publications/publication\\_1328622335.pdf](http://www.thehomoeopathy.com/uploads/publications/publication_1328622335.pdf), retrieved on 7<sup>th</sup> October, 2023.
11. Hardy Robert, A comparison of centesimal and quinquagenimillesimal isotherapeutic potencies in Nicotine withdrawal and Smoking cessation. *IJHM*, Oct-Dec, vol-22, no-4, pp246-292