

Application of Homeopathic Medicines in 50th Millesimal Potency for Treating Skin Conditions- Insights from Clinical Cases

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ABSTRACT:

LM Potencies, also known as 50 Millesimal Scale Potencies, offer a unique approach to homeopathic treatment, for their reduced aggravation compared to other potency types like Centesimal (CM) potencies mainly in skin affections. A retrospective analysis of 4 clinical cases involving patients with varying skin affections, including multiple warts, psoriasis, and dermatitis, nipple eczema treated with fiftieth millesimal homeopathic potency was conducted. The cases were evaluated based on symptom presentation, remedy selection, and treatment outcomes. For multiple warts, Fluoric Acid 0/1 (16 doses) was prescribed and continued till 0/4 potency; for eczema, Calcarea Carb 0/1 (16 doses) was prescribed and continued till 0/4 potency; for guttate psoriasis, Sulphur 0/1 (16 doses) was prescribed and continued till 0/4 potency; and for nipple eczema, Graphites 0/1 (16 doses) was prescribed and continued till 0/5 potency. Improvement was evident from the first follow-up in all cases, with an average of 3 months required for significant relief of symptoms. The causal relationship between the intervention and outcome is assessed through MONARCH criteria. The observed outcomes indicate notable improvements in several patient's skin conditions following homeopathic medicines in LM potencies. In MONARCH Criteria assessment, out of 4 cases, 3 cases achieved 08/13 and 1 case achieved 09/13 score. These scores indicate a definite causal attribution of individualized homeopathy in treating skin diseases. This series of clinical cases suggests a potential benefit of using homeopathic medicines in the fiftieth millesimal potency for various skin conditions. While these findings are promising, further prospective studies with larger sample sizes and controlled methodologies are warranted to substantiate these observations and elucidate the mechanisms involved.

KEYWORDS: Homoeopathy, LM Potency, Skin lesions.

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INTRODUCTION:

Homeopathy, a holistic system of medicine, utilizes highly diluted substances to treat various ailments. LM Potencies, also referred to as 50 Millesimal Scale Potencies, are homoeopathic preparations crafted in a 1:50,000 scale, in contrast to Decimal (1:10) or Centesimal (1:100) scales. In the 6th edition of Organon of Medicine, Hahnemann introduces the method for preparing medicines in fifty millesimal (LM) potencies. These potencies were noted for inducing lesser aggravation allowing patients to progress even with minimal improvement after a single dose of medicine. [1] Hahnemann emphasized the importance of serial dilution and agitation in releasing potent medicinal effects while minimizing potential harm, reflecting the scientific understanding of forces within matter prevalent during his time. This approach was aligned with contemporary scientific language, which later evolved with the debunking of vital force theories and the establishment of modern concepts like the conservation of energy. [2]

The review conducted by Adler et. al. 14 on Hahnemann's Paris case records demonstrated the effectiveness of LM potencies over CM potencies, supported by a substantial number of experiments comparing the two potency types. [3] The anecdotal evidence and case reports have suggested positive outcomes, including the amelioration of itching, redness, inflammation, and various skin eruptions through the use of fiftieth millesimal potency remedies. However, it is crucial acknowledge the ongoing debate within the scientific community regarding the efficacy of homeopathy, particularly in higher potencies like the fiftieth millesimal, as conclusive, robust evidence remains limited.

In conclusion, while preliminary evidence and clinical observations hint at the potential of homeopathic medicines in fiftieth millesimal potency for managing skin affections, further well-designed studies and rigorous research are warranted to validate these findings and elucidate the mechanisms underlying their effects.

Methods:

Four cases with diverse skin conditions, such as multiple warts, psoriasis, dermatitis, and nipple eczema, underwent treatment with fiftieth millesimal homeopathic potency. In each case, a Totality of Symptoms was constructed after a complete case taking and the symptoms were repertorized using Synthesis Repertory Radar Software. After repertorization, the final homeopathic prescription was made by consulting standard Materia Medicas to ensure the selection of the most appropriate remedy.

Regular follow-ups were conducted for each case, during which symptom progression was assessed to monitor any improvement. At each follow-up session, the complete symptom picture was reevaluated, and an appropriate homeopathic remedy was administered based on homoeopathic principles.

The Modified Naranjo Criteria for Homoeopathy (MONARCH) criteria were used to assess the causal relationship between clinical outcomes and homeopathic interventions. [4] The study focuses on cases of skin diseases reported in the Out-Patient Departments (OPDs) of National Institute of Homoeopathy (NIH). Since, it is not a planned

study but a retrospective analysis, a verbal consent is taken from the patients to record and publish their case details, photographs, and data, ensuring no identifiable information was disclosed.

Data Presentation:

A total of 4 patients who consented were included in the case series. Detailed discussions of cases for case numbers 1 to 4 are presented. Assessment of cases as per MONARCH criteria is organized and presented in table number 5.

Detailed Discussion of Cases:

Cases 1 to 4 are discussed in detail, providing insights into the clinical presentation, treatment administered, and the response to treatment. Photographic records have been used to document the progression and resolution of the skin condition from baseline to subsequent visits.

Homoeopathic Intervention:

Comprehensive symptom profile was constructed for each patient, detailing the specific clinical condition. The homoeopathic prescription was made by considering the totality of symptoms. The medicine was prescribed in LM potency. The method of preparing the medicine was to put one medicated globule (no. 10) in 120 ml of aqua dist. Add 20 drops of rectified spirit and mix to make a mixture. Patients were followed up every month to monitor progress and adjust

treatment as necessary. The treatment continued until the patient was cured or chose to discontinue the treatment.

CASES:

Case 1: Multiple warts:

A 42-year-old woman, referred to as RB, sought medical care for clusters of wart-like growths with itching on her right arm persisting for nine months. The eruptions initially emerged on the flexor surface of her right arm and gradually multiplied. The itching got aggravated in evening, from warmth and ameliorated in open air. No family member has similar or relevant skin complaints.

The patient has an increased appetite, with an intake of around 3-4 liters of fluids daily. Her tongue appears moist and clean. She has a desire for pickles and sour, acidic foods, warm food and drinks with no aversion or intolerance noted. Her bowel movements occur every alternate day, often loose; urine is clear. She experienced generalized offensive sweating. The patient tends to feel hot. The patient exhibits anxiety and a fear of death, leading to irritability and a strong aversion to social interaction, feeling detached from everyone.

The patient was thin with dark hair and skin, indicating poor nutrition with a height of 1.57 meters, and weight 49 kilograms.

(Repertorial sheet and Case Management – Figure number 1-2 and Table number 1 respectively)

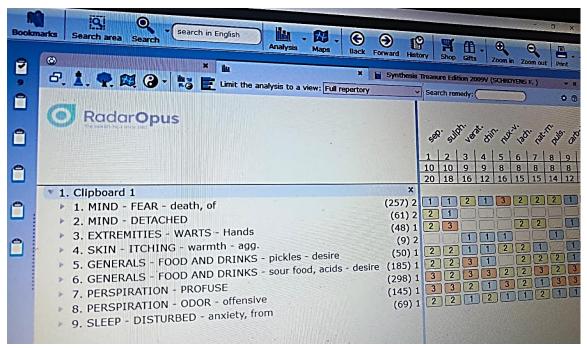


Figure 1 Repertorial sheet for case number 1

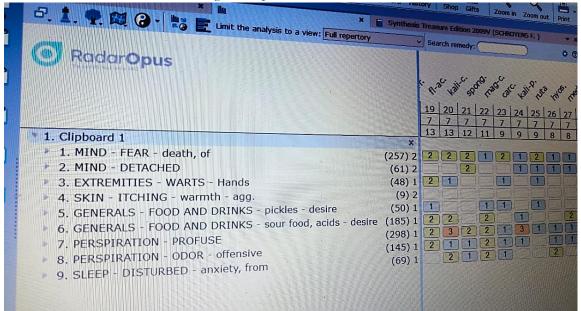


Figure 2 Repertorial sheet for case number 1

Table-1: Management of case no. 1:

Date	Symptoms	Medicine prescribed	
6/12/2019	Multiple warts like eruptions on right hand flexor	Fluoric acid 0/1 16 doses	
(Figure no. 3)	surface. Light to dark brown in appearance.		
	Marked itching.	Fluoric acid 0/2 16 doses	
13/1/2020	The itching got relieved. No new eruption.	Fluoric acid 0/3 16 doses	
		Fluoric acid 0/4 16 doses	

11/3/2020	Eruptions disappeared completely. No itching.	Saccharum lactis in liquid
(Figure no. 4)	No new eruption.	





Figure-3: Before Treatment 6.12.2019

Figure-4: After Treatment 11.03.2020

Case 2: Eczema

A 63-year-old male presented with eruptions on the nape of neck and upper extremities over the past 2 years, which have been spreading slowly. He has itching and burning sensation in the affected area. Relief is found through the application of cold substances and gently scratching the area. The patient had healthy appetite and thirst. There was a strong desire for fried, spicy foods, and sweets, and has aversion to brinjal due to itching upon consumption. The patient sweats profusely, mainly in the region of nape of neck and chest.

Sensitive to cold temperature, can't tolerate least exposure to cold air. Built of the patient was thin, with a dark complexion and greying hair. The patient was deeply afraid of failings in business and worries a lot that their brother might try to take their property. This fear manifests as a constant conflict within the patient's mind, leading to feelings of helplessness in addressing these concerns and resolving the discord with their brother. (Repertorial sheet and Case Management – Figure number 5 and Table number 2 respectively)

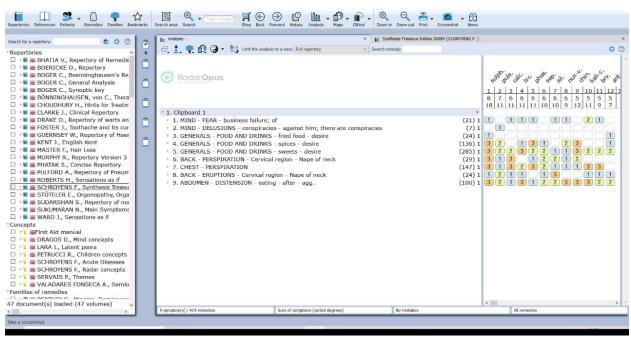


Figure 5 Repertorial sheet for case no. 2

Table- 2: Management of case no. 2:

Date	Symptoms	Medicine prescribed	
16.09.2019	Dry papular eruptions	Calcarea Carb 0/1 16 doses	
(Figure- 6-8)	Marked Itching	Calcarea Carb 0/2 16 doses	
11.10.2019	Eruptions decreased, itching better	Calcarea Carb 0/3 16 doses	
(Figure9-11)	than before	Calcarea Carb 0/4 16 doses	
13.11.2019	Eruptions disappeared, no itching.	Saccharum lactis in liquid	
(Figure-12-14)			



Figure 6: (Before 16.02.2019)



Figure 7 Before (16.02.2019)



Figure 8: Before (16.09.2019)



Figure 9 During (11.10.2019)



Figure 10 During (11.10.2019)



Figure 11 During (11.10.2019)



Figure 12 After (13.11.2019)



Figure 13 After (13.11.2019)



Figure 14 After (13.11.2019)

Case 3: Guttate psoriasis

A 42-year-old male presented with multiple pink annular eruptions on trunk and face over the past 2 years. No other complaint. Eruptions started on trunk -abdomen and back simultaneously, later on face. On scratching, dry skin peels off and reddish base exposes. There is severe burning after itching which aggravates on lying on bed. In spite of this there is burning in the soles and hands of the patient, mostly at night. And patient feel very

irritable and restless at night. He has a good appetite with strong desire for sweets. Drinks Luke warm water often. No specific aversion to food. Milk causes gastric discomfort to the patient. There is bitter taste in the mouth especially in the morning when he wakes up. Sweats more on hands. Generally, he feels worse during summer. (Repertorial sheet and Case Management – Figure number 15 and Table number 3 respectively)

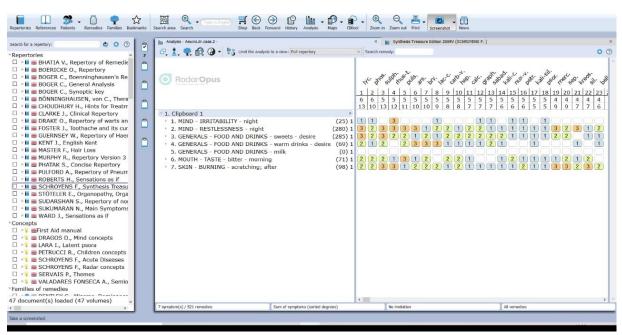


Figure 15 Repertorial sheet for case no. 3

Table -3: Management of case no. 3:

Date	Finding	Medicine prescribed	
09.09.2019	Multiple pink annular eruptions on trunk and face	<i>Sulphur</i> 0/1 (16 doses)	
(Figure- 16)	No itching	<i>Sulphur</i> 0/2 (16 doses)	
	Note: lack of front view photo		
21.10.2019	Eruptions less than last visit. Color changed from	<i>Sulphur</i> 0/3 (16 doses)	
(Figure-1718)	pink to white.	<i>Sulphu</i> r 0/4 (16 doses)	
	Sweating increased.		
09.12.2019	Eruptions less than last visit. No new Complaint.	Sulphur 5/0 (Sac lac)	
(Figure- 19-20)			



Figure 16 Before (09.09.2019)



Figure 17 During (21.10.2019)



Figure 19 After (09.12.2019)



Figure 18 During (21.10.2019)



Figure 20 After (09.12.2019)



Case 4: Eczema of Nipple

A 62-year-old obese lady presented with unilateral (right) itching and nipple discharge since 2 week. Itching is not confined to the nipple but to the areolar region. The skin was dry all over and has brownish reddish eruption on sides of the nipple. There is burning pain and it radiates to shoulder. Discharge is not offensive but yellowish and sticky in nature. No bleeding per nipple present. No mass found on palpation in any of the breast. No

lymphadenopathy. Sleep disturbed due to sensitiveness of the region while lying. Restlessness due to pain. Fear of disease is marked. Appetite decreased. Desire spicy food. Easily sweating more on head. No marked generals except constipation since years. Patient is sensitive to both hot and cold environment, cannot tolerate any of the extremes. (Repertorial sheet and Case Management – Figure number 21 and Table number 4 respectively).

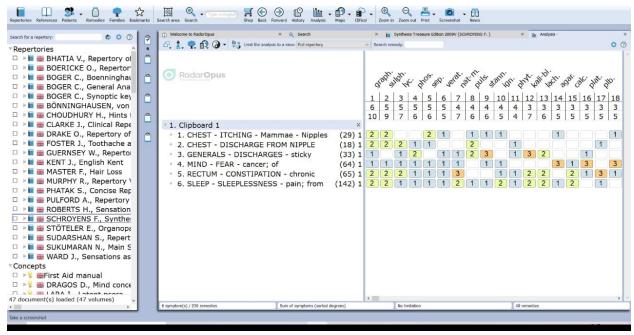


Figure- 21: Repertorial Analysis of case no. 4

Table- 4: Management of case no. 4:

Date	Finding	Medicine prescribed		
31.08.2019	Ulceration on right nipple.	Graphites 0/1 (16 doses)		
(Figure- 22)	White sticky discharge.			
	On breast examination:			
	Any discoloration: nil			
	Mass on palpation;nil			
	Lymph nodes enlarged: nil			

11.09.2019	Ulceration on right nipple decreased than before.	Graphites 0/2 16 doses	
(Figure- 23)	White sticky discharge decreased than before.	Graphites 0/3 (16 doses)	
	Appetite improved.		
03.11.2019	Ulceration on right nipple decreased than before. no	Graphites 0/4 (16 doses)	
(Figure- 24)	discharge		
		Graphites 0/5 (16 doses)	
08.12.2020	Ulceration on right nipple decreased than before. no	Graphites 6/0 (Sac lac)	
(Figure- 25)	discharge	Graphites 7/0 (16 doses) (Sac	
		lac)	



Figure 22 Before (31.08.2019)



Figure 24 During (03.11.2019)



Figure 23 During (11.09.2019)



Figure 25 During (08.12.2020)

Table-5: MONARCH (Improved Version of Modified Naranjo Criteria For Homoeopathy):

S.no.	Domain	Case 1	Case 2	Case 3	Case 4
1.	Was there an	+2	+2	+2	+2
	improvement in the main				
	symptom or condition				
	for which the				
	Homeopathic medicine				
	was prescribed?				
2.	Did the clinical	+1	+1	+1	+1
	improvement occur				
	within a plausible time				
	frame relative to the drug				
	intake?				
3.	Was there an initial	0	0	0	0
	aggravation of				
	symptoms?				
4.	Did the effect	0	0	0	+1
	encompass more than				
	the main symptom or				
	condition (i.e., were				
	other symptoms				
	ultimately improved or				
	changed)?				
5.	Did overall well-being	+1	+1	+1	+1
	improve? (Suggest using				
	validated scale)				
6.	A Direction of cure: did	0	0	0	0
	some symptoms improve				
	in the opposite order of				
	the development of				
	symptoms of the disease?				
7.	Direction of cure: did at	0	0	0	0
	least two of the following				
	aspects apply to the				
	order of improvement of				
	symptoms: –from organs				
	of more importance to				
	those of less importance?				
	-from deeper to more				
	superficial aspects of the				

	individual? –from the				
	top downwards?				
8.	Are there alternate	+1	+1	+1	+1
	causes (other than the				
	medicine) that—with a				
	· ·				
	high probability— could				
	have caused the				
	improvement? (Consider				
	known course of disease,				
	other forms of				
	treatment, and other				
	clinically relevant				
	interventions)				
9.	Was the Health	+2	+2	+2	+2
	improvement confirmed				
	by any objective				
	• •				
	(0 ,				
	laboratory test, clinical				
	observation, etc.)				
10.	Did repeat dosing, if	+1	+1	+1	+1
	conducted, create similar				
	clinical improvement?				
	Total	08	08	08	09

DISCUSSION:

LM Potencies, also known as 50 Millesimal Potencies, are homoeopathic preparations crafted in a 1:50,000 scale. Dr Hahnemann wanted to rapid the time of cure in a more gentle way with less aggravation and without harming the patient to achieve the idea of ideal cure, mentioned in aphorism number 2 of organon of medicine. [1] And therefore, the LM Potencies are introduced in the sixth edition of organon of medicine. Hahnemann mentioned that LM potencies could produce profound and enduring therapeutic benefits while reducing the likelihood of aggravations or adverse reactions. The results achieved in these cases validated this observation.

This case series demonstrated the effectiveness of LM Potencies in curing various skin diseases. The clinical outcomes were robustly assessed using the MONARCH criteria, ensuring an objective evaluation of the causal relationship between the homeopathic interventions and the observed clinical outcomes. Out of 4 cases, 3 cases achieved 08/13 and 1 case achieved 09/13 score. These scores indicate a definite causal attribution of individualized homeopathy in treating skin diseases.

The result of this case series are consistent with the previously available case reports. [[5-6] In a previous case report on psoriasis [5], Sulphur was prescribed in LM potency and continued at 0/1 potency only. However, in the present

case, successive potencies were administered, resulting in a significantly shorter time for improvement. In another case report on Eczema, only a single dose of Nux Vomica in LM potency did wonder that patient didn't need any second dose. [7]. These instances underscore the potential efficacy of LM treating skin potencies in conditions. Nonetheless, further research is imperative to validate these observations and establish a scientific framework for integrating LM potencies into clinical practice. In a case series of warts, it was observed that LM potencies would give faster results when compared to the centesimal potencies. [8] To further investigate these findings, randomized controlled trials (RCTs) could be conducted not only in warts but also in other skin conditions.

CONCLUSION:

These findings support the potential of LM potencies as a valuable tool in homeopathy, offering an alternative approach for patients seeking holistic and individualized treatment. Preliminary evidence and clinical observations suggest that homeopathic medicines in fiftieth millesimal potency can effectively manage skin conditions like warts, eczema, psoriasis, and nipple eczema. By utilizing clinical assessments and photographic documentation, it ensures a thorough and objective evaluation of treatment effectiveness and patient quality of life.

However, further research is essential to validate these findings and establish a scientific basis for the use of LM potencies in clinical practice.

Strength of this case series:

In all the cases, evidence-based improvement was provided. Improvement was evident from the first follow-up in all cases, with an average of 3 months required for significant relief of symptoms.

Limitations of this case series:

More cases on various other skin conditions could have been incorporated.

Acknowledgement:

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Declaration of the patients consent:

As this study is a retrospective analysis, verbal consent was obtained from the patients to record and publish their case details, photographs, and data. We ensured that no identifiable information was disclosed, maintaining the confidentiality and privacy of the patients throughout the study.

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