

The Q- Potencies

Based on a presentation given by Dr. med. K.H. Gypser in 1994 on the occasion of the "Silser Week" of the Swiss Medical Society for Homeopathy (SAHP). Revised by Dr. med. Peter Minder.

The Q-potencies represent the quintessence of Hahnemann's last 14 years of his active life. They are the result of his continuing effort to find a comprehensive and profound way of medication and shorten the time of treatment.

Q stands for "Quinquagiesmillesimal" and means that the medicines are potentiated in the proportion 1:50,000. The largely used term "LM" is misleading, as it could be misinterpreted according to the Roman numbering system (LM would then stand for 950) and lead to a confusion with the fifty-millesimal potentization of C. This is why, after repeated criticisms, Q instead of LM is now being commonly used in Switzerland and Germany.

The individual steps of potentization are thus termed Q1, Q2 etc. or also 0/1, 0/2, and so on.

History

The first homeopath to discover the changes in the sixth edition of the Organon was the Swiss Rudolf Flury (1903-1977), who began to manufacture Q-potencies right from 1942, just 100 years upon the completion of the manuscript of the 6th Organon. It is obviously also him who invented the term "LM potencies".

Flury communicated his discovery to his compatriot Charles Pahud (1890-1959), who introduced the Q-potencies in the French-speaking countries and also inspired Adolf Voegeli (1898-1993) to prepare and prescribe Q-potencies.

Concurrently, Pierre Schmidt (1894-1987) and his follower Jost Künzli (1915-1992) discovered the new prescriptions for preparing medicines in the 6th Organon and began to produce all so-called antipsoric remedies in the form of Q-potencies from 1949 onwards.

The practical introduction of the Q-potencies thus goes back to Swiss homeopaths. It is said that the homeopathic doctors had not known about this crucial change in the preparation and dosage of medicines until the sixth edition of the Organon was published in 1921.

It is for sure, however, that Boenninghausen precisely knew about the Q-potencies and also mentioned them in his writings, so that his contemporaries had at least some knowledge of them.

Boenninghausen praised the efficacy of these preparations out of his own experience in 1857, but as to the preparatory method he said that "in the next, hopefully soon to be published sixth edition of the Organon it will be disclosed, because until then we are bound by word of honour to keep this procedure, which is known to us, a secret." (AHP, S.380 German edition)

His homeopathic colleagues thus knew before the publication of the sixth edition of the Organon that it was to contain certain changes as regards the preparation and dosage. It is surprising, however, that they did not press for more details. At that time homeopathy started to take a scientific direction. There was a demand for low potencies, and the interest in Hahnemann had died .

Development of the Q- Potencies

The introduction of the Q-potencies is characterized by two fundamental changes with regard to the preparation and dosage of medicines, i.e. the way a homeopathic dose is administered and repeated. This development came about gradually and consistently, it was neither the weird idea of an old man nor did it just fall out of the blue.

To gain a better understanding, the three phases of development shall be retraced as they can be inferred from Hahnemann's writings:

1. Until 1828/29, tinctures made from fresh plants are potentized according to the **centesimal scale** up to **C 30** by **hitting them twice** against a hard surface; other substances are triturated up to **C 3** with milk sugar and then potentized like the fresh plant tinctures. A dose consists of **1 globule dry or moistened with water** or is given for **smelling. No repetition of dose**, as long as the patient's health improves.
2. During an interim phase until 1838 Hahnemann demanded that **all** medical substances had to undergo **trituration with milk sugar** up to C 3, followed by further liquid potentization up to C30, but also C 60, C 150, C 300 and even higher, with **2 succussions** in the beginning, then **5-10 succussions**, and from 1837 onwards even **10-50 succussions. One or more globules** have to be taken dry or moistened with some water, and the most important novelty is the **frequently required repetition of dose**, every 1-2 days in case of chronic diseases, first dry or for smelling with the help of **carrier substances**, then **dissolved**, while the degree of dynamization should be slightly modified through shaking. The medicine is taken until the patient shows signs of amelioration.

Conclusion: Trituration of all medicines, higher potencies, more succussions, repeatedly given dissolved doses – this leads to the Q-potencies excepts for the degree of potentization.

3. In the form which was attained until the completion of the manuscript of the sixth Organon (in 1842), which we find in § 270, all medicines up to **C3 are triturated**, 1 grain (0,06 g) of trit. C3 is **dissolved** in 500 drops of a mixture of alcohol and water, of which 1 drop is diluted in 100 drops of alcohol and potentized by means of **100 strong succussions with the hand**. In this way the globules are moistened and termed Q1 (Q1 thus corresponds to a more strongly diluted and dynamized C4). 1 globule of Q1 is dissolved in 100 drops of alcohol and potentized by means of 100 succussions. The globules are thus moistened and termed as Q2 etc. The proportion 1:50,000 is achieved, because 1 drop of the solution is used to moisten 500 globules, i.e. 1 globule is the 500th part of a drop, and 1 globule is shaken in 100 drops of alcohol. Potentization up to **Q 30**.

The **alcoholic solution**, in which the globule was dissolved, was **shaken 8-12 times** and taken **every 1-2 days** in case of chronic disease, as long as the state of health improves and no further complaints arise.

Hahnemann concluded (note to § 246 of the Sixth Edition of the Organon): "What I said in the fifth edition of the *Organon*, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new altered but

perfected method. The same carefully selected medicine may now be given daily and for months, if necessary in this way (...).“

According to his own words Hahnemann used the Q-potencies since 1837/38. He called them “Médicaments au globules” in contrast to the previously manufactured “Médicaments à la goutte”, of which he used to describe the degrees of potency in Roman numbers; he marked the new medicinal preparations of globules with Arabic numbers on which he placed a small circle.

How frequently and in which way Hahnemann actually used his newly created medicines is not known, but in the past years several homeopaths (e.g. Seidler, Adler, Handley, Kunkle) tried to identify the Q-potencies in the Paris case journals. None of these attempts of interpretation, however, passed unchallenged, because there is no clear identification of the Q-potencies in the case journals. For reasons of secrecy Hahnemann may have used a code, as the new medicinal preparations and indications of doses should only be spread with the publication of the sixth edition of the Organon, which was postponed for various reasons up to the year 1921.

To sum up we can say that the Q-potencies came about almost inevitably, as can be seen from the shortly outlined development of Hahnemann’s medicinal preparations and doses. While striving to accelerate the cures he had to repeat the doses, modify the degree of potentization and raise the ratio of dilution in the medicinal preparation in order to obtain softer medicines, i.e. which do not cause homeopathic aggravations and accessory symptoms, as well as to increase the number of succussions to get more powerful medicines.

It has to be stated clearly that wide sections of the homeopaths today have not realised the 2nd and 3rd phase of Hahnemann’s prescriptions of doses and still practice on the basis of the fourth edition of the Organon (1829), that is, they ignore the innovations of the last 14 years in Hahnemann’s doctrine of dosage. This is largely due to the great influence of Kent, to whom the sixth edition of the Organon was not available yet.

Indications for Q-potencies

The main application area of Q-potencies are chronic diseases.

They are used in:

1. Chronic diseases after previous usage of a variety of medicines and the corresponding deterioration of the patient’s response to a remedy.
2. In case of concurrent usage of medicines which cannot be immediately discontinued (antihypertensives, steroids, controlled dosage aerosols, antiepileptics)
3. Advanced pathological changes of the organs
4. Palliative treatments
5. Patients who cannot be dissuaded from taking frequent doses which they are accustomed to

Practical application

It is recommended to hand out a written note to the patient with some directions how to take the medicine.

Administration: The Q-potencies are administered in a dissolved form, i.e. a 10 ml bottle is handed out or prescribed; before taking a dose, the bottle has to be hit ten times against a hard surface, 1-2 drops are added to a plastic cup filled up to 2/3 with water (3 dl), then stirred hard 10 times with a plastic spoon, of which 1 teaspoon is taken while the rest is tipped away.

When taking a new medicine: use a new cup and spoon

Potency: Generally start with Q 3; lower Q-potencies seem to cause homeopathic aggravations in some cases.

Time of medication: in the morning on an empty stomach or in the evening before going to bed, depending on the patient's aggravation period (**not** shortly before the aggravation period).

Dosage: May vary from 1 to 7 days:

1. Patients with other medication or in case of very acute or painful diseases: daily dosage
2. Patients without other medication, which, however, has only been discontinued shortly before the treatment, or in case of strong constant pains: every 2nd day
3. Patients with medication, which was finished some time ago, and moderate or moderately severe diseases: every 3rd day
4. In case of positive response and gradual discontinuity of treatment, when only some residual symptoms have remained: every 4th to 7th day (the same potency can then also be taken over a period of 2-3 months)

Duration: In general the same degree of potency should be taken for 4 weeks, then contact the patient again immediately thereafter or 1-2 weeks later, after an interval without any medicine, to see whether the symptoms have reappeared immediately :

- Immediate deterioration: treatment has not sufficiently progressed (commonly the case with chronic diseases during the first months of treatment)
- No immediate deterioration, stagnation: this may occur with moderate chronic diseases, with severe diseases only after a longer period of treatment; indicates imminent healing, i.e. only few more treatments will be required.

Follow-up prescription: When the same remedy is still indicated, then prescribe the next higher potency; after 4 weeks do **not** prescribe the next higher, because when the medicine has been taken daily or every second day it has been shaken 280 or 140 times during that period and therefore already exceeded the next step (100 succussions). It seems to be more convenient to skip one or two steps, i.e. Q 3, 6, 9, 12 etc. or Q 4, 7, 10, 13 and so on.

When medication starts with Q 3 and is prescribed in steps of three, in most cases the potencies Q 12 or Q 15 will not be exceeded, so that either a change of the remedy is necessary or the patient's health is restored. If the treatment has been applied up to Q 30 and the same remedy is still indicated (e.g. in case of palliative treatment), the prescription has to start from the beginning with a different potency, i.e. after Q 3 apply the same procedure with Q 4 , then Q 5 .

Please note: After changing the potency (of the same remedy), the symptoms may reappear after the first dose, especially in the beginning of the treatment.

Specialties

Application during the menses: Q-potencies can also be taken during the menses except in case of hypermenorrhea.

Sensitive patients: Only in rare cases the correctly produced medicines lead to so-called accessory symptoms (6th edition of the Organon, §§ 142, 156, 163, 274), and only with very sensitive patients. In this case it is recommended to take the medicine diluted in two to three cups. Preparation should be according to the above mentioned instruction, but one teaspoon, instead of being taken, is added to a second cup filled up to two thirds with water and stirred ten times, of which one teaspoon is taken or once more diluted in the same way.

Primary homeopathic aggravation: As a fundamental change in contrast to the C-potencies, this primary reaction is usually avoided when Q-potencies are given for treatment of chronic diseases; such an aggravation ought to appear during treatment with respect to diseases of a more acute character (§ 161, Sixth Edition of the Organon).

It would be a certain sign that the doses were altogether too large, if during treatment, especially in chronic disease, the first dose should bring forth a so-called homeopathic aggravation (§ 282, Sixth Edition of the Organon).

Late homeopathic aggravation: This phenomenon, which is peculiar to the Q-potencies, means: If the patient feels well, the medicine is further taken until the original symptoms of the disease reappear, which is a first sign of imminent healing; then either

1. further reduce the dose, or
2. repeat the dose after longer intervals, or
3. completely discontinue the medicine (but if symptoms of the original disease reappear, after they had subsided, the treatment has to be renewed - § 281, Sixth Edition of the Organon).

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