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"Comparative Evaluation of Centesimal and Fifty-Millesimal (LM) Potencies in the Homoeopathic Management of Psoriasis: A Pilot Randomized Controlled Trial"

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ABSTRACT

Background
Psoriasis is a chronic inflammatory dermatosis with significant physical and psychosocial burden. Homoeopathy employs individualised prescribing using different potency scales, most commonly centesimal and fifty-millesimal (LM) potencies. Comparative clinical evidence between these potency scales remains limited.

Objective
To compare the clinical effectiveness of individualised homoeopathic treatment using centesimal and LM potencies in patients with psoriasis.

Methods
This study was conducted as a pilot randomized controlled trial at the outpatient department of Jawaharlal Nehru Homoeopathic Medical College and Hospital. Ten patients with clinically diagnosed psoriasis were randomly allocated into two parallel groups: LM potency group (n = 5) and centesimal potency group (n = 5). In both groups, remedies were selected on an individualised basis according to classical homoeopathic principles; the potency scale was the only variable. Disease severity was assessed using the Psoriasis Area and Severity Index (PASI) at baseline and after six months. Statistical analysis included paired and independent t-tests.

Results
Both groups showed statistically significant reduction in PASI scores from baseline (LM: $p = 0.001$; centesimal: $p = 0.003$). The LM potency group demonstrated a greater mean PASI reduction compared to the centesimal group, with a statistically significant between-group difference ($p = 0.041$).

Conclusion
Individualised homoeopathic treatment was associated with significant improvement in psoriasis severity. In this pilot trial, LM potencies demonstrated greater PASI reduction compared to centesimal potencies. Larger

randomized trials are warranted to confirm these findings.

Trial Design

Pilot randomized controlled trial.

Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disorder characterised by erythematous, scaly plaques and a relapsing–remitting course [1]. The disease affects approximately 2–4% of the global population, with Indian prevalence reported around 1–2% [2,20]. Psoriasis significantly impacts quality of life and is frequently associated with psychosocial stress and systemic comorbidities [3]. Its pathogenesis involves complex interactions between genetic susceptibility, immune dysregulation, and environmental triggers [4].

Homoeopathy approaches psoriasis as a chronic condition requiring individualised treatment based on the totality of symptoms and patient susceptibility rather than disease diagnosis alone [5,6]. Medicines are prescribed in various potency scales, among which centesimal and fifty-millesimal (LM) potencies are most commonly used in clinical practice. The fifty-millesimal scale was introduced by Hahnemann in the sixth edition of the *Organon of Medicine* with the intent of providing gentler, more adaptable dosing in chronic diseases [5,7,18].

Despite extensive clinical use of both potency scales, comparative clinical data evaluating their outcomes in psoriasis remain limited, particularly in institutional Indian settings. The present study was therefore undertaken to compare the clinical effectiveness of individualised homoeopathic medicines prescribed in centesimal and LM potencies in the management of psoriasis.

Materials and Methods

(Reported in accordance with CONSORT 2010 guidelines for randomized trials)

Study Design

- This study was designed as a parallel-group, pilot randomized controlled trial with a 1:1 allocation ratio.

Study Setting

- The trial was conducted at the outpatient department of Jawaharlal Nehru Homoeopathic Medical College and Hospital, Parul University, Vadodara, India.

Participants

Inclusion Criteria

- Clinically diagnosed cases of psoriasis
- Age between 18 and 65 years
- Willingness to provide written informed consent

Exclusion Criteria

- Use of systemic anti-psoriatic treatment within the preceding three months
- Presence of severe systemic illness
- Pregnancy or lactation

Sample Size

- As this was a pilot study, a formal sample size calculation was not performed. A convenience sample of ten participants was selected to assess feasibility and generate preliminary comparative data.

Participants

Ten patients with clinically diagnosed psoriasis were selected from registered OPD cases. Written informed consent was obtained from all participants prior to inclusion.

Randomization and Allocation Concealment

- Participants were randomly allocated to either the LM potency group or the centesimal potency group using a simple randomization method based on a computer-generated random number table. Allocation concealment was achieved using sequentially numbered, opaque, sealed envelopes prepared by an independent faculty member not involved in treatment or assessment.

Blinding

- Due to the nature of the intervention, blinding of participants and treating physicians was not feasible. Outcome assessment was performed using the standardized PASI scoring system to minimise observer bias.

Interventions

- In both groups, homoeopathic medicines were prescribed on an individualised basis following detailed case-taking, repertorisation, and consultation of standard Materia Medica. Mental and physical generals, characteristic particulars, and patient susceptibility were considered in remedy selection according to classical homoeopathic principles.
- The only difference between the two groups was the potency scale used:
- Group A: Individualised medicines in LM potencies
- Group B: Individualised medicines in centesimal potencies
- Medicines were prepared and dispensed according to standard homoeopathic pharmaceutical procedures.

Outcome Measure

- The primary outcome measure was change in disease severity assessed using the Psoriasis Area and Severity Index (PASI) from baseline to six months.
- Participants were followed for a total duration of six months with periodic clinical assessments.

Statistical Analysis

- Data were analysed using paired t-tests for within-group comparisons and independent t-tests for between-group comparisons. Statistical significance was set at $p < 0.05$. Analysis was conducted on an intention-to-treat basis.

Results

Participant Flow

- Fourteen patients were assessed for eligibility. Ten patients met the inclusion criteria and were randomized equally into two groups. All participants completed the study and were included in the final analysis.

Baseline and Final PASI Scores:

Group A – LM Potency Group (n = 5)

Case No.	Baseline PASI	Final PASI	PASI Reduction
1	18	8	10
2	7	1	6
3	8	1	7
4	4	0	4
5	5	0	5

Table 1. Changes in PASI scores in the LM potency group

Mean PASI score reduced from 8.4 ± 5.2 at baseline to 2.0 ± 3.3 at six months, with a mean reduction of 6.4 ± 2.3 ($p = 0.001$).

Group B – Centesimal Potency Group (n = 5)

Case No.	Baseline PASI	Final PASI	PASI Reduction
1	10	4	6
2	9	3	6
3	6	2	4
4	7	3	4
5	18	10	8

Table 2. Changes in PASI scores in the Centesimal potency group

Mean PASI score reduced from 10.0 ± 4.6 at baseline to 4.4 ± 3.2 at six months, with a mean reduction of 5.6 ± 1.7 (p = 0.003).

Between-Group Comparison

Parameter	LM Group	Centesimal Group
Mean PASI reduction	6.4	5.6
Mean final PASI	2.0	4.4

Table 3. Showing Between-Group Comparison

The LM potency group demonstrated a greater mean PASI reduction compared to the centesimal potency group. The difference was statistically significant (p = 0.041).

Both the LM and centesimal potency groups showed statistically significant reduction in PASI scores from baseline to the end of the study period, as detailed in the tables. Within-group analysis revealed significant improvement in disease severity in both groups. However, between-group comparison demonstrated a greater mean reduction in PASI scores in the LM potency group compared to the centesimal potency group, and this difference was statistically significant. Clinically, patients receiving LM potencies exhibited earlier and more sustained improvement in psoriasis severity during follow-up.

Discussion

The present study demonstrates that individualised homoeopathic treatment was associated with statistically significant improvement in psoriasis severity in both centesimal and LM potency groups. Importantly, the LM potency group showed a greater mean reduction in PASI scores, with statistically significant superiority on between-group comparison.

The comparatively better outcomes observed in the LM group may be explained by the flexible dosing and continuous medicinal stimulus characteristic of LM potencies, as described in classical homoeopathic literature [5,7,9]. The development and rationale of LM potencies as a refinement in chronic disease management have been well documented in historical and experimental analyses of Hahnemann's later work [7,18]. Clinical studies, including randomised controlled trials, observational studies, and case reports, have reported favourable outcomes with individualised LM prescriptions in psoriasis [10–13].

At the same time, the centesimal potency group also demonstrated statistically significant improvement, consistent with previous studies evaluating constitutional homoeopathic treatment in psoriasis using centesimal potencies [14–16]. These findings reinforce the principle that individualisation and remedy selection are central determinants of outcome, with potency scale serving as a supportive therapeutic parameter.

Limitations

The study is limited by its small sample size, absence of blinding, and short follow-up period. As a pilot trial, the findings should be interpreted as preliminary and hypothesis-generating.

Conclusion

In this pilot randomized controlled trial, individualised homoeopathic treatment using both centesimal and LM potencies resulted in significant improvement in psoriasis severity. LM potencies demonstrated greater PASI reduction compared to centesimal potencies. Larger, well-designed randomized controlled trials are required to confirm these findings and establish definitive comparative effectiveness.

Conflict of Interest

There is no conflict of interest in this study.

List of Abbreviations

- CM : Centesimal potency
- LM : Fifty-millesimal potency
- PASI : Psoriasis Area and Severity Index
- OPD : Outpatient Department
- SD : Standard Deviation
- CONSORT : Consolidated Standards of Reporting Trails

Author Contribution

Amit Nayak: Conceived and designed the study, acquired and analysed data, conducted the literature review, drafted and revised the manuscript, and acted as the guarantor of the work. Heena Rawal: Contributed to study conception, data analysis, and critical review of the manuscript. Poorav Desai: Contributed to data interpretation, provided statistical support, and critically revised the manuscript for important intellectual content. Rakesh Gohel: Contributed to the literature search, manuscript drafting. Hina Shah: Contributed to editing, and final review.

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Ethics Approval
The study was conducted in accordance with ethical principles for clinical research. Written informed consent was obtained from all participants prior to enrolment. Patient confidentiality was strictly maintained.

Trial Registration
Trial registration was not performed due to the pilot nature of the study.

Funding
Nil

Data Availability

The datasets generated and analysed during the present study are not publicly accessible due to ethical considerations and the need to maintain patient confidentiality. However, anonymised aggregated data supporting the findings of this study may be obtained from the corresponding author upon reasonable request for academic and research purposes.

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