# A study to assess the effectiveness of Folliculinum 200 in the treatment of infertility in female patients of age group 20-40 years – A prospective case Series study

Dr. Arpana S. Pareek<sup>1</sup>, Dr. Sandeep N. Pareek<sup>2</sup>

<sup>1</sup>Prof and HOD Department of Repertory Smt. K. B. Abad Homoeopathic Medical College, Chandwad <sup>2</sup>Associate Professor Department of Homoeopathic Materia Medica Smt. K. B. Abad Homoeopathic Medical College, Chandwad

Abstract—Introduction: Infertility is characterised by the failure to establish a clinical pregnancy after 12 months of regular and unprotected sexual intercourse. The prevalence of infertility in the general population is about 9-18%. Out of several causes of infertility, growth of the follicle plays an important role in most of the cases. Homoeopathy is a gentle and effective mode of treatment. A few previous studies indicate that homoeopathy is a useful method of treatment for the treatment of infertility cases. Method: Four cases of female infertility due to improper growth of follicles treated at Pareek Homeopathic Clinic, Chandwad are presented herewith. Result: The cases were treated successfully with individualised homeopathic medicines. After the treatment, all patients conceived normally and delivered healthy babies. The medicines used were Sepia, Sulphur and Medorrhinum in centesimal potencies. Discussion: Difficult cases of infertility with improper growth of follicles are thus treatable and women can attain pregnancy with the help of Hhomoeopathic treatment.

*Index Terms*—Graffian Follicle, Ovulation study, Female infertility, Homoeopathy.

#### I. INTRODUCTION

Infertility is a common reproductive health issue that affects a significant no. of individuals and couples worldwide. Today almost one in six couples face difficulty in conceiving. Around 36 to 44% Infertility in women is due to ovulatory dysfunction. Homoeopathy is a gentle and effective mode of treatment. A few previous studies indicate that homoeopathy is a useful method of treatment for the treatment of infertility cases. The growth and maturation of ovarian follicles are crucial for the female reproductive system, as it leads to the release of a mature egg during ovulation. If the growth of follicles does not occur as expected, it can contribute to infertility. This condition is often associated with ovulatory disorders, where the ovaries fail to release mature eggs regularly<sup>[1]</sup>. The study involves a series of cases where Folliculinum 200 which is prepared from healthy tissues or secretions of the body was administered with constitutional remedies and the outcomes was assessed in terms of menstrual regularity, hormonal balance, and fertility improvement<sup>[2]</sup>. "Folliculinum" is a homeopathic remedy that is derived from ovarian follicles. It is often associated with women's health and is used as a remedy for various menstrual and hormonal and fertility<sup>[3.]</sup>

## A. Study Setting:

This study included four female patients suffering from primary and secondary infertility due to improper growth of ovarian follicle, who were treated at Pareek Homeopathy Clinic, Chandwad, Maharashtra, India between the period 2022-23, however the compilation of these cases was done retrospectively in 2024. They came for homoeopathic treatment after not getting results from the treatment of other systems of medicine

## B. Homoeopathic Therapeutic Intervention:

The cases were thoroughly taken and repertorization was done by a complete repertory of HOMPATH software <sup>[4]</sup>. The final selection of the remedy and prescriptions for each of the cases was based on the totality of symptoms of the patients and the repertorial results. In each case, medicine was

prescribed in pills of size 30, 4–6 globules being administered orally on a clean tongue, on empty stomach. The 200 and 1M potency was prescribed. The medicines used were Sepia, Sulphur, Lycopodium and Medorrhinum with Folliculinum.

## C. Brief Procedure:

On the first visit of each patient, case taking was done and called on 14<sup>th</sup> day of menses. Transvaginal Sonography was performed and size of the follicle was measured. After analysis and evaluation of symptoms, the characteristic symptoms were considered for framing the totality. Further, based on reportorial analysis and consulting homoeopathic Materia Medica, the best suitable medicine was prescribed. The patients were advised to report at specific intervals to assess the effects of the medicine. Furthermore, the patients were advised to have a Transvaginal Sonography to see on 20<sup>th</sup> day of menses. The clinical progress of the patients, as well as treatment outcomes, was assessed with a focus on their symptomatology and USG findings.

## D. Case 1:

A lady aged 34 years presented with secondary infertility for the past 4 years. She had normal vaginal

delivery 7 years ago. She had been trying for a second child for the past 4 years. In between this period, there was no history of conception or abortions. Along with infertility, she was also suffering from repeated left-sided headache aggravated by head bath, cold weather and working in cold. She had a solitary, soft wart on her chest. Ovulation study showed improper growth of follicle. A detailed case was taken and the totality of symptoms was formed based on the symptoms: Chilly patient with susceptibility to cold, desire for salty food, sleeplessness due to some unknown fear, forgetfulness, commits mistakes while writing, also omits letters, discontented with everything, very commanding and dictatorial by nature and cannot tolerate contradiction. The case was repertorized by the complete repertory of HOMPATH software. Sepia 200 single dose was prescribed followed by Folliculinum 200 (HS for 5 days) to be start on 10<sup>th</sup> day of menses up to 14th day. (UPT -ve), again Sepia 1M was prescribed followed by Folliculinum 200 (HS for 5 days) to be start on 10<sup>th</sup> day of menses up to 14th day. Follicle size increased up to 20 mm & ruptured. UPT came +ve with a single live active foetus Confirmed through USG.

Remedy Name 😜	;eP	Sulph	Lyc	Merc	Natm	Phos	Nitac	Nurv	Puls	Calc	cham	80	sil	fe
Totality	18	15	15	15	13	12	12	12	12	12	12	11	11	)[
Symptom Covered	7	9	8	8	6	9	8	8	8	7	7	6	6	ÌĹ
[C] [Mind]Mistakes, makes:Writing, in:Omitting:Letters:	_	$\square$	2				$\square$	1	1					Ì
[C] [Mind]Discontented, displeased, dissatisfied:	2	3	2	3	3		2	2	2	1	2	2	2	Ìſ
[C] [Mind]Dictatorial, domineering, dogmatic, despotic:	$\exists$		2	2			$\square$	1				Ĭ		١٢
[C] [Mind]Contradiction:Intolerant of:	3	2	3		2			1			1	2	2	Ìſ
[C] [Head Pain]Localization:Sides:Left:	3	2	1	2	1	2	2	2	1	2	2	) 1	1	ÌÌ
[C] [Head Pain]General:Washing:Head:	2	2	1				1	$\square$		2	1	1		ÌÌ
[C] [Chest]Warts:	=	$\square$	$\square$			im	1	$\square$			í—	í —		ÌÌ
[C] [Female Genitalia]Sterility:	3			2	3	2	$\square$	1	2	2	í—	í —	2	ÌÌ
[C] [Generalities]Cold:Tendency to take, taking cold agg.:	3	2	3	3	3	2	3	3	2	3	3	3	3	ÌÌ
[C] [Generalities]Food and drinks:Meat (see meat, aversion, fa	$\neg$		$\square$					$\square$			í—			ÌÌ
[C] [Sleep]Sleeplessness:Fear, fright, from:	2	1	1		1			1	2		2	2	1	ÌÌ
•	•								·	, <u> </u>	·	·		•
Symptom: 11					F	leme	edie	<mark>s</mark> 3	39					

## E. Case 2

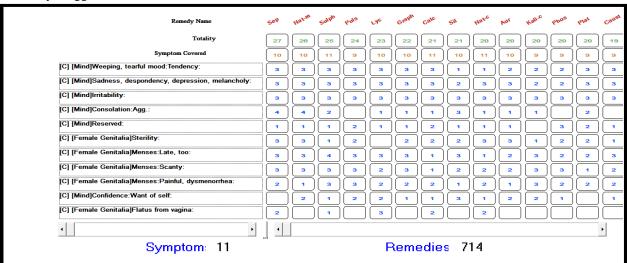
A 26-year-old lady presented with primary infertility; the couple was planning for the baby for 5 years. She also had Dysmenorrhoea before and during menses. Along with this, thin leucorrhoea before menses was one of her other main symptoms. A thorough case taking was carried out which reflected important physical generals like the desire for meat and milk; with constipated and hard stool. As regards mental symptoms, it was found that the patient was irritable, hasty, restless, quarrelsome and cannot tolerate injustice. In the past, she had suffered from chronic diarrhoea and recurrent fever. The case was repertorized by the complete repertory of HOMPATH software and Sulphur 200 single dose was prescribed. Folliculinum 200 (HS for 5 days) to be start on 10<sup>th</sup> day of menses up to 14th day. Follicle size increased up to 22 mm and UPT came Positive and USG showed single live active foetus.

Remedy Name	Sulph	Natm	Nuxv	calc	511	Seb	Phos	Merc	Graph	Lach	Puls	A.P	Nur	1
Totality	25	23	23	22	22	21	20	19	18	18	18	17	17	)(
Symptom Covered	11	11	11	11	10	9	11	9	9	9	8	8	8	)
[C] [Mind]Irritability:	3	3	3	3	3	3	3	2	3	2	3	3	3	Ĵ.
[C] [Mind]Hurry, haste:Tendency:	3	) 3	) 2	1	3	1	1	3	1	2	2	2	1	ĺ
[C] [Mind]Restlessness, nervousness:Tendency:	3	2	2	3	3	3		3	2	2	3	3	2	ĺ
[C] [Mind]Injustice, cannot support:	1	) 1								i —	i —	i		١
[C] [Mind]Quarrelsomeness, scolding:	3	2	) 3	1	2	2	2	2	1	2	) <u> </u>	2	3	j
[C] [Stool]Hard:	3	) ] ]	) 3	3	3	3	3	2	3	3	2	2	2	j
[C] [Female Genitalia]Sterility:	1	) 3		2	2	3	2	2	2	2	2	i	3	١
[C] [Female Genitalia]Leucorrhea:General:Menses:Before:	2	2	2	3	2	3	2		3	2	2	i		j
[C] [Female Genitalia]Menses:Painful, dysmenorrhea:	3	1	2	2	1	2	2	2	2	2	3		1	ĺ
[C] [Generalities]Food and drinks:Meat (see meat, aversion, fa	2	j 🔽			j 🔁					i —	i —	j 🔽		ĺ
[C] [Generalities]Food and drinks:Milk:Desires:	1	) 2	) 2	2	2		2	2	1	1	) —	2	2	j
•	•													
Symptom: 11					F	۱em	edie	<mark>s</mark> 6	69					

#### F. Case 3

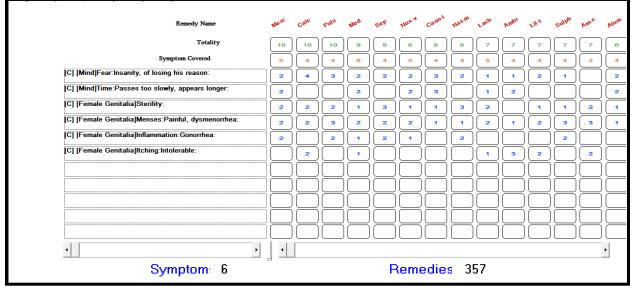
A 27-year-old lady suffering from primary infertility; the couple was planning for the baby for the past 5 years, presented with delayed menses; scanty, thin, pale menstruation, associated with backache and mild dysmenorrhoea, ameliorated by pressure. She was also complaining of passing of flatus from Vagina. Physical generals included hot patient, with susceptibility to cold; thirstless; desire for sour, salty food, fish, spices; aversion to milk. Her mental symptoms developed after marriage when she could not adjust herself in her in-law house. She developed irritability aggravated from the conversation.

depression, gloominess, sadness aggravated during menses, evening, when alone. She has also lack of confidence. She was an introvert and used to brood over the past events. The case was repertorized by the complete repertory of HOMPATH software, and Lycopodium 200 single dose was prescribed followed by Folliculinum 200 (HS for 5 days) to be start on 10<sup>th</sup> day of menses up to 14th day. Lycopodium 1M was repeated afterwards with Folliculinum in same days. Follicle size increased up to 20 mm. UPT Positive on 26/09/23. Confirmed through USG, a single live active foetus on 26/09/23.



## G. Case 4:

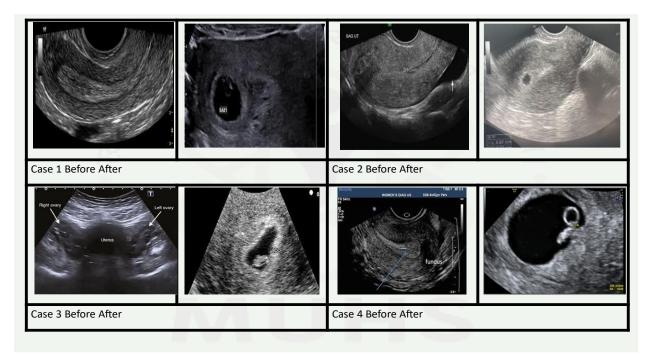
A lady of 30 years presented with primary infertility; the couple was planning for the baby for 6 years. Menses were regular with normal flow, red, fluid blood; dysmenorrhoea aggravated during and before menses. A thorough case taking was done which revealed physical generals such as hot patient, desire for chocolate and ice cream. In the past, she had suffered from recurrent leucorrhoea with pruritus vulvae which started after marriage. In the family, her father had a brain tumour. Her husband had gonorrhoea 5 years ago for which he took allopathic treatment. Hence, history and family history were very significant which guided the case for the selection of remedy. This case was too deficient in general symptoms but its strong, peculiar, characteristic anamnesis indicated a deep anti-sycotic miasmatic medicine. After case taking and repertorization by the complete repertory of HOMPATH software, Medorrhinum 1M single dose was prescribed. Folliculinum 200 (HS for 5 days) to be start on 10<sup>th</sup> day of menses up to 14th day.



H. Case Summary:

Case No.	Age	Main Symptoms	Pre-Treatment (TVU)	Treatment	Post Treatment
1	34	Secondary Infertility of 4 years	01/01/22 - First TVU on 14 <sup>th</sup> , (6x8) mm 16 <sup>th</sup> (8x10) & 18 <sup>th</sup> day (10x12) of menses. Size of follicle 12x14 mm on 20 <sup>th</sup> day.	Treatment period: 01/01/22 to 22/03/2022. Sepia 200 single dose was prescribed on 01/01/22. Folliculinum 200 (HS for 5 days) to be start on $10^{th}$ day of menses up to 14th day. (UPT -ve) Sepia 1M was prescribed on 10/02/22 Folliculinum 200 (HS	Follicle size increased up to 20 mm & ruptured. UPT +ve on 22/03/22. Confirmed through USG a single live active foetus on 28/03/22

				for 5 days) to be start on 10 <sup>th</sup> day of menses up to 14th day	
2	26	Primary Infertility of 5 years Dysmenorrhoea Thin leucorrhoea before menses.	24/04/22 - First TVU on 14 <sup>th</sup> , (8x10) mm 16 <sup>th</sup> (10x12) & 18 <sup>th</sup> day (12x14) of menses. Size of follicle 16x18 mm on 20 <sup>th</sup> day.	Treatment period: 24/04/22 to 26/5/2022. Sulphur 200 single dose was prescribed on 24/04/22. Folliculinum 200 (HS for 5 days) to be start on 10 <sup>th</sup> day of menses up to 14th day.	Follicle size increased up to 18 mm. UPT Positive on 26/05/22. USG showed single live active foetus on 26/05/22
3	27	Primary infertility of 5 years Burning in vagina during coition	18/07/23 - First TVU on 14 <sup>th</sup> , (4x6) mm 16 <sup>th</sup> (6x8) & 18 <sup>th</sup> day (6x8) of menses. Size of follicle 6x8 mm on 20 <sup>th</sup> day.	Treatment period: 18/07/23 to 26/9/2023. Lycopodium 200 single dose was prescribed on 18/07/23. Folliculinum 200 (HS for 5 days) to be start on 10 <sup>th</sup> day of menses up to 14th day. Lycopodium 1M was prescribed on 22/08/23 Folliculinum 200 (HS for 5 days) to be start on 10 <sup>th</sup> day of menses up to 14th day.	Follicle size increased up to 20 mm UPT Positive on 26/09/23. Confirmed through USG, a single live active foetus on 26/09/23
4	30	Primary infertility of 6 years Dysmenorrhoea < menses before, during	10/06/23 - First TVU on 14 <sup>th</sup> , (8X10) mm 16 <sup>th</sup> (8x10) & 18 <sup>th</sup> day (10x12) of menses. Size of follicle 14x16 mm on 20 <sup>th</sup> day.	Treatment period: 10/06/23 to 12/7/2023. Medorrhinum 1M single dose was prescribed on 10/06/23. Folliculinum 200 (HS for 5 days) to be start on 10 <sup>th</sup> day of menses up to 14th day.	Follicle size increased up to 22 mm. UPT Positive on 12/07/23. USG showed single live active foetus on 21/07/23.



#### **II. DISCUSSION**

All the 4 cases registered in this case series study became pregnant after the treatment in the 2, 3, 4 and 5 months respectively. Folliculinum 200 is effective in addressing infertility issues in female patients in the age group of 20-40 years. Folliculinum 200, a homoeopathic remedy derived from ovarian follicles, influence hormonal balance and reproductive outcomes in women with infertility. Folliculinum 200 single dose when given at only bedtime for 5 days starting from 10<sup>th</sup> days of menses increases the size of the follicle up to minimum size required to get pregnant. A single dose of Constitutional medicine at the commencement of treatment also plays a great role in stimulating and regulating ovulation in women with irregular menstrual cycles. Life style modifications boost infertility. Emotional Support to women dealing with infertility-related stress can increases the chances of pregnancy.

## **III. CONCLUSION**

Our case series study on the use of Folliculinum 200 in women with infertility has demonstrated promising outcomes, with a significant number of participants achieving pregnancy within the study period. The treatment was generally well-tolerated, with minimal side effects reported, indicating a favorable safety profile and participants expressed high levels of satisfaction with Folliculinum, citing improvements in menstrual regularity and overall well-being. These findings suggest that Folliculinum may offer a viable alternative or complementary treatment option for certain women experiencing infertility, particularly those with unexplained infertility or those who prefer non-conventional therapies. While my study provides valuable insights into the potential benefits of Folliculinum for treating infertility, it is important to acknowledge limitations such as the absence of a control group and the relatively small number of participants as these factors limit our ability to draw definitive conclusions about the efficacy and safety of Folliculinum.

The observed efficacy and safety profile of Folliculinum underscore the need for its consideration in the broader spectrum of fertility By highlighting the potential of treatments. Folliculinum as a safe and satisfactory treatment option, this study opens new avenues for research and clinical practice, moving us closer to a more inclusive and holistic approach to fertility care. To build on the findings of this case series, future research should aim to conduct randomized controlled trials with larger participant groups to more definitively ascertain the efficacy and safety of Folliculinum in the treatment of infertility and, a randomized, comparative study (homoeopathic therapy vs.

conventional therapy), with a suitable sample size, is suggested for further advancement in this regard.

## IV. ACKNOWLEDGEMENT

The author is grateful for the help of PhD Guide Dr. Meena Bhasme and also support of the radiologists and the patients.

## REFERENCES

- Pratap K, Narendra M. Jeffcoate's Principles of Gynaecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2008.
- [2] Anita L, Prema D, Blany L. Effectiveness of homoeopathic treatment in female infertility. Reprod Med Int 2018; 1:1-5.
- [3] Parveen S, Bhaumik H. Effect of individualised Homoeopathy in the treatment of infertility. Indian J Res Homoeopath 2018; 12:231-39.
- [4] 4.Shah JJ. Hompath Classic-homeopathic Software. Mumbai: Mind Technologies Private Limited; 2005.