

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

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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 Hhomeopathic 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^[1]. 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^[2]. "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^[3,1]

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 HOMPAT software^[4]. 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

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 HOMPAT

software and Sulphur 200 single dose was prescribed. Folliculinum 200 (HS for 5 days) to be start on 10th 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	Nat-m	Nux-v	Calc	Sil	Sep	Phos	Merc	Graph	Lach	Puls	Ars	Aur	Zinc
Totality	25	23	23	22	22	21	20	19	18	18	18	17	17	17
Symptom Covered	11	11	11	11	10	9	11	9	9	9	8	8	8	8
[C] [Mind]Irritability:	3	3	3	3	3	3	3	2	3	2	3	3	3	3
[C] [Mind]Hurry, haste:Tendency:	3	3	2	1	3	1	1	3	1	2	2	2	1	1
[C] [Mind]Restlessness, nervousness:Tendency:	3	2	2	3	3	3	1	3	2	2	3	3	2	3
[C] [Mind]Injustice, cannot support:	1	1	1	1	1	1	1	1	1					
[C] [Mind]Quarrelsome, scolding:	3	2	3	1	2	2	2	2	1	2	1	2	3	1
[C] [Stool]Hard:	3	3	3	3	3	3	3	2	3	3	2	2	2	3
[C] [Female Genitalia]Sterility:	1	3	1	2	2	3	2	2	2	2	2		3	2
[C] [Female Genitalia]Leucorrhoea:General:Menses:Before:	2	2	2	3	2	3	2		3	2	2			2
[C] [Female Genitalia]Menses:Painful, dysmenorrhea:	3	1	2	2	1	2	2	2	2	2	3	2	1	2
[C] [Generalities]Food and drinks:Meat (see meat, aversion, f	2	1	2	1	1		1					1		
[C] [Generalities]Food and drinks:Milk:Desires:	1	2	2	2	2		2	2	1	1		2	2	

Symptom: 11 Remedies 669

F. Case 3

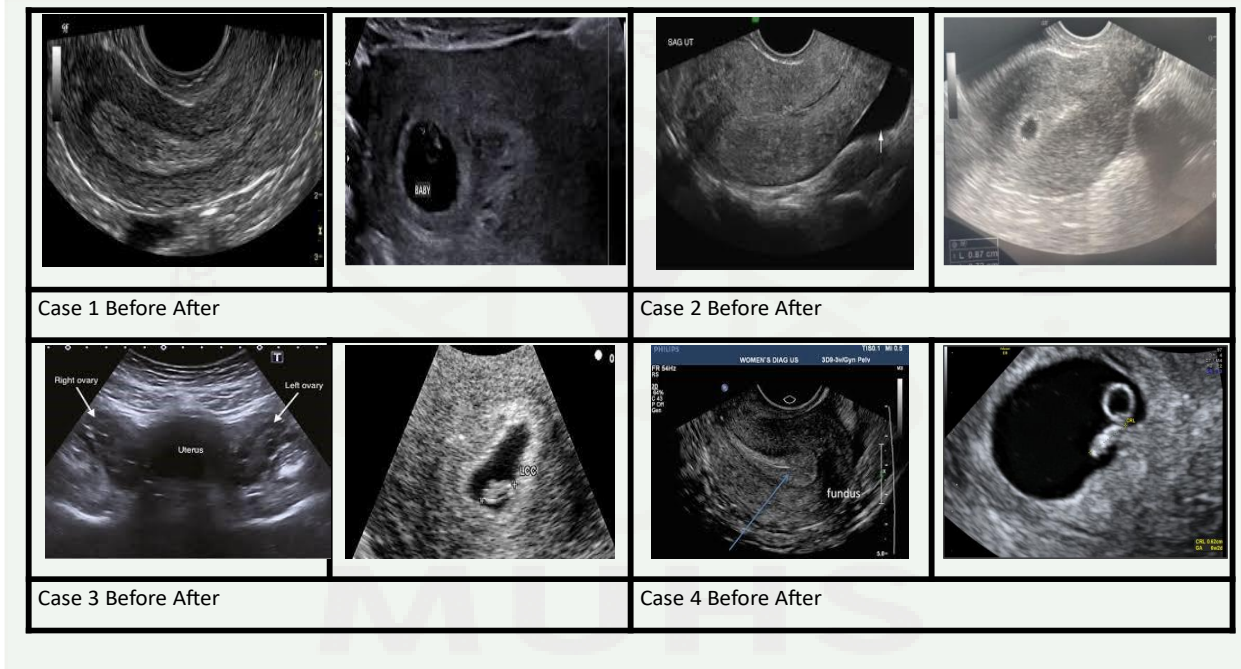
A 27-year-old lady suffering from primary infertility; the couple was planning for the baby for the past 5 years, presented with delayed menses; scanty, thin, pale menstruation, associated with backache and mild dysmenorrhoea, ameliorated by pressure. She was also complaining of passing of flatus from 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 HOMPAT software, and Lycopodium 200 single dose was prescribed followed by Folliculinum 200 (HS for 5 days) to be start on 10th 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.

Remedy Name	Sep	Nat-m	Sulph	Puls	Lyc	Graph	Calc	Sil	Nat-c	Aur	Kali-c	Phos	Plat	Caust
Totality	27	26	25	24	23	22	21	21	20	20	20	20	20	19
Symptom Covered	10	10	11	9	10	10	11	10	11	10	9	9	9	9
[C] [Mind]Weeping, tearful mood:Tendency:	3	3	3	3	3	3	3	1	1	2	2	2	3	3
[C] [Mind]Sadness, despondency, depression, melancholy:	3	3	3	3	3	3	3	2	3	3	2	2	3	3
[C] [Mind]Irritability:	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] [Mind]Consolation:Agg.:	4	4	2		1	1	1	3	1	1	1		2	
[C] [Mind]Reserved:	1	1	1	2	1	1	2	1	1	1		3	2	1
[C] [Female Genitalia]Sterility:	3	3	1	2		2	2	2	3	3	1	2	2	1
[C] [Female Genitalia]Menses:Late, too:	3	3	4	3	3	3	1	3	1	2	3	2	2	3
[C] [Female Genitalia]Menses:Scanty:	3	3	3	3	2	3	1	2	2	2	3	3	1	2
[C] [Female Genitalia]Menses:Painful, dysmenorrhea:	2	1	3	3	2	2	2	1	2	1	3	2	2	2
[C] [Mind]Confidence:Want of self:		2	1	2	2	1	1	3	1	2	2	1		1
[C] [Female Genitalia]Flatus from vagina:	2		1		3		2		2					

Symptom: 11 Remedies 714

				for 5 days) to be start on 10 th 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 th , (8x10) mm 16 th (10x12) & 18 th day (12x14) of menses. Size of follicle 16x18 mm on 20 th 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 th 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 th , (4x6) mm 16 th (6x8) & 18 th day (6x8) of menses. Size of follicle 6x8 mm on 20 th 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 th 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 th 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 th , (8X10) mm 16 th (8x10) & 18 th day (10x12) of menses. Size of follicle 14x16 mm on 20 th 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 th 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 10th 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 treatments. By highlighting the potential of 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.

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