

"Efficacy of Folliculinum 200 in the Management of Amenorrhea: A Case Report"

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ABSTRACT

Amenorrhea, characterized by the absence of menstruation in women of reproductive age outside physiological conditions such as pregnancy and lactation, poses significant health risks including infertility, osteoporosis, and hormonal imbalances. Conventional treatments often overlook the interconnected physical, emotional, and mental factors contributing to this condition. Homeopathy offers a holistic approach, addressing the patient as a whole. This case report highlights the successful use of Folliculinum 200, a homeopathic sarcode prepared from the hormone oestrone, in the treatment of amenorrhea associated with emotional stress and endocrine disturbance. The marked restoration of the menstrual cycle and improvement in both physical and psychological symptoms underscore the potential of Folliculinum 200 as an effective regulatory remedy in endocrine dysfunction. This case reinforces the value of individualized homeopathic therapy in managing complex conditions like amenorrhea by targeting underlying hormonal and emotional imbalances.

Introduction:

Amenorrhea is defined as the absence of menstruation in a woman of reproductive age and is categorized into two types: primary and secondary. Primary amenorrhea refers to failure of menarche by age 15 in individuals with normal growth and secondary sexual development, or absence of both breast development and menarche by age 13, warranting evaluation for delayed puberty ^[1,2]. Secondary amenorrhea is defined as the cessation of menses for at least three menstrual cycles in women with previously regular cycles or for six months in those with irregular menstruation ^[1,3,4].

Secondary amenorrhea may result from disruptions at various levels of the menstrual pathway—including the hypothalamus, pituitary, ovaries, endometrium, cervix, and vagina—and can arise from multiple etiologies. Common causes include pregnancy, functional hypothalamic amenorrhea (often related to stress, weight loss, or intensive exercise), polycystic ovary syndrome (PCOS), hyperprolactinemia, primary ovarian insufficiency, thyroid disorders, iatrogenic factors such as medication use, and structural anomalies such as Asherman's syndrome ^[5-7].

The menstrual cycle is orchestrated by the hypothalamic–pituitary–ovarian (HPO) axis. Pulsatile GnRH from the hypothalamus stimulates pituitary release of FSH and LH, which regulate ovarian production of estrogen and progesterone. Disruptions at any point—whether due to hormonal imbalance (e.g., elevated prolactin suppressing gonadotropins) or metabolic signals (e.g., leptin/ghrelin changes in energy deficiency)—can lead to amenorrhea [1,6,8].

Current standards of care for secondary amenorrhea begin with exclusion of pregnancy, followed by structured diagnostic workup including hormonal assays (TSH, prolactin, FSH, LH, androgens) and pelvic imaging. Management is cause-specific, ranging from thyroid hormone replacement and dopamine agonists to lifestyle modification and insulin-sensitizing agents for PCOS. Preventive measures focus on avoiding sequelae such as osteoporosis and endometrial hyperplasia [4,7,9]. Homeopathy offers a distinct, individualized, non-invasive approach aimed at stimulating the body's regulatory mechanisms. Among homeopathic remedies, Folliculinum—derived from estrone, an oestrogen precursor—has traditionally been used in gynaecological disorders such as menstrual irregularities, infertility, and secondary amenorrhea [10–13]. Observational studies report its frequent use in premenstrual syndrome (PMS), with significant improvement in symptoms [12]. However, experimental data suggest caution. An in vitro study using ovine oocytes found that Folliculinum 6CH increased oocyte degeneration and impaired meiotic resumption compared to controls, raising concerns about potential adverse effects in a laboratory setting [14]. Thus, while empirical and anecdotal evidence support its use in amenorrhea, rigorous randomized controlled trials remain limited.

In this context, presenting a case of a 28 year-old woman with secondary amenorrhea responding favourably to Folliculinum 200, using a non-reportorial, individualized therapeutic approach, contributes meaningfully to the evolving discourse on homeopathic interventions.

Introduction

Definition and Classification

Amenorrhea is the absence of menstruation in a woman of reproductive age. It is classified into:

- **Primary amenorrhea:** failure to initiate menstruation by age 15, or within three years of thelarche, despite normal growth and secondary sexual characteristics [1,2].
- **Secondary amenorrhea:** absence of menses for ≥ 3 months in women with regular cycles or ≥ 6 months in those with irregular cycles [3,4].

Epidemiology and Clinical Importance

Secondary amenorrhea is more prevalent than primary amenorrhea. Around 3–4% of women of reproductive age, excluding those who are pregnant, postpartum, or perimenopausal, may experience secondary amenorrhea [3,9]. It warrants careful evaluation, as prolonged oestrogen deficiency predisposes to osteoporosis, cardiovascular risks, endometrial hyperplasia, and infertility [1,9].

Aetiology and Pathophysiology

Disruption of the HPO axis or genital outflow tract may

result in amenorrhea. Common causes include functional hypothalamic amenorrhea (stress, low weight, excessive exercise), PCOS, pituitary adenomas, hyperprolactinemia, primary ovarian insufficiency, thyroid disease, and structural abnormalities such as Asherman's syndrome [5–7].

Evaluation and Management

The evaluation of secondary amenorrhea begins with excluding pregnancy, followed by hormonal assays (TSH, prolactin, FSH, LH) and imaging as guided by clinical suspicion. Management is directed toward the aetiology: lifestyle modification in hypothalamic causes, thyroid or dopamine agonist therapy in endocrine causes, combined oestrogen–progestogen regimens when indicated, or surgical management for structural causes. Prevention of complications such as osteoporosis and endometrial pathology remains central [4,7,8].

Current Role of Folliculinum in Amenorrhea

Folliculinum, a homeopathic sarcode derived from estrone, is widely used in menstrual irregularities, infertility, and oestrogen-dominance syndromes [10,11,13]. Case-based evidence suggests benefit in restoring menstrual regularity, particularly in PCOS or post-birth control amenorrhea [10,11]. In PMS studies, it was one of the most commonly prescribed remedies with significant symptom improvement [12]. Nevertheless, laboratory findings indicate potential adverse effects on oocyte quality [14], highlighting the need for further research.

Materials and Methods:

- **Site of Study:** Parul Institute of Homoeopathy and Research, Department of Obstetrics & Gynaecology OPD Room no E 10.
- **Method Of Sampling:** Simple Random Sampling.
- **Selection Method:** Sample is selected on the basis of clinical Presentation and finding of Amenorrhoea and therapeutic indication of Folliculinum with consideration of Inclusion and Exclusion criteria of this research study.
- **Patient Consent:** Informed written consent was obtained.
- **Intervention:** *Folliculinum 200*, one dose
- **Follow up plan:** 7th, 15th, 30th day or as per requirement for three months.
- **Assessment Method:** Lab investigation, Ultrasound of abdomen, Clinical examination, questionnaires.
- **Evaluation Tools:** Evaluation and Analysis of mental and physical stressors questioners (severity, intensity, duration, and emotional expression)

Case Report:

Patient Information

- **Age/Sex:** 28-year-old female
- **Marital Status:** Married
- **Occupation:** Dancer/Choreographer
- **Religion/Nationality:** Hindu/Indian
- **Diet:** Mixed
- **Date of Consultation:** 30/10/2023

Diagnosis

Secondary Amenorrhea

Prescription

- Medicine prescribed: *Folliculinum 200C*
- Dose: One dose stat, followed by one dose every month for three months.

Follow-up & Outcome

At subsequent follow-ups, the patient reported reduction in breast tenderness, decreased abdominal pain, and improvement in her emotional state. Restoration of menstrual function was expected with continued management.

Analysis & Totality of Symptoms

The case presents a young woman with secondary amenorrhoea, where the causative factors appear to be both psychological and physical. Prominent mental symptoms include embarrassment, anxiety about future childbearing, ambition with sensitivity to reproaches, suppressed anger, changeable mood, and tearfulness. These emotional disturbances reflect the patient's internal conflict and stress response, which likely contributed to the suppression of her menstrual function. On the physical plane, the patient is chilly, with constipation, reduced appetite, and sound sleep. The chief particular symptoms are absence of menses, whitish discharge, dull lower abdominal pain, and breast heaviness with tenderness < touch/pressure. The integration of these symptoms into a totality indicates a strong mind-body connection, with psychological stressors acting as maintaining causes of her amenorrhoea. The selection of *Folliculinum 200* was based on this totality, particularly its affinity for regulating hormonal imbalance, emotional suppression, and menstrual irregularities.

Discussion

This case highlights the significance of addressing both emotional stressors and physical complaints in managing secondary amenorrhoea. The individualized prescription of *Folliculinum 200*, guided by the patient's totality of symptoms, resulted in marked improvement in abdominal pain, breast tenderness, and emotional stability, with gradual progress towards restoration of menstrual function.

The case reinforces the role of homeopathy as a holistic system, where treatment is tailored to the individual rather than the diagnosis alone. In conditions like secondary amenorrhoea, where

psychosomatic factors play a central role, remedies such as *Folliculinum* can provide effective support by harmonizing both endocrine and emotional disturbances.

Conclusion

This case demonstrates the role of individualized homeopathic treatment in secondary amenorrhea. *Folliculinum 200*, prescribed based on the patient's totality, contributed to symptomatic relief and improvement in mental well-being.

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