

## ROLE OF HOMOEOPATHIC SARCODE *FOLLICULINUM* IN 200 POTENCY IN CASES OF AMENORRHOEA -A CASE SERIES

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### KEYWORDS

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### ABSTRACT

#### Background:

Amenorrhea is a common gynecological complaint affecting women of reproductive age, with significant implications on their physical and psychological health. Conventional treatment often focuses on hormonal regulation, while homoeopathy provides individualized remedies based on symptom similarity. Folliculinum, a remedy prepared from ovarian follicle, has been clinically observed to play a role in regulating menstrual dysfunctions. **Objective:** To evaluate the effect of *Folliculinum* 200C potency in cases of amenorrhea and assess its potential in restoring normal menstrual function. **Method:** A case series of five patients presenting with amenorrhea was conducted. Detailed case histories were taken, and prescriptions were made on the therapeutic indication of *Folliculinum* 200C. Patients were followed up regularly over a period of three months, and clinical response was documented. Parameters assessed included onset of menstruation, regularity of cycles, and associated symptoms. **Result:** All five patients exhibited significant clinical improvement following administration of *Folliculinum* 200C. Restoration of normal menstrual cycles was achieved within three months of treatment. Improvement was also noted in associated complaints such as fatigue, mood disturbances, and hormonal imbalance symptoms. No adverse effects were reported during the follow-up period. **Conclusion:** The results of this case series suggest that *Folliculinum* 200C may be a useful homoeopathic remedy in the management of amenorrhea. The positive outcomes observed warrant further clinical research with larger sample sizes and controlled studies to substantiate the role of *Folliculinum* in menstrual disorders.

### INTRODUCTION:

Amenorrhoea is a common gynecological condition defined as the absence of menstruation, which may be either primary (failure of menstruation by age 15) or secondary (absence of menstruation for three consecutive cycles or six months in a previously menstruating woman) <sup>(1)</sup>. Globally, the prevalence of secondary amenorrhoea is reported to be around 3–4% among women of reproductive age, with higher rates seen in adolescents and young adults due to stress, hormonal imbalance, or polycystic ovarian syndrome (PCOS) <sup>(2)</sup>. In India, menstrual irregularities including amenorrhoea affect a substantial proportion of women, often leading to infertility, psychological distress, and impaired quality of life <sup>(3)</sup>.

Management of amenorrhoea typically involves identification and treatment of the underlying cause. Conventional therapy includes hormonal replacement and ovulation induction agents, though these may carry adverse effects or limitations in long-term use <sup>(4)</sup>. Homoeopathy, with its individualized and holistic approach, offers potential in the management of menstrual disorders. Folliculinum, a remedy prepared from the ovarian hormone oestrone, has been recognized in homoeopathic literature for its role in regulating the hypothalamic-pituitary-ovarian axis and restoring menstrual rhythm <sup>(5,6)</sup>. It is particularly indicated in cases of amenorrhea, oligomenorrhoea, infertility, and premenstrual syndromes where hormonal imbalance is a key etiological factor <sup>(7)</sup>.

Folliculinum is available in various potencies, with clinical experience highlighting the efficacy of 200C potency in regulating menstrual cycles and improving associated symptoms<sup>(8,9)</sup>. Case reports and clinical observations suggest that Folliculinum may stimulate the natural menstrual rhythm and re-establish hormonal balance without the side effects of synthetic hormones<sup>(10)</sup>.

This case series presents five cases of secondary amenorrhoea successfully managed with Folliculinum 200C, emphasizing its potential role as a safe and effective therapeutic option.

#### Materials and Methods:

The study was conducted at the Parul Institute of Homoeopathy and Research Hospital, Obstetrics & Gynecology OPD (Room E-10), Parul University, Ishwarpura. Five patients diagnosed with amenorrhea (primary or secondary) were included after applying inclusion and exclusion criteria.

- Inclusion criteria: clinical features of amenorrhea or pre-diagnosed cases willing for homoeopathic treatment.

- Exclusion criteria: congenital abnormalities, systemic illness, unwilling patients.

Baseline Investigations: CBC, UPT, thyroid profile (T3, T4, TSH), serum prolactin, FSH, LH, and abdominal/pelvic ultrasonography were performed before treatment and repeated after three months.

Intervention: *Folliculinum* 200C, one dose monthly for three consecutive months.

Outcome measures: Restoration of menses (onset, flow, duration, clots, odor) and changes in psychological stressors (severity, intensity, duration, expression).

#### Assessment of outcomes:

The primary outcome measure was the restoration of normal menstruation, assessed in terms of onset of menses, duration of flow, quantity of bleeding, presence of clots, and character of discharge (odor/consistency).

**Table 1: Clinical Summary of Amenorrhoea Cases Treated with Folliculinum 200C**

| Case No. | Age | Type of Amenorrhoea   | Duration       | Baseline Investigations | Treatment Outcome (3 months)   |
|----------|-----|-----------------------|----------------|-------------------------|--|
| 1        | 32  | Secondary             | 3.5 months     | Normal                  | Regular menses restored, normal flow, no clots/odor                    |
| 2        | 18  | Primary               | Since menarche | Normal                  | Spotting at 2 months, menses established at 3rd month with normal flow |
| 3        | 39  | Secondary (PCOD)      | 3.5 months     | USG: PCOD               | Cycles normalized, flow regular, bright red bleeding                   |
| 4        | 22  | Secondary with anemia | 3 months       | Hb 9.2 g/dL             | Menses restored with improved hemoglobin                               |
| 5        | 29  | Secondary             | 3.5 months     | Normal                  | Regular cycles, normal flow, duration 5–6 days                         |

This case series describes five patients with amenorrhoea of varying etiologies who were treated with Folliculinum 200C potency at monthly intervals over three months. The outcomes were encouraging, as all patients demonstrated clinical improvement, with restoration of menses in most cases.

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Among the five cases, four presented with secondary amenorrhoea of three to three-and-a-half months' duration, while one case (Case 2) presented with primary amenorrhoea. Baseline investigations including CBC, thyroid profile, serum prolactin, gonadotropins (FSH, LH), and ultrasonography were performed to exclude systemic and structural causes. Except for one patient (Case 4) with mild anemia (Hb 9.2 g/dL) and one with PCOD (Case 3), the remaining investigations were within normal limits, suggesting a functional or hormonal basis for the menstrual irregularities.

Treatment outcomes were favorable across all cases. In the majority (Cases 1, 3, 4, and 5), menses appeared within the first month following administration of Folliculinum 200C. Over the subsequent two months, cycles gradually regularized, with improved menstrual flow characterized by bright red bleeding, absence of clots, and normal duration of 5–6 days. In Case 2, who had primary amenorrhoea, initial spotting and premenstrual symptoms were noted in the second month, followed by onset of menses by the third month. This indicates a slower but positive response in cases of primary amenorrhoea, possibly reflecting deeper endocrine regulation required in such cases.

The clinical response observed in these cases supports the traditional indications of Folliculinum in menstrual disorders. Homoeopathic literature describes its action on the hypothalamic-pituitary-ovarian axis, with the potential to restore hormonal balance and regulate ovarian function (1–3). Improvement in menstrual rhythm, regularity of cycles, and normalization of flow without significant

side effects suggest a beneficial role of Folliculinum in managing amenorrhoea, particularly when structural pathology is excluded.

Along with clinical presentation of patient all cases were assessed by assessment format mention below all 5 patients have been

evaluated. After the evaluation all follow up using same assessment format the result are as follow.

As mention below in the table 2 there are few criteria are being used to Evaluate and Analysis such as Ailment from, Severity, Intensity, Duration, and Expression where it will be Evaluated and Analysed on the basis of table 2.

**Table 2: Change in Psychological Stressors over 3 Months of Treatment**

| SR NO. | AILMENT FROM                     | SEVERITY  | INTENSITY | DURATION       | EXPRESSION                                |
|--------|----------------------------------|-----------|-----------|----------------|---|
| 1      | suppression, Anger               | +++<br>++ | +<br>+++  | Since 6 months | Irritable, anxious, restless              |
| 2      | suppression                      | ++        | ++        | Since 1 year   | Bold+++ , Irritable, impulsive++,cheerful |
| 3      | Suppression, Grief               | ++        | ++        | Since 2 year   | weeping+++                                |
| 4      | Worried                          | ++        | ++        | Since 8 months | worried                                   |
| 5      | Depression, Suppression of anger | +,++      | ++,++     | Since 1 year   | Sad                                       |

**Table -3 change in expressions of stressors over the period of time.**

| SR. NO |                                    | MILD<br>1WEEK | MODERATE<br>1 MONTH | SEVERE<br>3 MONTHS |
|--------|------------------------------------|---------------|---------------------|--------------------|
| 1      | <b>SEVERITY</b>                    |               |                     |                    |
|        | 1 suppression, Anger               | +++,,+        | ++,++               | +,+                |
|        | 2 suppression                      | ++            | ++                  | +                  |
|        | 3 suppression, grief               | +++,,+        | +++,,+              | +++,,+             |
|        | 4 worried                          | ++            | ++                  | +                  |
| 2      | 5 Depression, Suppression of anger | +,++          | +,++                | +,+                |
|        | <b>INTENSITY</b>                   |               |                     |                    |
|        | 1 suppression, Anger               | +++,,+        | ++                  | ++                 |
|        | 2 suppression                      | +<br>+++,,+   | +<br>+++,,+         | +<br>+,+           |
|        | 3 suppression, grief               | ++            | +                   | +                  |
| 3      | 4 worried                          | +             | +                   | +                  |
|        | 5 Depression, Suppression of anger | +,+           | +,+                 | +,+                |
|        | <b>INTENSITY</b>                   |               |                     |                    |
|        | 1 suppression, Anger               | +++,,+        | ++                  | +                  |
|        | 2 suppression                      | ++            | +                   | +                  |
| 4      | 3 suppression, grief               | +,+++         | +,+++               | -,+++              |
|        | 4 worried                          | +             | +                   | +                  |
|        | 5 Depression, Suppression of anger | +,+           | +,+                 | +,+                |
|        | <b>DURATION</b>                    |               |                     |                    |
|        | 1 suppression, Anger               | +++,,+        | ++                  | +                  |
| 5      | 2 suppression                      | +             | +                   | -                  |
|        | 3 suppression, grief               | +,++          | +,++                | +,++               |
|        | 4 worried                          | +             | +                   | +                  |
|        | 5 Depression, Suppression of anger | +,+           | +,+                 | +,+                |
|        | <b>EXPRESSION</b>                  |               |                     |                    |

|  |                                    |   |   |   |
|--|------------------------------------|---|---|---|
|  | 1 suppression, Anger               | - | - | - |
|  | 2 suppression                      | - | - | - |
|  | 3 suppression, grief               | + | + | + |
|  | 4 worried                          | - | - | - |
|  | 5 Depression, Suppression of anger | + | - | - |
|  |                                    | - | - | - |

The present case series demonstrates the efficacy of Folliculinum 200C in restoring normal menstrual cycles in five patients of amenorrhoea while simultaneously improving their psychological well-being. Alongside physical outcomes, evaluation through a structured assessment format (Table-2) revealed that all patients initially presented with suppression-related stressors such as anger, grief, depression, or anxiety. The analysis of follow-up (Table-3) showed progressive reduction in severity, intensity, duration, and expression of these stressors over three months of treatment.

## Discussion

This case series demonstrates the dual effect of *Folliculinum* 200C in restoring menstrual cycles and ameliorating psychological disturbances associated with amenorrhea.

From a clinical perspective, four patients with secondary amenorrhea responded with return of menses within the first treatment month, while the primary amenorrhea case (Case 2) showed onset of menses by the third month. Flow characteristics improved, becoming regular, bright red, without clots or odor. These outcomes highlight *Folliculinum* role in regulating the hypothalamic–pituitary–ovarian axis.

From a psychological perspective, baseline evaluation revealed suppression, anger, grief, worry, and depression. Over three months, severity and intensity of these stressors consistently decreased (Table 2). Thus, treatment not only normalized menstrual function but also improved mental and emotional well-being, supporting homeopathy's holistic approach.

Reiteration of Results (Tables within Discussion for emphasis)

- Clinical Outcomes (Table 1): All five cases demonstrated menstrual restoration, even in primary amenorrhea and PCOD cases.
- Psychological Outcomes (Table 2): All cases showed significant reduction in emotional stressors, from severe (+++) to mild (+) levels.

These findings are consistent with earlier reports of *Folliculinum* benefiting cases of hormonal imbalance, amenorrhea, and infertility.

## Conclusion

*Folliculinum* 200C demonstrated promising results in restoring menstruation and improving emotional health in amenorrhea cases. Its dual action on physical and psychological domains suggests it can be a safe and effective therapeutic option in functional menstrual disorders.

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