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The Efficiency of Folliculinum in Wish for Child Treatments

Experiences and Cases

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Folliculinum in general shows a wide spectrum of indications, exceeding cases of hormone specific disease patterns, but to day, in particular, I am going to talk about the efficiency of this remedy in wish for child treatments.

Folliculinum is made from the natural hormone oestrone, one of the most active physiological oestrogens. Oistros means “rut or lust” and genao “to create”. So what we are talking about is a “**rut or lust generating substance.**”

Folliculinum is a sarcode. A sarcode is prepared from healthy tissue or secretion and therefore has a useful and healthy function. It contains the potential of that healthy tissue, related to its phenomenological function.

Endocrinology suggests oestrogens to convey a key position within the hormonal system.

One could say they tip the scale to maintain the homeostasis within sexual hormones and show main responsibility for sustaining fertility. As a feedback regulator oestrogen triggers the impulsive expulsion of gonadotrope hormones in both sexes. Furthermore, they affect the spermatogenesis in men and safeguard the dynamics of an individual balanced ovular cycle. Putting a major impact on female behaviour, the key effect of oestrogens can be described as the ability to selflessly devote oneself to performing one’s duty and therefore the central delusion of Folliculinum can be described as **losing oneself in devotion.**

The hormonal balance is very sensitive and easily effected either by endogen or exogen disturbances. **Infertility problems are primarily caused by an irritated metabolism of sexual hormones and its impact on reproductive organs.**

Let me point out the environmental effects on reproductive health. Endocrine disruptors such as hormone active chemicals and in particular treatments with synthetic hormones such as contraceptives over a period of three generations of women, preferably have an influence on oestrogen receptors, **creating a profound miasma.** Hormonal abuse has become part of our lives and should be taken as a severe risk for our health, concerning both sexes.

The fertility rate in so-called industrialized countries is constantly decreasing, while syndromes such as endometriosis and poly cystic ovaries are on the rise. Tardiness and low counts in sperms as well as disorders in spermatogenesis are frequently observed.

I suggest that Folliculinum as the sarcode of oestrone contains the inner capacity to restore a disturbed hormonal balance and therefore helps to re-establish fecundity.

Now let's see cases to prove that fact!

Let me introduce you to my first folliculinum case, it is about a 27 year old lady, who suffered from a poly cystic ovary syndrome, infertility and acne. She first met me in December 2001 just asking to get rid of her acne, which aggravated dramatically after two times of attempting in-vitro fertilisation. Physically and mentally she felt terrible, still suffering from disappointment and the extensive hormonal treatment.

In her childhood she was longing for the sympathy of her mother, who was an unsteady and easily irritated person, not drawing enough attention to her daughter. At the age of 15 she had mononucleosis, which was treated by antibiotics, and was subsequently followed by persisting heavy sweating in axils. Her hormonal cycle was irregular right from the start and accompanied by acne, which was treated by the anti-baby pill for a period of nine years and instead of acne she developed a dermatitis seborrhoica and suffered from vaginal and urinary infections.

As a result of stopping the pill to get pregnant, spontaneous menstruation unfortunately did not come but her acne immediately aggravated again, making her feel unsteady, the same as in puberty.

Twice she went for in vitro fertilisation, but without success.

Showing severe unsteadiness because of her acne and not being able to become a mother, I decided to prescribe Calcium muriaticum LM6 daily, accompanied by Oestro- Gestagen Mix D30 twice a week to assist in case of amenorrhoea. That's how I used to do, before I had known about Folliculinum.

When she returned after one month, she felt much better because her menstruation appeared 14 days after having started the treatment, although her acne instantly aggravated, but after menses the skin was getting slightly better again. The urinary system showed irritation like before, but amelioration followed spontaneously.

I asked her to continue with the prescription.

But two weeks later she came to complain because the next expected menstruation hadn't appeared in time, instead suffering from acne and a premenstrual dysphoric syndrome.

Eventually I identified a lot of her symptoms according to Folliculinum, which I'd just read about in Vermeulen's Synoptic Materia Medica 2.

Realizing her problems started after the suppressive treatment of the mononucleosis when her menarche was just about to arise and the PCO-syndrome was established. The long-term hormonal suppression caused by contraceptives actually acquired a miasmatic burden affecting her endocrine, nervous and immune system and the hormonal treatments caused by in vitro fertilisations even triggered this folliculinum state.

I stopped the Oestro-Gestagen mix and after a single dose of Folliculinum C200 she was less nervous and irritated and her skin better than ever. Menstruation appeared four weeks later and the next one after another seven weeks. She even realised ovulation and a kind of sensitiveness in her nipples.

Her hormonal cycle completely stabilized after the second dose of Folliculinum and finally she got pregnant spontaneously six month after the treatment had started and a few month later she bore a healthy girl.

Later on this miracle of nature was repeated twice and finally this lady had given birth to three wonderful children, two girls and one boy.

Within the last 15 years I have supported lots of women in wish for child matters and many of them showed similarities in their symptoms and problems referring towards a special kind of miasmatic burden. Summarizing, I realized a distinct folliculin miasm, which primarily leads to degenerative disorders leading to reduced regenerative properties.

In treatments of course we have to watch out for constitutional remedies at the same time, as they make the difference. Oestrogens are the pace maker in a healthy female cycle, therefore I functionally prescribe Folliculinum C200 initially twice, further to be repeated rhythmically, according to the behaviour of oestrogens which are high around ovulation and again rise a few days before menstruation. This is a long term experiment to reactivate a missing ovulation,

My second case is about a **38 years old, suffering with primary infecundity.**

Let's start from the very beginning:

Before she was born her mother had several abortions and when she was pregnant with Eva Maria, she had a depression and tried to induce an abortion.

As a child she was fragile and fearful and at 17 she felt lost when her father died and her mother started to be addicted to alcohol. Feeling abandoned and heavily burdened, she never really was sure how to manage life.

A bossy boyfriend humbled and ripped her off completely and when he left her, she was the one who felt guilty.

Quite often she felt depressed and cloistered herself under the blanket to regenerate. When she finally found a good relationship, she stopped hormonal contraception after 15 years. Her cycle recovered instantly and she even felt her ovulation back, but she was suffering from PMS and hypothyroidism.

After seven years of trying to get pregnant she went for a hysterosalpingography, which showed a central stenosis of both tubes and a uterus subsepticus. After a surgery on the uterus she went for in vitro fertilisation twice, but without success.

The time she showed up at my practice she was suffering from heavy side effects caused by the hormonal treatments and was hardly able to tell her story, because of constant weeping. Easily one can recognize her constitutional remedy- which was Sepia. But at the same time we discover the imprint of Folliculinum. Physically there was this load of hormonal stress and mentally she still suffered from the consequences of her first oppressive relationship, when she was lost in devotion, completely denying herself and permanently trying to do her best to somehow manage with her lack of self-confidence and forsaken feelings.

I initially ordered two doses of Folliculinum C200, consequently to be repeated on the 12th and 27th day in her cycle and Sepia LM6 on the days in between.

Immediately she recovered mentally and was much less tearful and stressed. The PMS was reduced and vanished after the second cycle.

In July, three month after the homeopathic treatment had began, she was ready for another IVF. The hormonal treatment was even slightly better tolerated and fortunately the pregnancy stayed intact.

Finally she gave birth to a wonderful girl and a year later we all were surprised when she got pregnant again, but this time spontaneously, despite diagnosis of non-pervasive tubes.

Now she is a mother of two beautiful and healthy daughters.

Summarizing, I can say that functional and miasmatic prescriptions of Folliculinum have proven to be successful in numerous of wish for child treatments especially when accompanied by a constitutional remedy.