

# Folliculinum

Creative Vitality



A Revision of the Materia Medica Homoeopathica  
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2nd Edition, April, 2026

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# Introduction

I was deeply moved when my friend Deborah Collins pointed out that I should not just let my work on Folliculinum sit in a drawer and that it was important to share my knowledge with as many colleagues as possible.

Another realization ultimately led me to revise my texts on Folliculinum once again and to write an updated new edition. Aware that I have already gone through all the phases of womanhood, from puberty to menopause, I now take the liberty, from a healthy distance, to once again highlight the great significance of what is arguably the most feminine of all remedies in the *Materia Medica Homoeopathica*.

To learn more about the nature and essence of this remedy, I would first like to take you on a historical journey that began much earlier than the 1930s, when homeopaths first gained experience with Folliculinum. Since then, many renowned colleagues have studied this sarcode in depth and, based on their findings, have described a broad spectrum of indications. The remedy has already been repeatedly proved. Building on this and enriched by the insights from an illuminating analysis of the mechanism of action of estrogens, I have succeeded in expanding the remedy picture and the spectrum of indications for Folliculinum on the one hand, but above all in characterizing them even better and more impressively. Differentiation from the most similar remedies is achieved through appropriate differential diagnoses and concerning the classification model of personality structure according to Jan Scholten I would like to introduce you to a first proposal.

Enriched by numerous personal experiences from encounters with patients, I would like to present a new, more complete picture of Folliculinum and highlight its miasmatic significance.

I would like to thank my patients for this work, for they have placed their trust in me, and through them the remedy has truly come to life. Appreciation goes to my dear friend and gynecologist Trixi Urbanek, for her professional expertise and sound advice.

In April 2026

## PART 1

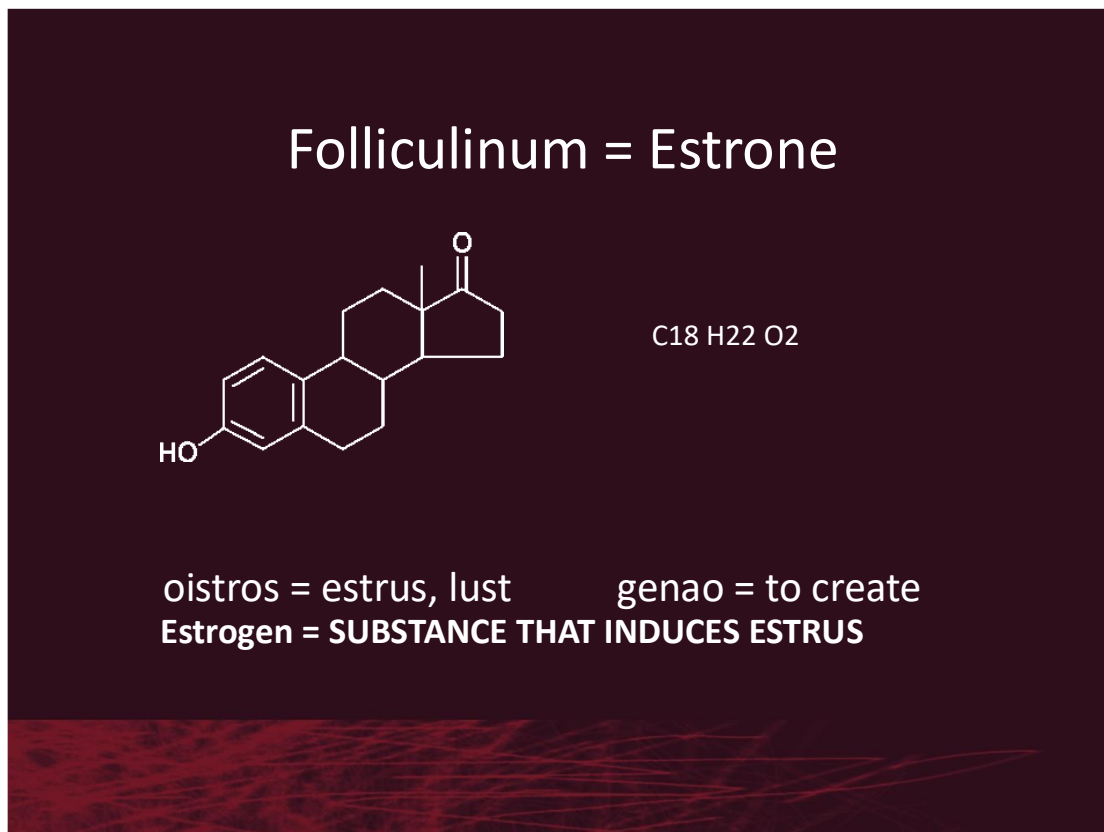
### Substance, Source, and Preparation

Folliculin is a natural hormone known as estrone.

Along with estradiol and estriol, it is one of the body's most active estrogens.

The primary source of folliculin used today can be traced back to Donald Foubister. The estrone used by Ainsworth's Pharmacy to manufacture the remedy was extracted from the urine of pregnant mares.

The water-insoluble, white, crystalline substance was triturated to potency C3; solubility is only achieved from C4 onward.



The name estrogen comes from Greek.

*Oistros* means “sting, passion, heat,” and *genao* means “to create.”

It is a substance that induces estrus, stimulating the reproductive readiness of higher organisms.

*Estrone* is a steroid hormone with the molecular formula C<sub>18</sub>H<sub>22</sub>O<sub>2</sub>.

The structural formula exhibits the typical steroid backbone.

## Why estrone?

It is a valid question why estrone is preferred over other estrogens in homeopathy.

Estrone is the estrogen derivative that is excreted in urine, an essential prerequisite for the extraction and processing of a natural substance.

Estrone is the most abundant estrogen in the female body; it forms the so-called estrogen pool. In vivo, it is interconvertible with estradiol; this conversion is important for regulating bioavailability. Estrone reacts more slowly than other estrogens, occupies the receptors and binding proteins they share in the blood for a longer duration, and is therefore more likely to be responsible for negative feedback processes in the gonadotropic organs, which can disrupt the entire hormonal control system. The most significant side effects of endogenous estrogens are thus attributable to estrone.

Since natural estrogens have little effect when administered orally, the drug ethinylestradiol is produced from estrone by introducing an ethinyl group at position 17 of the steroid skeleton; a versatile synthetic hormone that, following therapeutic administration, is converted back into estrone by the liver, resulting in a significant increase in blood hormone levels. It can therefore be assumed that symptoms and side effects attributable to therapeutically influenced estrogen metabolism are also primarily caused by estrone.

### Why estrone?

Symptoms caused by estrogen fluctuations, as well as side effects resulting from therapeutically influenced estrogen metabolism, are primarily caused by estrone

## **Folliculinum is a sarcode**

If one understands the behavior or response of healthy bodily substances, one also understands the effect of the sarcode. The quality of a healthy tissue or secretion is defined by its specific function and significance within the organism. Healthy bodily substances function in an adequate and perfect manner. There is no over- or under-functioning. Their purpose is to work and act properly, flawlessly, and in accordance with their intended purpose.

A sarcode is thus directly related to the physiology of its healthy source material. The phenomenon perceived in a patient or the specific sensation is understood as an expression of a specific function of a precisely defined physiological process.

**In the sensation of sarcodes, a structure-related awareness of deficiency is expressed, combined with the need to compensate for or correct errors or deficiencies using one's own capacity.**

Characteristic statements include: "I am missing something" or "I am losing something." "I must function and conform properly, flawlessly, and adequately—no more and no less."

### **What is a sarcode?**

A sarcode is made from healthy, intact tissues or secretions that have healthy and beneficial effects. As a carrier of information regarding physiologically defined activities, it possesses natural healing capacity commensurate with the potential of the healthy source material. Ghanshyam Kalathia

## When is a sarcode indicated?

...when every part of a living organism takes on and expresses the specific effect of a particular endogenous substance, that is, reacts in the manner characteristic of that tissue or secretion!

## The Mechanism of Action of Estrogens

**Whether a sarcode is indicated is directly related to the physiology of its healthy source material. Therefore, it is essential to have a good understanding of the complex, intertwined processes of sex hormone metabolism to clearly recognize and define the central role of estrogens.**

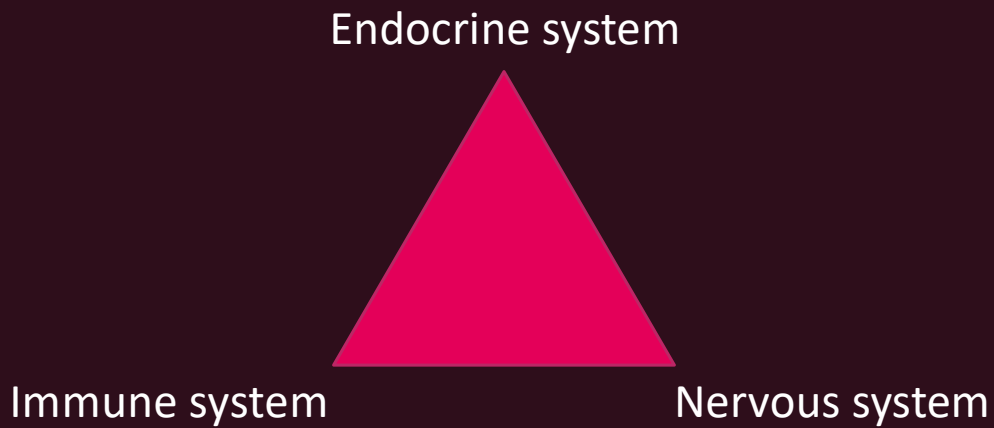
Lea De Mattos conducted very detailed clinical trials of Folliculinum as early as the 1950s. At that time, the remedy was used, with extremely positive results, primarily for *the so-called hyper folliculin syndrome*, which had already been described by Gilbert Dreyfuss in 1936. Whatever the cause of the syndrome was, it could not be fully understood at the time. *True hyperfolliculinie* is understood as an expression of estrogen dominance, which manifests as glandular-cystic hyperplasia and is usually associated with an anovulatory cycle. It can be histologically confirmed by biopsy and differs from *functional hyperfolliculinie*, which is not substantially detectable but reacts positively to the intradermal Hirschberg test. This test induces an allergic reaction when small doses of estrogen are injected subcutaneously. This is an interesting aspect that demonstrates the heightened sensitivity and complexity of the endocrine system—a phenomenon we can explain and understanding clearly now.

The primary assumption that the drug's spectrum of action was essentially limited to typical hormone-specific complaints resulting from an excess of estrogen or an imbalance in estrogen levels was, therefore, already questioned by Lea de Mattos herself. In her time, exclusively low potencies were used. Connections between physical and mental-emotional symptoms had already been expected and as soon as the mechanism of the complexity of neurohumoral transmitter substances was revealed, everything cleared up. The secret is, that sexual hormones themselves are neurotransmitters and they interact directly with nuclear DNA as soon as they bind to a steroid receptor. They answer any specific request of the body immediately and at all different levels.

**The biological effects of estrogens are primarily based on an increase in protein synthesis, through which they can either promote or inhibit interactively regulated responses in the endocrine, immune, and nervous systems. The endocrine system is closely linked to the nervous and immune systems, and all three influence one another.**



# Mechanism of action of estrogens



## **Endocrine system**

Estrogens are primarily responsible for maintaining fertility and reproductive capacity in higher organisms

In both sexes

## **Endocrine system**

In women, estrogens are primarily responsible for the development and maturation of the reproductive organs; they regulate the menstrual cycle and control the release of the signal for ovulation

## **Endocrine system**

In men, estradiol acts as an endocrine stimulator, supporting the development of testicular function and spermatogenesis, and mediates the formation of the sexual dimorphic nucleus in the brain, which shapes the male phenotype

## **Immune system**

The biological effect of estrogens is based on an increase in protein synthesis, which supports or inhibits interactively controlled reactions in the body

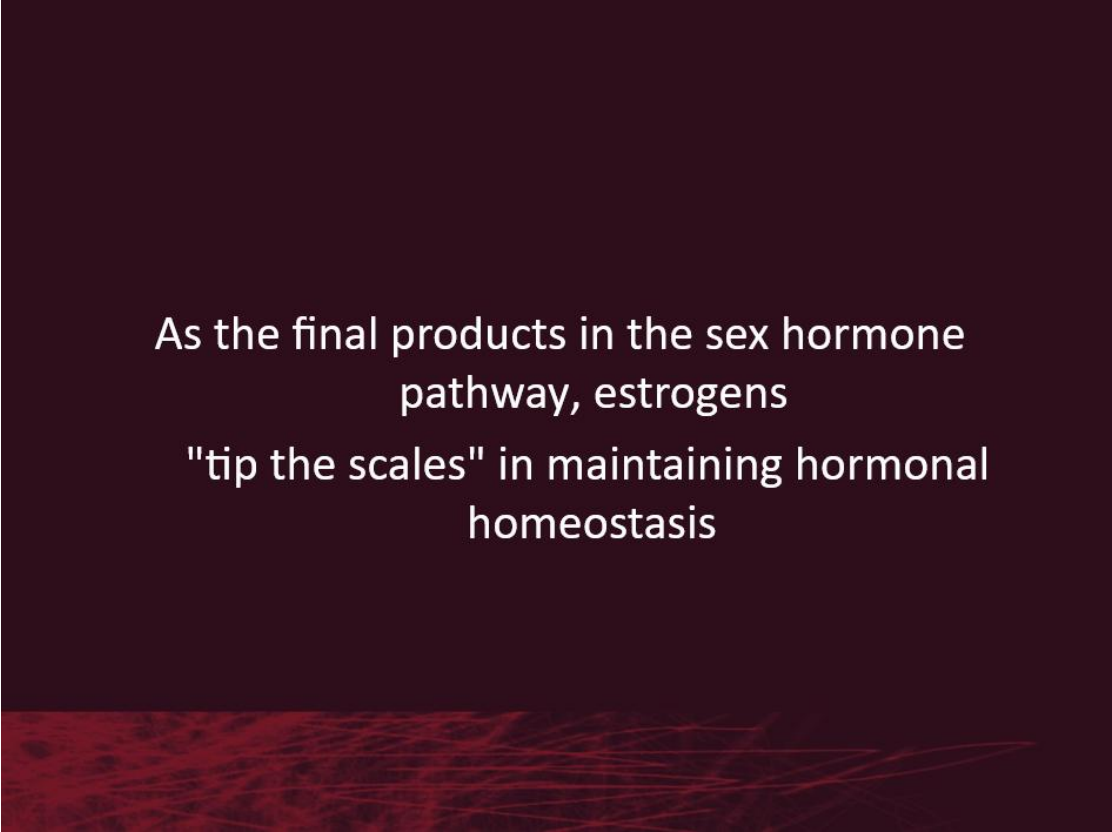
Proteins keep the metabolic process running and regulate the immune system

## **Nervous system**

Estrogens have mood-enhancing, euphoric, and anxiolytic effects

Estrogens influence dopamine and serotonin

Neuroestrogens have a direct effect on the CNS!



As the final products in the sex hormone pathway, estrogens "tip the scales" in maintaining hormonal homeostasis

**Physiological endocrinology highlights the key role of estrogens in the balance of sex hormones. Estrogens are primarily responsible for maintaining fertility and reproductive capacity in higher organisms of both sexes.**

As the most important hormonal feedback regulator in both sexes, estradiol modulates the pulsatile release of gonadotropin-releasing hormone (GnRH) in the hypothalamus. Furthermore, it coordinates the rhythm of the female menstrual cycle, supports the development of testicular function, and is necessary for the maintenance of spermatogenesis.

The sex hormone balance is extremely sensitive and prone to disruption, in women more so than in men. Even minute amounts of hormones maintain the delicate balance along the hypothalamic-pituitary-gonadal axis. Even slight deviations or fluctuations in physiological serum levels can trigger extensive physical and psychological reactions due to the close interaction with the nervous and immune systems.

## **Estrogens are the pacemakers of a healthy female cycle**

Any disrupted or suppressed female cycle indicates a lack of the pacemaker impulse provided by estrogens. If this condition persists in women over an extended period (PCOS, hormonal suppression), it can result not only in physical health issues but also in an impairment of the affected individuals' autonomous personality development.

## **Neurosteroids**

Estradiol can also be produced directly in neurosecretory cells in the brain. The complex spectrum of action of neurosteroids has been studied only very sparingly to date; however, it is known that estrogens play an important role in managing anxiety and increase sensitivity to sounds in the brain. They are essential for storing auditory and linguistic memories.

Certain components of estrogen molecules counteract the development of Alzheimer's disease by exerting a protective function.

At this point, the connection to the Silver Series becomes clear.

Due to its close functional connection with the nervous and immune systems, the endocrine system cannot be viewed in isolation.

**The significance of Follikulinum as a homeopathic remedy extends far beyond treatment options for symptomatic, hormone-specific conditions.**

### The characteristic physiological effect of estrogen

- Enhances regulatory abilities in a synergistic manner
- Improves coordination
- Improves to be more active, agile, and determined
- Has a euphoric and mood-lifting effect
- Has a disinhibiting effect
- Makes you more empathetic
- Enhances the ability to be devoted
- Helps to be more connected to duties and responsibilities

## The Essence

Research into female behavior, particularly during phases of increased estrogen demand—such as the first half of the cycle, ovulation, and the period surrounding childbirth—provides deeper insights into the essence of the remedy. Estrogens set the rhythm of the female hormonal balance. They are the driving force that ensures the dynamics of a woman’s individual rhythmic ovulatory cycle. They dominate the first half of the cycle and thus shape female behavior during this time.

Their euphoric effect stimulates the zest for life, causing women to more willingly embrace the demands of daily life. Coordination is improved; estrogens make women more active, agile, and determined, have a euphoric and mood-lifting effect, and reduce inhibitions. Women are more empathetic and capable of greater devotion; they feel a stronger connection to their duties and responsibilities.

**At the time of ovulation, but also around childbirth, physiological estrogen levels reach peak values. As a result, women behave in a more uninhibited manner and develop a more intense charisma, which gives greater expression to their feminine power.**

The processes of hormonal regulatory mechanisms surrounding ovulation and the natural onset of labor are extremely complex. Before both events, estrogen levels rise sharply, only to drop abruptly thereafter. In this way, they influence the feedback processes in the pituitary-hypothalamic system.

The phenomenon observed leads to the following insight: The excess of estrogen has a direct effect on the hypothalamus. This awakens archaic primal and instinctual forces that supplant the woman’s controlling waking consciousness and take hold of her rational principles. As if in a state of emergency, as if intoxicated by, she loses control over her self-determination and selflessly surrenders to the demands. She submits herself to a higher calling. This capacity for self-surrender, combined with the loss of inhibitory control mechanisms, enables successful fertilization, allows women to endure the fears and pains associated with childbirth more easily, and consequently ensures a caring, devoted mother-child relationship. These are the essential prerequisites for the preservation of the species of higher life forms.

## The capacity for devotion is heightened

passion, fascination, desire  
enthusiasm, ecstasy, intoxication, pathos  
Idealism, passion, exuberance  
ambition, dedication

**The central essence of estrogen's effect is evident in the ability to devote oneself selflessly to a (higher) purpose.**

To fully devote oneself to the demands (no matter how harsh they may be) of a higher mission with the ultimate goal of successful and precise execution, one's own needs are neglected.

However, as the burden increases, so does the danger of losing oneself entirely in devotion to a task.

**“Lost in devotion”—can be regarded as the central delusion of the remedy.**

## The Essence

The central essence of estrogen's effect lies in the ability to devote oneself selflessly to a (higher) task, with the ultimate goal of successful and precise execution

## The nature of the remedy

is revealed in  
deep emotional insecurity  
and  
an inability to establish personal  
boundaries

## Physiological compensation in the female cycle

Fortunately, within the physiological sequence of the biphasic female cycle, there is a natural counterbalance: the *protective hormone progestin*.

The typical female character, or the so-called essence of a woman, is therefore not shaped by estrogen alone. The balanced interplay of both gonadal hormones enables the development of a multifaceted image of womanhood, characterized by a creative, flexible ability to shape things, combined with natural leadership qualities that readily place themselves at the service of the whole. The ability to handle many tasks simultaneously—a phenomenon commonly observed in women—can also be attributed to this fact. Every woman thus has her own individual rhythmic cycle, which helps her find the right balance in terms of empathy, devotion, self-determination, willpower, and individuality.

## Characteristic Key Symptom of Folliculinum

**The key symptom of the remedy reveals a deficient diathesis regarding the development of an individual personality structure. Those affected are disconnected from their inner basic rhythms, which leads to an unstable internal dynamic. To compensate for their inadequacy, they feel compelled to carry out their tasks as responsibly as possible, thereby gaining a better sense of their own worth (sarcode effect).**

In doing so, they submit to others, live according to others' dictates, or become slaves to their own tasks and projects. They strive to take care of everything and everyone. This completely drains them and inevitably leads to exhaustion.

*This specific inner attitude is not uncommon today; it is pronounced in many people and is no longer, as was previously the case, limited almost exclusively to women. Men with a phenotypically folliculinic disposition have always existed in isolated cases; however, due to increasing exposure to hormone-active substances in recent decades, both genders are now equally affected by so-called estrogen dominance. See Folliculinum and Miasm.*

**Folliculinum is therefore understood as an important remedy for beings of every gender—for women, men, and children alike.**

## Folliculinum

is suitable for people who feel dependent and long  
for a life of self-determination

is a remedy equally for men, women and children

# Personality Structure of Folliculinum

## According to Jan Scholten

### Series

*Carbon, hydrogen, and oxygen* are the building blocks of steroid hormones and form the basis of organic life. The central spectrum of action of all steroid hormones initially relates to the themes of the first two series of the periodic table.

#### *Hydrogen series*

To be or not to be, unity and symbiosis, as well as conception in and of itself, are reflected in the hydrogen series.

#### *Carbon series*

The self, individuality, value, meaning, the ego, distinguishing oneself from others, and the awareness of physical boundaries are the essential themes of the carbon series. It concerns the development of the body and the maintenance of vitality, eating, desire and sex.

It is the perspective of the child with all its needs and abilities. Vulnerable, needy, and dependent; patronized, neglected and abused. Overbearing, violent fundamentalism, the 'violation of purity.' Anxiety-ridden, chaotic, and psychotic.

#### *Silver Series*

Sexual hormones act interactively and link the endocrine system with the nervous and immune systems via the hypothalamic-gonadal axis. They form part of a logical-rational system, which explains the connection to the Silver Series, whose central themes are creativity and creation. They live under the illusion of fulfilling a 'higher' mission and they want to be in charge, i.e. to be the queen. Estrogens support language development (mother tongue)

### Phases

*Phase 1:* Sexual hormones act directly and quickly; they are active, uncontrolled, and extremely lively. Impulsiveness and instability are their fundamental characteristics. Naive and direct, changeable, erratic.

*Phase 5:* Enthusiasm, more is better, expansive, passionate, and attractive; these qualities are reflected in the remedy's expression. They feel restricted on all sides and only recognized and loved if they give enough. They feel pressured to give their best. They are easily irritated and there are excessive emotional reactions. There are also bursting and explosive sensations as well as hot flushes.

## Stage

*Stage 12:* Folliculinum struggles to fulfil its purpose; it overdoes things, becomes overwhelmed, or overwhelms others. It must constantly defend its position. (Like a battle for the lost matriarchy). It puffs itself up, repeats itself and is no longer taken seriously. Fear of losing control (driving at high speed). It exhausts itself and decays, degenerates, leading to immune deficiency, illnesses, and tumors.

## Folliculinum 5- 522. 15. 12

### Classification According to Personality Structure by Jan Scholten

5- Human Kingdom

5- Silverseries

2- Carbonseries

2- Carbonseries

1- Phase

5- Subphase

12- Stage

**Folliculinum 5-522.15.12**

This code is based upon consultation with Jan Scholten.

## Remedy Profile of Folliculinum

*Estrone, estrone, follicular hormone, ovarian follicle.*

### Materia Medica - Folliculinum

#### Clinical Proving

Lea De Mattos, 1957

#### Homeopathic classical proving

Andreas Holling and Jayesh Shah, Münster, 1999,  
10 subjects

#### Sources of the symptoms

1Julian and de Mattos, 2Foubister, 3Assilem, 4Cooper, 5Holling, 6Journal of  
Classical Homeopathy, 8Dockx and Kokelenberg, 9Mettler, 7Ari

#### Materia Medica

Frans Vermeulen, Synoptic Materia Medica 2  
A. Seideneder's Remedy Archive

Folliculinum was thoroughly clinically tested by *Lea De Mattos*.

*O.A. Julian* documented these early findings in his *\*Materia Medica of New Homoeopathic Remedies\**. *Donald Foubister* also conducted an intensive study of this remedy, and following him, it was *Melissa Assilem* who, with her publications in the 1980s, contributed significantly to the development of the current remedy picture; excerpts from these can be found in *Frans Vermeulen's \*Synoptic Materia Medica\**. Veterinarian *Wolfgang Mettler* specifically highlighted the miasmatic significance of this remedy, and *Dorothy Cooper* also contributed important insights, published in the *British Homoeopathic Journal*. *Jutta Gnaiger Rathmanner's* research can be found in the AHZ.

In 1999, Folliculinum was tested by *Andreas Holling* and *Jayesh Shah* during a seminar in Münster with 10 subjects; some symptoms from this trial supplement the AMB in *A. Seideneder's Remedy Archive*.

Below, I have collected, organized, and listed the symptoms from the trials and publications, and supplemented them with clinical findings from numerous Folliculinum case studies.

*References for the symptoms:*

1 Julian and de Mattos; 2 Foubister; 3 Assilem; 4 Cooper; 5 Holling; 6 Journal of Classical Homeopathy; 7 Ari; 8 Dockx and Kokelenberg; 9 Mettler.

## Symptoms of Folliculinum

### Key symptoms

- Triads of symptoms: Neuropsychic symptoms; breast and genital symptoms; various pain sensations.6
- Excitability and depression alternate.1
- Strong self-control stemming from excessive fear or a sense of responsibility (pangs of conscience), like Carcinosinum.2
- Control: "She feels as though she is being controlled by someone else. She is out of sync with her own rhythms. She lives according to someone else's expectations. She loses her will. She overestimates her energy reserves. She is full of self-denial. She becomes a savior with an addiction to saving others. She is drained. She has become a doormat. She has forgotten who she is. She possesses no individuality. 3
- Is often indicated when Carcinosinum is called for, but it fails. Cancer cells, too, have lost their identity and thus the ability to differentiate and individualize.3
- Makes an enormous effort to do her best.2
- Heightened capacity for devotion, to the point of self-sacrifice. To boost her self-esteem, she devotes herself entirely to the demands placed upon her. 7
- She is filled with a longing for autonomy, feels lost, and tends toward dependency. 7

- Complaints arising from pressure exerted by a person or group on an individual; a dominant, possessive parent, friend, or spouse; dominance stemming from religious intolerance.2
- Complaints due to pressure from workplace conditions; for individuals who have worked for a long time to the point of exhaustion and are subsequently unable to recover and do not respond to well-chosen homeopathic remedies.4
- In cases of persistent poor health or slow recovery following recurrent or severe infection. Post-viral syndrome. Stagnation of response following cortisone treatments.4
- Immune system rigidity following suppressive therapies.7
- Reaction rigidity and persistent physical complaints following hormonal suppression.7
- Symptoms resulting from long-term paternalism.7
- Loss of the ability to multitask; unable to do several things at once.5
- Loss of individual creativity.7

## **Mental and emotional symptoms**

- Dependence; feeling of.3
- Dependence; wants to draw her loved ones into her dependence.7
- Aversion toward one's own husband and children.3
- Aggressive verbal attacks when faced with simultaneous demands.5
- Alternating aggression and apathy.3
- Recognition; feels validated by his activities.7
- Recognition; seeks sympathy to gain recognition.7
- Recognition; demands it, feels he is not taken seriously.7
- Anxiety, pangs of conscience, fear of having done something wrong.7
- Anxiety, agonizing; in the evening, as it gets dark.1
- Anxiety, agonizing; panic attacks.3
- Susceptibility to influence.7
- Symptoms following abuse, sexual, physical, or psychological.3
- Accuses her loved ones, complains.7
- Paternalism; treats children and husband like children.7
- Thinking, slowed down, as if in a daze.3
- Dominance, wants to assert herself.7

- Sensitive to criticism.1
- Sensitive, hypersensitive to heat, noise, and touch.1
- Emotionally reserved, distant.3
- Avoids, cancels appointments and plans.5
- Agitation, excitable, alternating with melancholy; >before menstruation.1
- Excessive; gets carried away in situations that seem important to him now.7
- Fixed ideas of a sexual nature.1
- Fear; of having neglected his duties.2
- Fear, general and sudden.2
- Fear of losing control while driving.7
- Fear of losing control.2
- Excessive care; overprotective mother.7
- Thoughts compel action.7
- Feeling drained.3
- Feeling high, spaciness.3
- Feeling of helplessness.7
- Feeling unable to cope with anything.5
- Extreme instability, with anxiety at nightfall.1
- Difficulty concentrating.5
- Weak concentration when doing several things at once, which irritates him. Can only do one thing at a time, or as little as possible at once. Does things sequentially rather than simultaneously.5
- Lack of concentration and anxiety while driving; fears loss of control.5
- Lack of coordination; wants as few appointments as possible in the practice, could not handle multiple tasks simultaneously at the front desk. Completely flustered by phone calls during patient contact.5
- Slowness in thinking and movement.3
- Feels empty; falls into a sense of emptiness as soon as the children leave home or loses his job.7
- Praise and appreciation help.7
- Strange slowness while driving; avoids stress; cancels appointments.5
- Compassion.7
- Yielding.7
- Irritability, irritability.1
- Need for rest; flees.5

- Need for rest, alternates with a desire for activity.5
- Melancholy before menstruation.5
- Lack of self-confidence.7
- Increased or decreased sexual desire.1
- Stress, avoidance of.5
- Sadness.1
- Indecisiveness.6
- Injustice, cannot tolerate.7
- Feeling overwhelmed.7
- Inability to maintain an overview.5
- Being unhappy, long-lasting, due to the influence of others.8
- Oppression, consequences of prolonged oppression by others.8
- Feeling lost.7
- Blame, self-blame.7
- Delusion that he is under a powerful influence.3
- The delusion that he has been entrusted with an important mission.7
- Delusion that he loses himself in his devotion.7
- Tearful and depressed, premenstrual.1
- Gets lost in details.5
- Vulnerable; feels attacked, hurt, and is easily offended.1
- Confused by many mental impressions at once.5
- Confusion, loses spatial perspective.5

## **Dreams**

- Of situations that are difficult to control, in which one is at a disadvantage and must constantly prove oneself.5
- A sloppy woman I do not know intrudes impetuously into my life; she has taken over my garage, which is also my study (workshop); I am angry and outraged; but I still have my apartment; I complain about her to my wife and other friends, but it does not bother them much—they seem to know her quite well.5
- I'm fighting two violent men and manage to fend them off; I was able to defeat one, so that he lay submissively on the ground, grinding his teeth; then I see the two of them roaming through a landscape; they lure other people into traps, where they slaughter them like seals; finally, they plan

another attack, but this time it's directed against me again; I flee along a path into the forest, but they are closing in quickly; I manage to pour a glass of whiskey into the eyes of the one holding the club; he drops the club because of it; I take it and strike him down with great fear; now, in possession of a weapon, I calmly turn to face the second man. Feelings in the dream: Disgust at cruelty; great fear; I want to escape, but am cornered; I find a solution and am ultimately able to control the situation; in a one-on-one fight, I have a chance.<sup>5</sup>

- Dream image of me standing on the head of a reclining giant and stabbing a sword into his eye.<sup>5</sup>
- Being overwhelmed by hostile forces and powers.<sup>5</sup>
- Exhausting situations with obstacles.<sup>5</sup>
- Of heroic deeds.<sup>5</sup>
- Of an impending loss of control.<sup>5,7</sup>
- Driving vehicles with obstacles.<sup>5,7</sup>
- Dream after taking a dose of Folliculinum C200: She is cooking a festive meal for the family. When the food is ready, the doorbell rings; the guests are standing at the door. She panics because she has not washed, done her hair, or dressed yet, and flees to the bathroom. She hears her brother say amusedly: It is just like always; she never manages to get ready in time, or rather, to manage her time properly. She stands in the bathroom, desperately and stressed, trying to get herself together, but she cannot find her reflection in the mirror. She does not recognize herself.<sup>7</sup>

## **Physical symptoms**

Head:

- Alopecia in women.<sup>1</sup>
- Feeling as if something is opening up in the head, allowing more oxygen to reach the brain, which improves thinking.<sup>5</sup>
- Headaches, congestive, either with redness or pallor of the face, always accompanied by cold extremities.<sup>1</sup>
- Premenstrual migraine.<sup>1</sup>

Dizziness:<sup>5,7,9</sup>

Eyes:

- Dark circles around the eyes.<sup>6</sup>
- Swelling of the conjunctiva.<sup>1</sup>

- Painful eyes.6

Ears:

- Seborrhea of the ear canals with itching.1
- Sensitivity to sounds and noise.1
- Deafness; unable to retain memories of sounds and speech.7

Nose:

- Hay fever.1
- Rhinitis with headache and profuse discharge.1
- Vasomotor rhinitis.6
- Seborrhea of the nostrils.1

Face:

- Paleness.6
- Facial neuralgia.1
- Facial acne.2

Mouth:

- Itching/tingling/burning, like the sensation of touching a battery with your tongue, or like a mild burning sensation from pepper.5
- Gingivitis.9

Throat:

- Painful swallowing of liquids.1
- Tenderness of the pharynx.1
- Hoarseness to aphonia.6
- Mild hoarseness.5
- Sore throat.6
- Menstrual angina.6
- At the very moment of taking it, I felt a tickling sensation in the windpipe from the throat to the xiphoid process, which led to a dry cough for a few minutes. This recurred when swallowing.5

Stomach:

- Premenstrual gastralgia with nausea and vomiting.1
- Periodic gastralgia.6
- Digestive disorders associated with allergies.6

Abdomen:

- Abdominal bloating, a few days before menstruation.1
- Bowel sounds.1
- Pain in the right hypochondrium.1

- Liver dysfunction, mild liver enlargement, liver carcinoma.6
- Impaired liver function.6
- Cholecystitis.9
- Biliary tract disorders. Estrogen-related gallbladder dysfunction.6
- Pancreatic complaints.6

Rectum:

- Alternating diarrhea and constipation.1
- Persistent constipation.1
- Heaviness in the rectum.1

Urinary tract:

- Recurrent urinary tract infections in women.1
- Cystitis associated with hormonal contraception.7
- Premenstrual cystalgia.6
- Persistent pollakiuria, nocturnal dysuria.6
- Frequent urination, with a burning sensation when feeling pressure.7
- Incontinence.1
- Urgency, increased, frequent urination.1
- Urgency, painful, at night.6
- Mild stinging in the bladder.5
- Urine smells like ammonia.5

Male reproductive organs:

- Underdeveloped testicles in boys.9
- Feminization.7
- Impaired sperm quality, fertility problems.7
- Breast disorders in men.7
- Prostatic hypertrophy, prostate cancer.7

Female reproductive organs:

- Increased or decreased libido.3
- Excessive sexual excitability.1
- Menarche, delayed, accompanied by psychological, physical, or mental issues.7
- Precocious puberty.9
- Reduced development of female sexual characteristics, masculinization.7
- Itching in the vulva, worse before menstruation.1
- Itching in the vulva during pregnancy.7
- Vaginal dryness.3

- Premenstrual leukorrhea.1
- Discharge, yellow or brownish.1
- Candida albicans.3
- Candida albicans with hormonal contraception and during pregnancy.7
- Bacterial vaginal infections during hormonal contraception and pregnancy.7
- Light bleeding during ovulation.1
- Spotting, between menstrual periods, especially during ovulation.1
- Prolonged menstruation, bright red blood with dark clots.1
- Painful menstruation during the first few days.1
- Menstruation, prolonged intervals.1
- Weak, scanty menstruation.1
- Hypermenorrhea, polymenorrhea.9
- Amenorrhea.1
- Menstrual cycle irregularities of any kind, impaired regulatory or pacemaker function in hormonal metabolism.7
- Anovulatory cycles.7
- Amenorrhea following hormonal contraception or other hormonal suppression.7
- Infertility.1,7
- Fibrous uterus with metrorrhagia.1
- Cyst or adenofibroma in the middle of the cycle or premenstrually.6
- Ovarian cysts.3 Ovarian carcinoma.7
- Adenocarcinoma of the vagina, cervical dysplasia 9, cervical carcinoma.7
- Premenstrual nervous tension (depression, anxiety, dizziness, cramps).6
- Premenstrual neuralgia.6
- Premenstrual pain in the lower abdomen, congestive.1
- Improvement or relief of pain and symptoms as soon as bleeding begins, but in any case, after the 3rd day of the cycle.1
- Mastitis, congestive, premenstrual.1
- Swelling, tension, and pain in the breasts before menstruation.6
- Breasts extremely swollen; constriction and touch are intolerable.6
- Mastopathy, breast cysts, breast fibroadenomas.9
- Breast cancer.7
- Premenopausal symptoms (hot flashes, hyperactivity, night sweats).1,3

- Symptoms in the second half of pregnancy; itching, cystitis, vaginal discharge, vaginal infections, Candida albicans, eczema.7

#### Cough:

- Paroxysmal cough, worse in company and with a sensation of constriction around the heart.1
- Spasmodic cough with retching.5

#### Breathing:

- Shortness of breath, dyspnea, labored breathing.1
- Craving for fresh air.1
- Takes deep breaths and sighs deeply.1

#### Chest:

- Cardiovascular problems usually before menstruation, tachycardia, tachyarrhythmia, extrasystoles.6
- Sensation of constriction around the heart, with a feeling of a blockage (obstacle) in the precordium that spreads to the left arm.1
- Palpitations with fainting.1
- Palpitations with a feeling of weakness.9
- Pulse, rapid.1

#### Back:

- Lumbago < during ovulation and before menstruation.1
- Itching between the shoulder blades.7

#### Extremities:

- Dry skin rashes on the fingers, with cracking and splitting of the skin.1
- Chronic acroparesthesia (Raynaud's phenomenon).1
- Achilles tendon pain, more severe on the right than on the left, sensation as if the Achilles tendons are calcified with stiffness.5
- Myalgia, wandering joint pain.7

#### Skin:

- Frequent ecchymoses, prone to bruising.1
- Acne.1
- Dry eczema, worse during ovulation and before menstruation.1
- Scaly eczema.1
- Eczema during pregnancy.7
- Itching, general, scratches until it bleeds.7
- Itching during pregnancy.7
- Cellulitis of the breast and pelvic region, on the abdomen, and on the legs.6

- Chloasma uterinum.6
- Psoriasis.6
- Fibrinoid lesions.6
- Varicose veins.7

## **General symptoms**

- Exhaustion and fatigue.3
- Tendency toward obesity, water and fat retention.6
- Hypercholesterolemia, hyperlipidemia.7
- Fat accumulation typically in the abdominal area; loss of waist definition.7
- Pulling, burning, and gripping pains.6
- Weight gain of 2–3 kg before menstruation.1,6
- Heat, hot flashes.1
- Edema.1

## **Modalities**

- Aggravation around ovulation and before menstruation.1
- Aggravation by wind.7
- Aggravation by heat.1
- Aggravation by noise and sounds.1
- Aggravation by touch.1
- Aggravation from rest.7
- Aggravation by alcohol and nicotine.7
- Improvement after the third day of menstruation.1
- Improvement with fresh, cool air and exercise in the fresh air.1
- Improvement with praise and recognition.7
- Craving for wheat and sugar (pastries, pasta).3
- Opposing symptoms alternate.7
- Periodicity.
- Time: 1–2 a.m.7
- Influence of the lunar cycle; worse a few days before the full moon until the new moon.7
- Color preference according to Müller and Welte: 12–14 C (DD-lanthanides)

## Indications for Folliculinum

- Separation anxiety; children who cannot separate from their mother.1
- Separation difficulties; mothers who cannot separate from their children.  
Overprotective mother.7
- Obesity.7
- Juvenile acne in boys and girls.1
- Allergies.1
- Alzheimer's disease.7
- Fear of childbirth.7
- Anxiety disorder with panic attacks.7
- Asthma.9
- Atopy.7
- Autoimmune diseases. Including multiple sclerosis, fibromyalgia, ankylosing spondylitis, erythema nodosum, and Darrier's disease.7
- Persistent symptoms during hormonal contraception.7
- Persistent symptoms following hormonal contraception.7
- Symptoms during or after hormone replacement and suppression therapies.7
- Burnout syndrome.7
- Candida albicans.3
- Chronic Fatigue Syndrome.3
- Chronic E. coli infections.1
- Depression.9
- Degeneration.7
- Eating disorders of any kind.3
- Eczema.1,2,7 Caution: high potencies!
- Endometriosis.7
- Recurrent miscarriages.9
- Fibroids.1
- Obsessive thoughts of a sexual nature.1
- Consequences of abuse in women, whether sexual, physical, or psychological.3
- Cervical dysplasia.9
- Cervical cancer.7
- Glandular-cystic hyperplasia.1

- Lipid metabolism disorder.7
- Testicular dysplasia in boys.9
- Hypertension.7
- Labile hypertension.7
- Hysteria.7
- Immune deficiency.7
- Infertility.7
- Cardiovascular weakness.1
- Menopausal symptoms.3
- Low libido.3
- Leaky gut syndrome.7
- Bipolar disorder.7
- Mastopathy, breast cysts, fibroadenoma of the breast.9
- Breast cancer.7
- Menopausal symptoms.1
- Abuse, sexual, physical, or psychological.3
- Raynaud's disease.1
- Food intolerance.6
- Nervousness, nervous tension.9
- Osteoporosis.7
- Ovarian cysts.3
- Ovarian cancer.7
- Paroxysmal tachycardia. Tachyarrhythmia. Extrasystoles.9
- Frequent urination.6,7
- Polycystic ovary.7
- Postnatal attachment disorder, difficulty forming an attachment with the baby.1
- Premenstrual (dysmorphic) syndrome.1
- Psychological complaints in women during menstruation.1
- Post-viral syndrome, such as Pfeiffer's glandular fever (mononucleosis). Foubister's experience: "I start with Carcinosinum; if that does not work, I give Folliculinum."2 My personal experience confirms a much higher incidence for Folliculinum following post-viral syndrome, now that I better recognize the difference from Carcinosinum.7
- Psoriasis.6
- Precocious puberty in girls.9

- Pregnancy complaints in the second half.7
- Dizziness.9
- Suicidal ideation.3
- Serotonin deficiency syndrome. Monophasic depression.7
- Impaired spermatogenesis.7
- Mood instability.7
- Metabolic disorder, metabolic syndrome.7
- Risk of addiction; increased risk of dependency.7
- Lack of independence in adolescents, overprotected children.7
- Suppression by medication: Individuals with increased susceptibility to infection and delayed recovery following severe or recurrent infections, or following cortisone treatments.4 DD Carcinosinum.
- Increased fertility rate with IVF.7
- Deafness; inability to retain memories of sounds and speech.7
- Vaginal carcinoma.9
- Vasomotor disorders.1
- Digestive disorders, varied, recurrent.6
- Venous disorders, varicosities, thromboembolism.1
- Postpartum depression.7
- Menstrual cycle disorders in general, impaired pacemaker function.7
- Habitual cystitis.9

## **Miasmatic indications**

- Acquired cancer, hereditary cancer.9
- Acquired and hereditary iatrogenic disease.9
- Acquired and hereditary diseases caused by *endocrine-active substances*:
  - Decreased fertility
  - Malformations of the male genitalia
  - Diseases of the female reproductive system
  - Precocious puberty
  - Impairment of nervous system development, such as autism spectrum disorder and behavioral problems in children.
  - Impairments of the immune system.
  - Increased incidence of autoimmune diseases
  - Increased incidence of diabetes mellitus and lipid metabolism disorders
  - Cancer (breast, prostate, testicular, thyroid).7

- Long-term and transgenerational epigenetic effects caused by hormonal contraceptives.<sup>7</sup>
- Loss of individual autonomy promotes autoimmune diseases.<sup>7</sup>
- Loss of creativity permanently limits regenerative capacity and leads to degeneration, deterioration, and infertility.<sup>7</sup>

## **Indications for disorders of the sex hormone balance**

Clinical experience confirms a general regenerative effect of the remedy in hormonal disorders of various origins.

The hormonal imbalances described below point to possible therapeutic approaches with Folliculinum, in both functional and miasmatic contexts.

### **Disorders of the Sex Hormone Balance**

- Physiological hormone fluctuations
- Functional hormonal disorders
- Manifest organ diseases
- Iatrogenic causes
- Endocrine disruptors

# Physiological hormonal disorders

- Puberty
- Ovulation
- Pre-menstrual
- Pregnancy
- Labor and breast-feeding
- Menopause

## Physiological Hormonal Fluctuations

- *Puberty*  
For mood disturbances such as emotional instability, particularly in connection with feelings of anxiety and psychological insecurity, often accompanied by excessive ambition at school.<sup>7</sup>  
In cases of difficulties in the process of individuation up to menarche.<sup>7</sup>  
Instead of the onset of menstruation, urinary tract infections or acne occur more frequently.<sup>7</sup>  
Boys can also suffer from estrogen overload, gynecomastia, or a noticeably increased, typically female fat distribution.<sup>7</sup>  
Boys who appear exhausted and sluggish and have low self-confidence.<sup>3</sup>
- In cases of abnormalities around the time of *ovulation* and *in the days leading up to menstruation*.<sup>1</sup>  
Symptoms consistent with premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD), as well as menstrual disorders in general, even though the onset of bleeding brings about an improvement.<sup>1</sup>

- *Pregnancy*: for urinary tract infections and an altered vaginal environment.1
- *Around the time of birth and during breastfeeding* especially when there is no balanced bond between mother and child, up to postpartum psychosis.1
- *During menopause*
- It covers the entire spectrum of typical physical and mental symptoms.3

## Functional hormonal disorders

- Menstrual disorders such as irregular bleeding, amenorrhea, dysmenorrhea
- Impaired ovulation, infertility
- Glandular cystic hyperplasia, PMS, PMDD
- Feminization and gynecomastia

### Functional hormonal disorders

These are disorders that can be associated with a *disrupted ovulation cycle*.

All diseases affecting the *breasts* should prompt consideration of Folliculinum.1  
*Breast tumors, both benign and malignant, as well as cysts.1*

## **Manifest organic diseases**

- Endometriosis, PCOS, precocious puberty,
- Dysplasia and carcinoma of the vaginal and cervical epithelium
- Lichen sclerosus
- Breast tumors (benign and malignant) and cysts
- Ovarian tumors and ovarian cysts
- Prostatic hypertrophy, prostate cancer

## **Iatrogenic causes**

- Hormonal suppression or replacement therapy
- Hormonal contraceptives
- IVF
- Side effects of selective estrogen receptor modulators (SERMs)
- Side effects caused by antiandrogens

## Iatrogenic causes

- Long-term *hormonal suppression or replacement therapies*.<sup>3</sup>  
These can lead to a wide range of physical and emotional disturbances, which is a primary indication for the remedy. It is common practice to treat functional hormonal disorders with synthetic hormones. Acne vulgaris, endometriosis, and PCOS are suppressed in this way. In addition to potentially severe physical side effects of synthetic hormones, the risk of developing cervical and breast tumors is also increased.<sup>7</sup>  
Caution: *naturally identical hormones* can cause similar unwanted side effects as synthetic ones!<sup>7</sup>
- *Hormonal contraceptives*, regardless of type, completely block ovarian function. They are prescribed too readily to very young girls whose menstrual cycles have barely developed. The suppression and disruption of the body's natural regulatory mechanisms can lead to a lasting inability to regenerate the ovulatory cycle and thus to *the threat of infertility*.<sup>3</sup> Side effects and aftereffects of hormonal contraceptives, such as frequent *urinary tract infections, vaginal yeast infections, and migraines*,<sup>3</sup> can be effectively treated with Follikulinum.  
*Since estrogens act as the pacemakers of the ovulatory cycle, it is possible to easily restore the physiological cycle after discontinuing the suppressive medications and prescribing several rhythmically repeated doses of Follikulinum C200.*<sup>7</sup> This method has proven very useful in my practice as a functional therapy, administered intermittently, as monotherapy, or as a supplement to treatment with a simile.
- Modern medicine responds to *infertility* <sup>1</sup> with further hormone treatments, including *in vitro fertilization*, which often must be repeated multiple times, potentially leading to severe symptomatic and functional disturbances in the affected women. Folliculinum supports the success of IVF and mitigates side effects <sup>7</sup>.
- *Side effects from selective estrogen receptor modulators (SERMs)*.<sup>7</sup>  
Derived from diethylstilbestrol (DES), they have a partially estrogenic and simultaneously antiestrogenic effect.  
Clomiphene, for example, is known for inducing ovulation. As a miasmatic aftereffect, this can later trigger *problems and diseases in children conceived through IVF* <sup>7</sup>.  
*Tamoxifen, used for adjuvant and palliative therapy of breast cancer*, has numerous side effects and is often poorly tolerated; it is made

significantly more tolerable through the administration of Folliculinum as needed 7. Some women require a weekly dose, others every 14 days.

Side effects of *raloxifene* in osteoporosis therapy.<sup>7</sup>

- Side effects of antiandrogen therapy for prostate cancer.<sup>7</sup>

## Prescriptions

I frequently prescribe Folliculinum in a functional and miasmatic sense. In this way, the sarcode accompanies chronic disease courses alongside a simile. The first positive experiences with this method can be traced back to Foubister, who prescribed Folliculinum three or four days before a constitutional remedy. In doing so, he observed a good, synergistic effect. Foubister, incidentally, warned against prescribing it for skin rashes due to severe aggravations.

**In cases of iatrogenic hormonal imbalances (birth control pills, suppression, substitution), monotherapy with Folliculinum is often sufficient.**

In general, I prescribe the remedy for prolonged hormonal disturbances, in accordance with its inner understanding, at rhythmic intervals—one dose shortly before ovulation and another shortly before menstruation, usually in C potencies. The potency level depends on the individual case, but C200 has proven most effective.

For prescriptions during pregnancy, I prefer the C30 potency.

When prescribing the remedy according to the principle of similars, LM potencies in ascending order have proven very effective, especially when focus is on treating eczema.

Regulation- Prescription

- functional
- miasmatic
- iatrogenic disorders
- as a similimum

supplemented by a constitutional remedy

Potencies: C-, Fluc-, and Q-potencies

## Regulation

In accordance with the nature of the substance, in cases of hormonal imbalances  
rhythmically repeated doses of folliculinum

## Regulation

### **Cycle stabilization**

- Folliculinum C200—one dose each—at the beginning of the cycle and in the middle of the cycle

### **In the absence of menstruation**

- Folliculinum C200 at the new moon and full moon

# Differentiation of Folliculinum from other remedies

## Folliculinum and Carcinosinum

Carcinosinum is better known, which is why it is often prescribed in cases where Folliculinum would be indicated. A precise differentiation of the underlying causal motivation of both remedies is necessary, as they compensate for their sense of deficiency in very similar ways; however, based on my personal observations, Carcinosinum generally reacts more uncompromisingly than Folliculinum, which is more yielding.

*A sarcode like Folliculinum* reflects the fundamental information of a healthy organ function. It experiences life from a subjective, inner perspective, is not externally delimited, and relates everything around it to itself. The causes of deficiencies and errors are sought exclusively within oneself and can only be remedied through one's own restitution. One is primarily convinced of one's own capabilities, for one perceives the healing resource within oneself.

In the event of a pathological disturbance, the organism attempts to restore the healthy basic pattern through compensatory mechanisms. Due to a lack of connection to an autonomous inner rhythm and a distinct identity, life is characterized by dependence, self-denial, and fear of losing control. To restore inner order, there is an exaggeration of agreeable, dutiful behavior in order to convey an intact image of a healthy inner world; however, this inevitably leads to a restriction of the perception of the joy of life as well as one's own creative abilities.

Folliculinum has lost touch with its true self; it lacks its own identity. Its attempt to compensate by approaching life with great devotion and selfless intent leads to overwhelming stress and exhaustion. Excessive self-imposed demands result in a diminished ability to regenerate and the development of chronic degenerative conditions.

*Folliculinum lacks its own autonomy and is engaged in a struggle for its very existence.*

## Differentiation - Carcininum

### Carcininum

- Neglected Self
- Repression and Suppression
- Struggle Against Oneself
- Isolation



### Folliculinum

- Lost Self
- Devotion and passion
- Struggle for oneself
- Dependence

### Carcininum

- Overwhelm
- Resources are not recognized
- Inability to regenerate
- Destruction, dissociation, chaos
- Differentiation impossible
- Loss of identity



### Folliculinum

- Overwhelm
- Resources depleted and exhausted
- Regeneration is disrupted
- Degeneration, chronic ailments
- Lack of individualization
- Loss of identity

Lack of authenticity

*Carcininum* is also a substance produced by the body, but one lacking healthy foundational information. It is not a sarcode in the conventional sense. However, since it is not an external infection either, the term “nosode” is also incorrect. It is more accurately described as a remedy for internal conflict. Carcininum expresses an insurmountable internal conflict, in the process negating itself as it is.

Just as with Follikulinum, shortcomings and mistakes are also attributed exclusively to oneself. However, one can no longer access one's inner resources. There is no way to correct the deficiency. The way out is repression and suppression.

Those affected deny everything about themselves that could be blamed for wrongdoing. Outwardly, unlike with Follikulinum, they usually behave in a well-defined manner; however, their attempt at compensation actually appears very similar in that they behave as inconspicuously and agreeably as possible, perform their duties properly and with extreme precision, and avoid conflicts. This is intended to prevent their dark sides from becoming visible. This avoidance leads to inner dissociation and isolation. They are unresponsive and frozen in their patterns; this inflexible attitude quickly leads to being overwhelmed.

Carcinosinum points to a negated self, to a failure to integrate the supposedly negative aspects of one's being. One's own identity is suppressed, and with it the ability to differentiate and individualize. The self must be forcibly sacrificed as an expression of an insurmountable inner conflict. Self-denial leads to a loss of identity and an inability to regenerate.

*Carcinosinum denies its own autonomy and wages a battle against itself.*

## Further Differentiation

- **Sarcodes:** Thyreoidinum, Cortisonum
- **Nosodes:** Medhorrinum
- **Animal remedies:** Lachesis, Sepia, Milk remedies: Calcium Carbonicum
- **Plants:** Pulsatilla, Staphisagria, Ignatia, Caryophyllales, Lamiidae, Liliaceae
- **Minerals:** Chloride salts and Lacticum, Potassium carbonicum, Lanthanides, Granite

## **Sarcodes**

If a similar deficiency diathesis in the sense of Sarkoden is recognized, one should consider *Thyreoidinum*; it can be compared due to irritability and similarly complex hormonal imbalances, but it does not struggle for its own autonomy, rather it strives to maintain inner harmony.

*Milk remedies* are also not clearly defined in relationships. They attribute the predicament they find themselves in to themselves as well. Vulnerability and ambivalent behavior regarding “wanting to be one” in their relationships are the central aspects of their lack of independence here.

Special attention should be given to Lac equinum; here, the themes of freedom and creativity play a role. Folliculinum is derived from mare’s urine!

## **Nosodes**

*Medhorrinum* is also characterized by chronic overload; it fails due to external obstacles that must be fended off and balanced.

## **Animal remedies**

*Lachesis* is the most similar among the typical female remedies, according to De Mattos. Alternating excitement with depression, extreme sensitivity to touch, and improvement upon the onset of menstruation are found in both. But with Folliculinum, there is no lateralization, no aggravation from sleep, but rather an aggravation during ovulation. Assilem says: Lachesis sets the tasks, and Follikulinum carries them out and exhausts itself.

*Elaps* and *Cenchrus*, and other snake remedies, can be compared.

*Sepia* is similar, but the cycle-dependent symptoms are more pronounced in Follikulinum. Rhythm-dependent marine remedies are generally related, such as *Calcium Carbonicum* and *Asterias rubens*.

## **Plant remedies**

Individual species such as *Staphisagria*, *Ignatia*, *Aristolochia*, *Cyclamen*, and *Pulsatilla* contain related themes.

In plants from the *Caryophyllales* class, there is a pronounced desire for autonomy.

*Lamiidae* strive to free themselves from dominance and paternalism.

*Liliaceae* are diligent, conscientious, and perfectionist, and have a strong connection to the female reproductive organs.

## **Mineral remedies**

Furthermore, Follikulinum can also be compared to *Natrium Muriaticum*, *Calcium Muriaticum*, and *Samarium Muriaticum*.

*Chlorine salts* and *lactic acid compounds* involve themes such as provision, relationships, attachment, and independence; however, there is no deficiency diathesis in the sense of the sarcodes.

*Kalium Carbonicum* exhibits a similar weakness to Follikulinum.

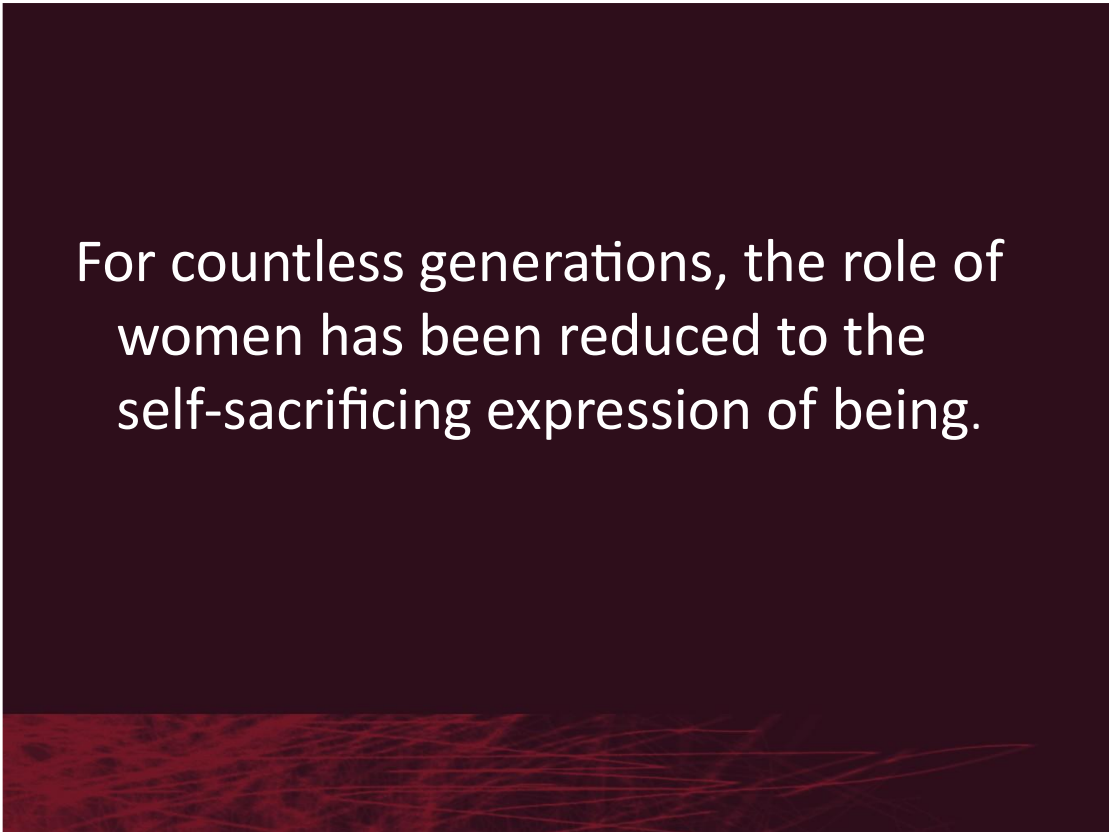
*Lanthanides* share the same color preference according to Müller and Welte, as well as a strong need for autonomy, but find it difficult to adapt to others!

*Granite*, a mineral parent rock of conglomerate, also causes aggravation during ovulation.

## **Folliculinum and Miasm**

### **The Dictation of the Feminine**

Due to the tenets of powerful world religions, the role of women has been reduced for countless generations to the self-sacrificing expression of their being. Until recently, it was not uncommon for a woman to give birth to ten children or more, with caring for the family being the sole focus of her life. She was largely denied the status of a rational, reasonable being, which is why she could not be entitled to any claim to leadership. For millennia, women around the world have had to endure the suppression of their individual and creative potential.



For countless generations, the role of women has been reduced to the self-sacrificing expression of being.

**Folliculinum expresses itself as a response to a lost matriarchy.**

# **Hormonal Abuse**

## **A toxic legacy with multigenerational effects**

*Hormone-active substances can be active even in the smallest quantities; experts question the safety of current threshold levels, and particularly during embryonic and fetal development, exposure to pollutants can have serious consequences.*

In her manuscript “Mist or Miasma,” Melissa Assilem was the first to point out the fatal consequences of hormonal abuse in the middle of the last century. To prevent miscarriages, a synthetic hormone called diethylstilbestrol was administered to numerous women in the United Kingdom and the United States from 1940 through the 1980s, significantly increasing the risk of developing breast cancer. The children of those affected were frequently diagnosed with vaginal carcinomas and penile malformations. The disease manifested either at a young age or after initial hormone use (e.g., birth control pills), with the inherited miasma effectively being triggered by external factors. The sons of these women treated with DES developed micropenis and disorders of spermatogenesis. Scientists have now discovered that the DES legacy was also passed on to the granddaughters of the women who took the drug. Menstrual irregularities and a tendency toward infertility occur more frequently in them than is normal. This means that women who have never taken DES themselves are affected, even though “only” their mothers and grandmothers were exposed to the drug.

## **Hormonal Contraception**

*Although the use of hormone replacement therapies has been drastically restricted in recent years due to their carcinogenic effects, hormonal contraceptives remain the most widely used method of birth control worldwide.*

The birth control pill celebrated its sixty-fifth anniversary in 2025. To date, three to four generations of women in industrialized countries have used it. Many, especially the very young, are unaware that they are taking a highly effective medication with numerous side effects every day. Furthermore, the suppression of individual and autonomous rhythms in women can lead to a loss of inner stability, poor conflict-resolution skills, and anxiety disorders. Fertility disorders are on the rise, particularly among younger women.

Millions of women forgo experiencing their own individual rhythm—which is the foundation of their creative powers—without realizing that they have become victims of a drug. In the effort to free themselves from the yoke of patriarchal paternalism, this has once again led to a domination over the feminine.

## **Infertility and Reproductive Medicine**

In Central Europe, about one in six couples has difficulty fulfilling their desire to have children. About one-third of infertility cases are due to causes in women, one-third in men, and another third has combined causes or no identifiable cause.

Disorders of sex hormone metabolism and their effects on the reproductive organs are the most common underlying causes of infertility. Genetic defects, pernicious anemia, celiac disease, sexually transmitted diseases, thyroid disorders, age, stress, being overweight or underweight, alcohol, nicotine, and drug abuse, and damage from chemotherapy and radiation therapy are additional factors. Erectile dysfunction and immunological incompatibility between partners can complicate or prevent fertilization. Psychological factors can pose significant obstacles to both natural conception and in vitro fertilization.

The rise in fertility disorders and women's reluctance to consider motherhood at a younger age—when spontaneous conception is far more likely—prompted andrologists and gynecologists in the 1970s to explore the possibilities of artificial insemination. Since then, techniques have been refined, and today there is hardly a gynecology department that does not address issues related to the desire to have children. Increasingly, involuntarily childless couples see no other chance of having children, and increasingly, even young people are affected by the problem of infertility, which has led to a “boom” in prenatal diagnostics.

The technological advancement of human reproduction not only raises many legal questions, but the health and social impacts on future generations are also not yet foreseeable.

Whether in vitro fertilization is successful depends on many factors. Statistically speaking, IVF is 90% successful after up to four attempts. High doses of hormones accompany ovulation induction and insemination. The long-awaited pregnancy then often becomes a high-risk pregnancy that can be complicated. A cesarean section is no longer uncommon, and the due date is often set in advance. The fact is that women who undergo artificial insemination are, after multiple attempts, affected morally, psychologically, and physically. They suffer long-term from disruptions in their hormonal balance.

Children conceived in this way also face unpredictable health problems. They are more likely to suffer from epigenetic changes, immune system dysregulation, and abnormalities in cognitive function and behavior. These realities present new challenges for society.

Homeopathy can positively address the issue of infertility. For many psychologically and hormonally caused disorders that impair natural conception, homeopathic treatment has been shown to “work wonders” and enable an unexpected spontaneous pregnancy.

Folliculinum facilitates the regeneration of a disrupted or suppressed ovulatory cycle, and the individualized remedy acts equally on the biological, psychological, and social levels.

If the obstacle to becoming pregnant is unavoidable in one of the partners and IVF is unavoidable, accompanying homeopathic treatment during the preparatory phase and throughout pregnancy proves to be beneficial.

### **Hormones have a lasting negative impact on the environment, humans, and animals.**

Synthetic hormones have not only been taken without hesitation for decades, but are also used in animal husbandry. The misuse of hormones has become a part of everyday life. It must be regarded as a serious health risk for the present and the future.

Residues of chemicals (chlorinated biphenyls, phenols, pesticides), synthetic fibers, and medications that unintentionally exert hormonal effects are increasingly polluting the environment. The balance of the ecosystem is extremely endangered by these so-called endocrine disruptors. They contaminate soil and water, affect plants, animals, and microorganisms, and enter the human body via drinking water or the food chain. Endocrinology societies worldwide highlight the threatening effects of endocrine disruptors on the reproductive systems of humans and animals by altering the function of the endocrine system.<sup>1</sup>

## Hormone-active substances

- can mimic the effects of the body's own hormones (agonists) or counteract them (antagonists).
- They can also interfere with the synthesis or metabolism of the body's own hormones or hormone receptors.

WHO 2002

## Endocrine disruptors

are substances introduced from outside the body which alter the function of the endocrine system and thereby have adverse effects on the health of an intact organism, its offspring, or entire populations.

WHO 2002

# Endocrine disruptors

have a lasting impact

- reproduction and the endocrine system
- immune system
- Cardiovascular system
- Brain and nervous system

WHO 2012

## **The Effects of Hormone-Active Substances**

The WHO confirms their adverse effects on the health of intact organisms, their offspring, or entire populations.<sup>2</sup>

**There are no established safety thresholds for hormone-active substances!**

Endocrine-disrupting chemicals act in the body in various ways. They can mimic the effects of the body's own hormones (agonists) or counteract them (antagonists). They can also interfere with the synthesis or metabolism of the body's own hormones or hormone receptors.

Studies illustrate the effects of persistent organic pollutants in rivers, lakes, and oceans on animal populations.

Within an alarmingly short period of just one generation, a continuous increase in reproductive disorders and certain types of cancer can be observed.

Studies from several European countries confirm a decline in sperm quality of up to 40% in industrialized urban areas. Conditions such as, and malformations of the male genital tract are on the rise; testicular cancer has more than doubled over the past 30–50 years.<sup>4</sup>

In women, there is an increasing incidence of genital malformations, menstrual cycle disorders, precocious puberty, premenstrual dysphoric disorder, polycystic ovaries, endometriosis, premature ovarian failure, tumors in the genital area, chromosomal abnormalities such as aneuploidy (the most common cause of miscarriage and preterm birth rates), intrauterine growth restriction, preeclampsia, and impaired lactation capacity.<sup>5</sup>

Breast cancer rates are steadily rising; one in eight women is already affected. However, metabolic disorders such as diabetes, metabolic syndrome, and obesity, as well as immune system dysregulation and nervous system disorders, should also be mentioned in this context.<sup>2</sup>

## **Folliculinum—a miasmatic remedy?**

**If we assume that a miasm is a pathogenic influence underlying common pathological manifestations as an expression of a disturbed vital force, we may speak of a new, serious miasm that can be associated with the sarcode Folliculinum.**

Clinical experience confirms a general regenerative effect of Folliculinum in hormonal disorders of various origins, both in the functional and miasmatic contexts.

As end products in the chain of sex hormones, estrogens are primarily responsible for maintaining hormonal homeostasis in the organism. When this regulatory system is permanently disrupted by an undesirable external influence (hormone-active substances) and, as a result, a relatively large number of individuals within a collective exhibit of symptoms consistent with this sarcode effect, Folliculinum should be the first consideration.

## Folliculinum and Miasma

**The Sarkode Follikulinum  
reactivates life-defining rhythms**



**promotes fertility, creativity, and individuality**

## The folliculin miasm

can be both acquired and inherited

The suppression of autonomic life rhythms can lead to a lack of individual differentiation and impaired regenerative capacity, and can contribute to the development of chronic degenerative diseases and infertility.

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