

Objectives:

- 1) To learn how thyroid disorder, evolve throughout the family, understanding end organ weakness and individual susceptibility.
- 2) Learning evolution of Sycotic miasm and its traits
- 3) Learning importance of mother's state during pregnancy.
- 4) Learning importance of observation in forming totality in neonatal prescribing.
- 5) Learn to evaluate remedy response and forming proper follow up criteria.
- 6) Indication of LM potency in prescription in neonatal thyroid dysfunction.

A 2 months old chubby male baby brought to OPD by his parents for the complaint of increased TSH level after thyroid screening after his birth. He was screened by his pediatrician for thyroid as her mother was a k/c/o Hypothyroidism and she was on Tab. Thyronorm 100mg. od throughout her pregnancy. Baby's TSH at the time of screening was 8.8 mIU/ml & his Free T4 was 1.64 ng/dl. So, parents were advised to start with Eltroxin 25mg. for baby. Even baby's father was a k/c/o hypothyroidism. His elder brother was also screened for thyroid hormone levels but they were absolutely normal.

Birth history:

Full term Vacuum delivery, Cried immediately after birth, Birth weight – 3.2 kgs

Physical generals:

Perspiration – on back+, head++, Nape of neck++, Thermal- Chilly (C3 H2)

Observations:

Baby was asleep throughout the interaction with parents and even during examination. After asking mother it was also noted that baby sleeps while feeding also.

Family background: Mother's history before & during pregnancy:

Before Pregnancy:

She was born and brought up in UP. She was the eldest sibling of her family. She was very much attached with her parents. At the **age of 22 she got married** in Baroda, Gujarat in 2013. After few months of marriage, she started having issues with MIL mainly regarding adjusting in Gujarat, as she was not able to cope up in totally different state after her marriage. Eventually conflict with her husband started and they both were under immense stress for a year from **May 2013 to April 2014**. Meanwhile they **got separated** & she left Gujarat and reached to her home at UP. But with the genuine efforts from both the families they once again started living together from April 2014. They started **family planning from June- July 2014**. She was not able to conceive till 6 months then they **started infertility treatment (Inj. HCG and other hormonal pills) in March 2015 as she discovered Rt. Ovarian cyst(32mm)** . She conceived with the treatment.

1st Pregnancy:

She delivered her first baby in December 2015. During this pregnancy she detected having Hypothyroid & Mesangial proliferative nephropathy with Proteinuria.

During Pregnancy

She was carrying hypothyroid state from 1st pregnancy and it was throughout to 2nd pregnancy also. She was on Thyronorm 75 mcg & 100 mcg. throughout her pregnancy.

Physical General. -Craving—Spices ++, Sweets++, Eggs++, Aversion – Milk++

On asking about any peculiar incidence or unpleasant incidence during pregnancy, mother replied that, being the eldest sibling she was much tensed for her family especially parents as her brother started consuming drugs and was not listening to any one from her family except her. She used to make him understand on phone during those days but though he was not listening to her that thing made her frustrate, then she used to displace her anger on her husband and elder son through screaming. She occasionally used to weep and beat her elder son.

Father: Baby's father seemed to be perfectionist, meticulous and anxious kind of personality. He was under constant stress about his marriage life and disputes with his wife after his marriage. He accidentally detected hypothyroid in dec.2018. Not taken any allopathic medicines for it till date and is on homeopathic treatment only. His TSH levels are constantly on higher side but stable. His father was k/c/o IHD expired in 2001 and mother is k/c/o. hypertension.

All the investigations of mother (2015 onwards) and father (2018 onwards) available. Mother stopped allopathic treatment between pregnancy but with higher side of TSH, which was stable.

Follow up criteria:

1. Level of TSH	2. Free T4	3. Weight (in Kg)
4. Activity Level	Developmental Milestones	

Date	1	2	3	4	5	ACTION
20/6/19	8.8	1.64	5.7	+ , Sleeping	Turning head	A
11/7/19	6.5	1.2	6.4	+Crying-irritable	Holding head	B
24/7/19	7.2	1.3	6.6	+ sleeping	NAD	C
18/8/19	6.7	1.2	6.9	+	Turning sideways	D
5/9/19	7.7	1.2	7.5	Sleeping	NAD	E
17/10/19	6.6	1.5	7.8	++,wakes on examination	NAD	F
19/12/19	4.8	1.4	8.8	+++ , active	Standing with holding hands	G