

## Non-union fracture of the femoral neck (case from practice)

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I bring to your attention an interesting approach to solving a very serious problem - a non-union hip fracture. This is a fairly common problem that has one, unfortunately, not the most luxurious solution to it - this is hip joint replacement.

In the fall of 2005, a 27-year-old female patient K. applied with a diagnosis of non-union fracture of the femoral neck, on the right. On July 18, 2004, she fell from a height of 2.5 meters - she was diagnosed with a comminuted fracture of the femoral neck, with displacement. 21 July operation: osteosynthesis of the right femoral neck.



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In December, she was diagnosed with a non-union fracture of the femoral neck under the conditions of metalwork, bolt migration. On April 21, 2005, a second operation was performed - corrective osteotomy of the right thigh, osteosynthesis of metal structures. During the operation, the femur was sawn for osteosynthesis. After sawing, the femur quickly healed, and the neck of the femur did not heal. He was treated with drugs, mainly containing vitamins and microelements.

In the first sessions of therapy, I used the hip joint as a pointer. After building pathomorphological chains according to A.A. Hovsepyan tested the following problems:

- intoxication, due to helminthic invasion in the gallbladder (fasciola hepatica), drew attention to this, since a hip fracture, on right, and the meridian of the gallbladder passes through the hip joint (often problems of the hip joint, on the right, are caused by problems of the gallbladder);
- Lack of enzymatic function of the pancreas (weakness of the ligamentous apparatus);
- connective tissue insufficiency of the 4th degree;
- false polarity (broken pathomorphological chain at the hip joint).

On the control image, the head of the hip joint became more clearly contoured, which indicated a decrease in aseptic inflammation, but the fracture did not heal.

Then, as a pointer, I used Bundles comp., since the hip joint has a powerful ligamentous structure, that is, it is obviously impaired

trophism of the ligamentous apparatus, and as a result, the bone does not grow together. When building a pathomorphological chain on Bundles comp. tested:

- false polarity (broken pathomorphological chain);
- Depletion of the ANS of the 2nd degree, due to the problems of the parathyroid glands.

And the parathyroid glands secrete parathyroid hormone, the action of which is directly related to the state of the bone structure in the body.

A pathomorphological chain is built on the parathyroid glands and false polarity and blockade of the intercellular space are detected.

In maintaining homeostasis  $Ca^{+2}$  three hormones are involved: parathyroid hormone (PTH), calcitonin and a metabolite of vitamin D3. The action of PTH is aimed at maintaining  $Ca^{+2}$  in the body. The main regulator of the secretory activity of parathyroid cells and hormone synthesis is concentration  $Ca^{+2}$  in the extracellular fluid. Low concentration  $Ca^{+2}$  causes the secretion and synthesis of the hormone, and high - inhibits both processes, although not completely.

Since the sawn femur has grown together without problems, the point is not that there is not enough vitamins and minerals or hormones. And the fact that PTH is produced, obviously, in sufficient quantities, but the receptors of the ligamentous apparatus are blocked, and the perception of PTH is impaired. This is the reason for the non-fusion of the neck of the hip joint.

After restoring the normal pathomorphological chain to the parathyroid glands, we build a normal chain on Bundles comp. taking into account the missing parathyroid hormone, vitamins, microelements, inversion of connective tissue insufficiency, in the swing mode, therapy is carried out along the selected meridians.

Three weeks later, the X-ray showed the formation of callus at the site of the fracture.



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Therefore, with long-term non-healing fractures, one should pay attention to the state of the parathyroid glands and the functional state of the receptor apparatus of the target organ.

#### Literature

1. Tepperman J., Tepperman H. Physiology of metabolism and endocrine system. - M.: Mir. - 1989.

