

# Topography of the Ileocecal Valve – A Quest for Causation

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## Abstract

Since 1924 the ileocecal valve has been studied and observed to be functional. In 1950 George Goodheart observed a relationship between the ileocecal valve's dysfunction and a way to correct it (Goodheart). This paper explores the functional relationship between the ileocecal valve and other structures and organ systems. It intends to provide a clinician with information about not only the treatment and support of the valve itself, but strings practical connections between the many other structures that may cause valve dysfunction.

### Objective

To provide a way to better support resolution of more hidden or difficult to resolve ileocecal valve syndromes and highlight a whole-person approach using muscle testing outcomes, history, and knowledge of normal body function.

### Key Indexing Terms

Chiropractic, Applied Kinesiology, Manual Muscle Text, MMT, Nutrition, Physiological Phenomena, Functional Medicine, Large Intestine, Colon, Ileocecal Valve (ICV), Chlorophyll, Valve of Houston, Cause of Ileocecal valve dysfunction. Digestion, Hidden Pain, NL, Neurolymphatic

### Introduction

The silent pandemic of ileocecal valve dysfunction is real and seems to be escalating. The ileocecal valve has been described adequately by Walther and Goodheart in previous works; however, when a clinician works up a patient with valve dysfunction many causative scenarios are often elusive and this begs the question; "what caused the cause?" We will look briefly at some of the topography and extant functional relationships between the Ileocecal valve and other structures and systems. We will see how we can incorporate and support them and the complicating factors that accompany dysfunction to enhance outcomes and lower recidivism.

The time frame for healing of the ICV is dependent on an accurate identification of the causative element or elements. We have observed a consistent average healing time of 4-weeks when the correct cause is isolated and rehabilitated.

### Jargon relating to Ileocecal Valve, Valve of Houston.

The Ileocecal Valve, also abbreviated "ICV," is located at the junction of the ileum and cecum. It has been demonstrated to be a functional valve in that it "opens" and "closes." The Valve of Houston, also known as "transverse rectal folds," number three - sometimes four and are less "functional" valves but function to support the weight of feces and

prevent it from moving into the sigmoid colon. “Open” means the opening is dilated and “closed” means the orifice is approximated or contracted so nothing can pass through. However, normal functions may occur inappropriately and create symptoms. Manipulation of the valve involves opening or closing it manually. “Meridian therapy” is the stimulation of acupuncture points that alter function and energy in energetic pathways called “meridians.” Nutritional support would be those supplements given to assist structural corrections. “Diet modification” means changes made to patients’ diets. “TFL” is short for the Tensor Fascia Lata, a muscle which originates between the ASIS and the middle and lateral aspect of the external surface of the iliac crest and inserts on the lateral thigh on the Iliotibial Band (IT Band) a thickening of the Fascia Lata. “TS Line ” stands for Temporo-Sphenoidal Line, a mostly diagnostic palpatory line located bilaterally on the skull near the temporal and sphenoidal areas. The clinician palpates this line for nodules that correspond with muscle and possible organ imbalance. Cranial nerve refers to nerves that exit the skull. “Switching” refers to a term called neurological disorganization as is referenced in the AK Synopsis. The term suggests confusion in the nervous system; **pH** is a measure of hydrogen ion concentration, a measure of the acidity or alkalinity of a solution of body fluid. The **pH** scale usually ranges from 0 to 14. Mesentery refers to the organ that carries fat, blood and lymphatic vessels to parts of the intestines. Each organ is named after the part of the intestine it contacts; the mesoappendix is the organ associated with the appendix; the mesorectum is mesentery associated with the rectum and so on. Switching is Applied kinesiology slang for disorganization of the nervous system which manifests as opposite or nonsensical findings on examination (i.e. right sided hand pain and the left side is testing inhibited when it should be opposite. Once the source of this problem is found and corrected the nonsensical findings resolve themselves. Grounding is connecting the patient to earth or making sure their body is in contact with earth. This sometimes causes muscle testing outcomes to show that were previously unrevealed.

## Discussion

Fundamental to the identification of the cause or pattern related to valve dysfunction are two concerns<sup>1</sup>; is the ruling out of switching and<sup>2</sup> remedying the burden of the body not being able to function efficiently without being grounded to earth by grounding the patient.

### **What caused the cause?**

Often what a clinician has identified as a problematic ileocecal valve exists within the framework of several other findings. Sometimes it is labeled “cause” when that is not true, hence the problem persists, re-occurs, or healing plateaus.

Obtaining a patient history is a minimal requirement and is usually helpful but the clandestine meeting of the bodies many humors, nerves, and electromagnetic impulses, as well as switching, and burdens from additional voltage relating to being ungrounded, complicates detection in some cases. Accuracy can be enhanced by having serial visits and grounding, looking, listening, and tracking. There are several patterns that are useful to know about and can be addressed effectively.

## Top-down relationships - patterns related to the chain of events of digestion

The top-down relationships regarding ileocecal valve dysfunction relate to the organ's function based on gravitational forces, appropriate pH, distant physiological relationships and normal organ function as is impacted by nutrition, subluxation, and the 5-factor complex of applied kinesiology. As evidenced by past NASA studies, gravitational forces play an important role in basement membrane stabilization especially in the small intestine. This is important to consider on a functional level in patients who are managed and who reside in the inner city and live in high-rise buildings or never contact earth (Miquel).

The digestive process is well known to begin in the mouth via chewed food bathing in the alkaline secretions of the parotid, sublingual, and submandibular glands. Function of the salivary glands may be impacted by poor cervical function and lymphatic drainage via the deep cervical lymphatic vessels. Even minor blockages lead to poor drainage. Issues such as spasm, improper biomechanics and dehydration. The salivary secretions according to Goodheart and Hawkins should be 7.2-7.8 on the pH scale (Hawkins). Recent research confirms these past observations but gives a larger window. The saliva has many functions but there are several characteristics of it that can impact valve function; two include calcium status and pH. The pH of saliva seems to be an indirect marker and stimulus for lower bowel function, not just dental health (although rarely practically applied in the modern dental practice). When the saliva is acidic it often indicates upper or lower bowel dysfunction and dietary imbalances in essential fatty acids and the macrominerals calcium, phosphorus, magnesium, and zinc. Valve function may be negatively impacted by a lack of triggering of functions by upstream organ secretions with abnormal pH.

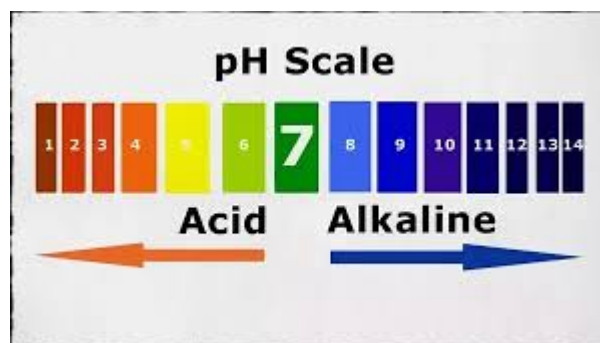


Illustration 1: pH scale chart

When a person decides to eat, a complex cascade of hormonal actions occurs that causes the expression of extremely alkaline saliva (pH >8.0) that preps the digestive tract and primes downstream organs. This readies the stomach for a meal that will soon arrive. Absence of sufficient alkaline stimulation seems to play a role in valve dysfunction and often is found as a hidden factor. Proof of such a mechanism comes in the form of the therapeutic benefits derived from the ingestion of bitter plant material called "bitters."

Bitters were originally classified as alkaline plant compounds that neutralize acids – but really stimulate acid and digestive juice production.

A further top-down-relationship exists between the stomach which in-part seems to be triggered by alkalinity. Saliva is neutralized by the acid of the stomach. The secretions stimulate the desired neutralization creating a now mostly acid bolus that is passed to the small intestine. Now the alkaline secretion of the pancreas and gallbladder temper and decrease the acid bolus created at the level of the stomach – subluxations, fixations, hiatal hernia, hypochlorhydria, zinc deficiency, and elevated histamine levels impact the stomach.

Finally, we make it through the somewhat alkaline small intestine into the acid large intestine where acid loving bacteria proliferate, create, vitamins, recirculate. This is one of many processes that occurs in digestion.

It seems to follow here that acid saliva not only may contribute to dental caries but may be more important as it serves as a beacon for unmet nutrient needs and declining health and as a future cause to ICV dysfunction in a top-down fashion. It is necessary then to work to establish an improved and more normal salivary pH.

There is a temporal profile of salivary pH that must be considered - morning (AM) pH is acid and as the day progresses if the diet is appropriate the pH eventually ends up alkaline.

Normal Top-down function mimics a pH tug of war with one alkaline system stimulating one acid system and then vica-versa, until elimination. A dysruption anywhere in the chain can lead to ICV dysfunction.

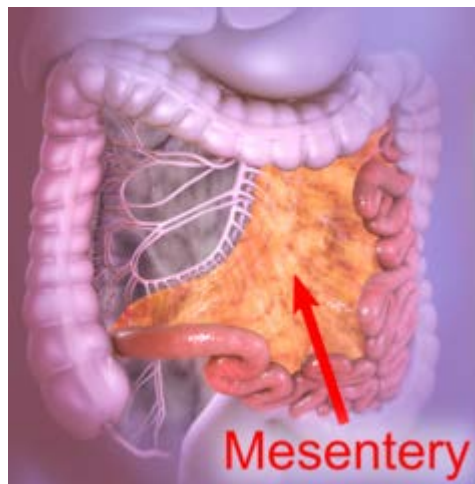
Based on these functions we can utilize the following muscle groups/organ nutrients to assess the digestive tract's function and better isolate the cause of valve dysfunction.

| <b>Organ/nutrition</b>           | <b>Muscle</b>                                   |
|----------------------------------|---|
| Hypothalamus us by supraspinatus | supraspinatus                                   |
| Parotid                          | TL direct to gland                              |
| Stomach                          | Inhbitied low HCL, cranial fault, hiatal hernia |
| Popliteous                       | Gall bladder                                    |
| Pectoralis Major Sternal         | Liver   |
| Small intestine                  | Rectus Femorus                                  |
| Large Intestine                  | Tensor Fascia Lata                              |

Figure 2

### **Bottom-up patterns**

Goodheart references mesenteric dysfunction as the cause of many musculoskeletal symptoms related to ICV dysfunction. He stated “...In other words the stretching of the mesentery by a variety of causes....causes more pain in more places than can readily be imagined.” The mesentery in recent times has been declared an organ with individual sections terminating posteriorly in the abdomen. The mesentery which is denoted as “a separate organ” is done here using the prefix “meso-”. So the rectum (and mesorectum), Valve of Houston (and mesosigmoid), and ileocecal valve (and mesoappendix), dysfunction can be caused by spinal subluxations, dysbiosis, dehydration, and gravity. These do much to cause pain and dysfunction and negatively influence the ICV, or vice-versa.



*Drawing 1: Mesentery, showing mesoappendix*

### **ICV and Adrenal dysfunction patterns**

#### **Sympathetic overflow**

Recurring ICV patterns are often seen as a direct result of sympathetic overflow; sympathetic overflow is defined as constant stimulation which turns to overstimulation of the adrenal gland as a part of the general adaptation syndrome. Overstimulation via “stress” initially increases peristaltic activity but chronically slows the entire digestive process and leads to suppression of immunity, the vitality of the gastric mucosa, and finally relaxation or a resultant open ileocecal valve.

This overstimulation leads to adrenal hypertrophy initially, then depletion of vitamin C reserves (salivary acidosis), depletion of mineral reserves, and then a hypoadrenic state with a parasympathetic dominance and a closed ileocecal valve syndrome may result.

In order to rehabilitate this valve pattern the adrenal glands must be supported and the valve managed simultaneously.

A topographic view of ICV dysfunction must also include many other factors. Which will only be mentioned but will be explored in other works. Other relationships which are present and will be elucidated in future papers include;

- intra-enteric dysfunction
- hypoacidity
- Enzyme depletion
- Phosphorus
- Neurological imbalances
- Seasonal patterns
- Aberrant kidney/psoas function via myenteric plexus

### **Practical application**

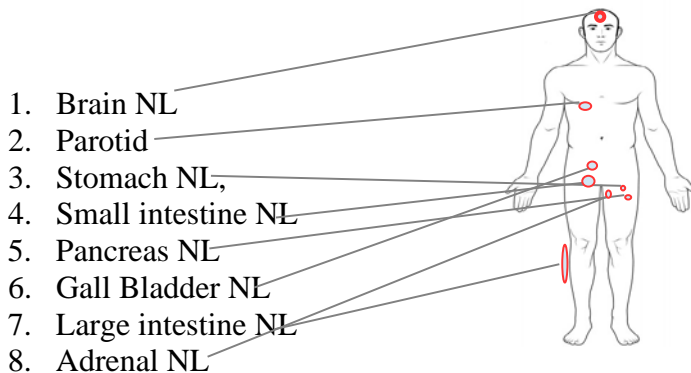
Ileocecal valve dysfunction is detected in the usual ways.

If suspected but not detected – ground the patient and retest.

Clear all factors.

If function is still not stable and TFL is still graded 4/5 then

two point in top-down fashion starting with;



You may also find that nutrients that benefit top-down organ systems will also improve TFL function and these should be used. Chlorophyll should also always be tested. We find a high frequency of need.

## **Conclusion**

The Ileocecal Valve Syndrome represents a condition that has a broad and significant impact on a wide array of human biological functions, some seemingly unrelated. Treatment for long term correction requires some familiarity with common patterns related to valve dysfunction. Clinicians must add standard management of this condition to their armamentarium after having appropriately ruled out more dangerous conditions that may have a similar presentation.

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