Colic and Probable Ileocecal Valve Dysfunction in a 3 Year Old, Caused by Diet: A Case History

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ABSTRACT:
Objective is to share a case history of an Ileocecal valve syndrome in a pediatric case and its ability to lead to unnecessary steroid utilization for colicky infant. Clincally it is challenging to diagnose the cause of colic instead symptoms are treated. Over the years several patients have presented with conditions that are unexplained by conventional laboratory testing, analysis, and standard medical examination procedures, leaving the pediatrician and other clinicians in mystery and the parents frustrated. Applied kinesiology examination and procedures augment and clarify these cases and may make diagnosis fruitful, allowing the clinician to take appropriate action and assist the body in healing. Thus assisting patients in healing who may have lost hope. Ileocecal valve dysfunction should be ruled out in all patients presenting with mystery and routine illness.

Key Indexing Terms: Chiropractic, Applied Kinesiology, Herbs, Manual Muscle Text, MMT, Nutrition, Physiological Phenomena, Functional Medicine, Large Intestine, Colon, Ileocecal Valve, Colic, Pediatrics

INTRODUCTION:
The digestive tract contains several functional valves; These include Iliocecal, Cecal colic, Valve of Houston, Cardiac sphincter, Lower esophageal sphincter, and anus. Anatomic knowledge has dominated clinical practice at a cost of ignoring possible functions of these structures. More commonly clinicians mainly look for anatomic pathology. Only those trained to understand that functional illness precedes poor function and then leads to pathology actually look for it. The presentations that are considered significant are only those relating to the stomach with little acknowledgement of those in the large bowel except for cancer and inflammatory bowel conditions. In clinical practice more attention must be paid to the abnormal physiology of a structure as it relates to history and presentation. The ileocecal valve is such a structure. Very little attention is paid to it during a clinician's education of any discipline and training and connection to its relationship to patient presentation fails to be made many times due to its' remoteness. The incidence and number of possible disorders relating to valve dysfunction and reported anecdotally are too numerous to list but in clinical practice include, various types of inflammatory conditions, flu like symptoms, exhaustion, bursitis, sinusitis, and others.

Jargon relating to Ileocecal valve.
The Ileocecal valve also abbreviated "ICV", is located at the junction of the ileum and cecum. As it has been demonstrated to be a functional valve it opens and closes. "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 Facia Lata a muscle which originates between the ASIS and the middle and lateral aspect of the external surface of the iliac crest and attached on the lateral thigh on the Iliotibial band (IT band) a thickening of the fascia lata. "TS Line" Stands for Tempero-Sphenoidal line, a mostly diagnostic palpatory line located bilaterally on the skull near the temporal and sphenoidal areas. The clinical palpates this line for nodules that correspond with muscle and possible organ imbalance.

Case report
A 3 year old Caucasian female presented to the office with acute colic.
The child would simply experience crying spells especially at night. This child had been worked up by a pediatrician who in the parents mind had not offered a viable solution.

Using a standard examination, appendicitis an unlikely problem in an infant was ruled out. AK examination was limited as muscle testing of the child was not viable due to her age. Therefore the challenge and wait method was used which involved rendering a treatment and then following up several a few days later. The history revealed that the parent was feeding the child food from 6-months on produced by a device call "the baby bullet." This is a device that takes any food and processes it into baby food. Lumbar and thoraco-lumbar subluxations where noted.

It was postulated that the valve was open, and then it was therapeutically was held opened for 10 seconds. The parent was instructed to either breast feed, or feed the child food pre-chewed by the parent, and to cease giving the child table food- even it is pureed by the baby bullet.

Telephone follow-up was performed 1 week after. The parent reported no further symptoms from the child immediately after leaving the office and none since that time.

DISCUSSION:
There are many different spin offs of Standard Applied Kinesiology Management of an ileocecal valve syndrome. In this case our management did not consist of following standards set by the ICAK per Walther's Applied Kinesiology Synopsis. The standard indicator muscle, the right tensor fascia lata, could not be used nor could the reflexes.

While the ileocecal valve does not always give symptomatic pain at the anatomic location of the valve it must be differentiated from other conditions which would refer pain into the region around McBurney's point. In the case of a pediatric patient these include appendicitis (which is unlikely in infants), inguinal hernia, and gastritis. Furthermore, a rather challenging differential diagnosis exists with a variety of problems that mimic valve dysfunction due to their remote, diffuse, or migratory nature including, shoulder pain, bursitis, flu symptoms, fever or unknown origin, bowel movement appearance irregularities, small stool strands, balls, dark circles around eyes, croup, migratory gas pains, and a generally grumpy baby. These problems must be considered and valve dysfunction should be ruled out after a search for pathology is fruitless. However, AK methods should be used first prior to more aggressive care being performed, equally worse no care is rendered at all. The work-up should have included an evaluation by an applied kinesiologist or an appropriate referral to one. Having an early examination for ileocecal valve involvement is a practical approach.

CONCLUSION:
The ileocecal valve syndrome represents a condition that has a broad and significant impact on a wide array of human biological functions. 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.

Acknowledgements are made to Nutri-West, Integrated Healthcare of Montclair LLC, and the ICAK.

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