Double trouble - Valve Dysfunction, Vitamin D and the Inhibited TFL, A Case History

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Abstract

The objective is to share two case histories of vitamin D deficiency and their presentation of a valve syndrome as a familial trait. It is well known that there is an overwhelming number of people who are vitamin "D" deficient. The purpose of this paper is to show two examples of the impact that vitamin D can have on function of the, ileocecal valve, valve of Houston, and the tensor fascia lata muscles.

Key Indexing Terms
Chiropractic, Applied Kinesiology, Herbs, Manual Muscle Text, MMT, Nutrition, Physiological Phenomena, Functional Medicine, Large Intestine, Colon, Ileocecal Valve, Valve of Houston, Vitamin D, Cholcalciferol

Introduction
Vitamin D has been newly discovered. The current interest has inspired many doctors to begin supplementing patients as a result of several important health related factors. While there seems to be some consensus on the need and some of the resultant pathology that ensues if the need is not met, there is little discussion on its role in some functional types of illness. This paper will explore two cases in a family, and the relationship their vitamin D status has on their individual expression of health and recovery from apparent sickness.

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. Functional illness precedes poor function and then leads to pathology. 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 nexus of abnormal physiology, nutritional status as well as history and presentation. Both the iliocecal valve and Houston's valve are such structures. 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 Vitamin D.

Vitamin D is also known as cholecalciferol, chemically 0H 25 and 1,25 cholecaciferol. Intestines refers to small and large intestines. The Ileocecal valve also abbreviated "ICV", is located at the junction of the ileum and cecum. The Valve of Houston is a large intestine flexure typically located in left lower quadrant of the abdomen and in the sigmoid colon. In reference to the aforementioned valves. "Open" means the opening is dilated; "closed" means the orifice is approximated or contracted so nothing or little can pass through. 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 diagnositic 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 – 1
In the month of January, a 16-year-old male athlete presents to the office after visiting his medical doctor. His chief complaint is head cold which will not go away. He was given a prescription that was symptomatically helpful, but the issue persisted for more than a week after taking the prescription. He was still able to participate in sports but was playing while sick.

A standard examination was performed. The patient was nasally congested, vitals were normal but there were obvious indications of congestive and respiratory distress. On abdominal exam while palpating the right lower quadrant the patient gave vocalized response expressing pain on palpation. The right TFL was inhibited in the clear and facilitated on ingestion on vitamin D, and therapy localization to the area of involvement; a vitamin assay was ordered and the value was returned as 24mg/dl. The patient was supplemented 5000mg of vitamin D daily. A challenge of pushing in an oblique and inferior fashion from the umbilicus to the ASIS on the right side caused the motor testing of the right TFL to go from 4/5 to 5/5 – 5 being maximal strength against resistance. The patient was instructed to do the same daily and take the supplement. The patient swiftly recovered within 3 days' time.

Case report - 2
In the month of January, 2 days after his brother, a 16-year-old male athlete was taken to the emergency department after complaining of a severe non-traumatic headache, fever, and weakness. This 14-year-old African American male presented to our office. A complete neurologic work-up including CT and MRI were performed and no diagnosis was made by the ER prior to presentation. The patient was discharged and advised to take acetaminophen, a cox III inhibitor which seemed to take the edge off the headache but they still persisted for several days. This response seemed Indicative of an unlikely cephalgic genesis from a cyclo-oxygenase- III enzyme overabundance. Still desiring

relief, the patient presented to our office.

Using standard medical physical examination and abdominal examination no abnormalities were detected, except for severe left lower quadrant tenderness, and a inhibited left TFL. The muscle was graded 4/5.

A vitamin assay "D" was drawn immediately and ordered; it returned with a value of 18 A challenge of pushing in an oblique and inferior fashion from the umbilicus to the ASIS on the left side caused the motor testing of the left TFL to go from 4/5 to 5/5 – 5 being maximal strength against resistance. The patient was instructed to do the same daily and take the supplement. The patient swiftly recovered within 5 days' time.

Discussion

There are many different spin offs of Standard Applied Kinesiology Management of an ileocecal valve syndrome. There is very little discussion of the management of Valve of Houston dysfunction nor the relationship between race, vitamin D levels, nor season and valve functions. Our management consisted of following standards set by the ICAK per Walther's Applied Kinesiology Synopsis for Ileocecal valve management. The standard indicator muscle is the right tensor fascia lata, the reflexes used were also standard.

The valve of Houston was named after anatomist John Houston. The Valve of Houston is actually "valves" – not a valve. They number anywhere from 2-3 folds, and at times 4; they are located in the signmoid colon. They are not mucosal but are instead made of smooth muscle. The current medical think is the function is involuntary and causes evacuation to be delayed. Not much else is understood about its function. This valve appears to respond to many of the same reflexes as the ileocecal valve and requires the same nutritional protocols. It appears to at times and after manipulation stimulate the entire enteric nervous system and alter distant enteric functions such as those of the stomach, iliocecel, gall bladder and large intestine. This statement is based on patient feedback and muscle testing outcomes pre-and post manipulation, as well as symptomatic relief from many digestive conditions that are remote to this valve.

The ileocecal valve does not always give symptomatic pain at the anatomic location of the valve; the pain in this area must be differentiated from other conditions which would refer pain into the region at and around McBurney's point. These include disorders of the right ovary, mittlschmitz, appendicitis, inguinal hernia, and gastritis. Furthermore, a rather challenging differential diagnosis exists with a variety of problems that mimics the dysfunction of both valves due to their remote, diffuse, or migratory nature including, shoulder pain, bursitis, flu symptoms, fever or unknown origin, unexplained halitosis, bowel movement appearance irregularities, small stool strands, balls, dark circles around eyes, estrogen dominance, extreme fatigue, croup, migratory gas pains, and headache. 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. In this case the parents had been long time patient s and did not use AK methods first but did arrive at the office eventually. Vitamin D problems arise in all races above 37 degrees north latitude and present a unique opportunity for clinicians residing in those areas because all people - especially those of Middle Eastern or African descent are likely to have low vitamin D levels by the time January and February arrive as they are not supplementing. They will not have disease from this but some unexplained nonresponsive immune problem or intestinal issue, or any of the many
problems listed above.

Frank pathology should always be ruled out. Part of the work-up should include an evaluation by an applied kinesiologist or an appropriate referral to one, afterwards. Having an early examination for ileocecal valve involvement is a practical approach which will save thousands from suffering.

Conclusion

Valve syndromes represent a condition that can have a broad and significant impact on a wide array of human biological dysfunctions. Race, location, and season makes many a candidate for vitamin D related valve dysfunction which may be mistakenly diagnosed as another malady. Clinicians must add standard management of valve syndromes to their armamentarium after having appropriately ruled out more dangerous conditions that may have a similar presentation.

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