

Case History: Debilitation Caused by Ileocecal Valve Dysfunction in a Late Teen

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Abstract

Objective is to share a case history of an Ileocecal valve syndrome and its ability to confuse clinicians while causing debilitation and mystery illness in a patient. Over the years several patients have presented with conditions that are unexplained by conventional laboratory testing, analysis, and standard medical examination procedures, leaving the clinician in mystery and the patient hopeless as the afflictions fell short of pathology and were indeed functional illness. 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

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 iliocecal valve is such a structure. Very little attention is paid to it during a clinician's education of any disciplines and training and connection to its relationship to patient presentation fail 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 16 year old male was taken to the emergency department after flying via airline to a city to visit a college. He had a sudden onset of extreme fatigue, malaise, and headache. At a local hospital an exam was performed and several labs were drawn and unremarkable. Infectious disease was appropriately ruled out and he was given a spinal tap which was negative. Finding nothing was hydrated, observed and sent home, with very minor improvement. Several days later his symptoms exacerbated and he presented to our office with a parent, ambulatory only with assistance.

Using standard medical physical examination and abdominal examination no abnormalities were detected, except for mild orthostatic hypotension and paradoxical pupillary dilation. However the TS line revealed a conditionally inhibited, right tensor facia lata which strengthened on TL to the ileocecal valve. The patient also had an instant reduction in his nagging unrelenting headache the second the valve was pulled closed (pulled supero-medially). He exclaimed, “my headache is gone! And he then sat up. When the valve was reopened - that is so as to pull infero-laterally while in the right lower quadrant of the abdomen in the area of McBurney’s point; his headache returned instantly. As per Walther in The Applied Kinesiology Synopsis standard reflexes for an open ICV were tested and in this case all were active, these were treated with hard digital pressure, or other standard methods. These included neurovascular, lymphatic, and the acupuncture meridian connector point, bladder 58. The patient was then put on Nutri-West’s Chlorophyll plus, Total Enzymes, and DSF as these strengthened the TFL on gustatory challenge. At the conclusion of the visit, the headache was gone, energy, measured by the patient’s ability to ambulate unassisted improved as he could ambulate without assistance upon presentation, if only for short periods of time. He remarked that he generally felt better. His father amazed by the speed of recovery sat quietly with tears in his eyes. Over the next four weeks with interim visits the patient fully recovered and was discharged.

Discussion

There are many different spin offs of Standard Applied Kinesiology Management of an ileocecal valve syndrome. Our management consisted of following standards sets by the ICAK per Walther's Applied Kinesiology Synopsis. The standard indicator muscle is the right tensor fascia lata, the reflexes used were also standard.

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. These include disorders of the right ovary, mittelschmitz, appendicitis, 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, 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. This is stated because this patient had been previously admitted into two hospitals with extensive testing for infection and no positive findings on any lab. Frank pathology had been completely ruled out. Part of the work-up should have included an evaluation by an applied kinesiologist or an appropriate referral to one, after a life threatening illness was ruled out. Having an early examination for ileocecal valve involvement is a practical approach which will save thousands in unneeded lab testing.

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.

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