

# The Real "Great Pretender"- The Ileocecal Valve and Digestive Stasis Secondary to Hypochlohydria - A Case Study

Tyran Mincey, D.C., DIBAK

## ABSTRACT:

Objective is to share a case history of an Ileocecal valve syndrome and its ability to mimic hypoacidity in the stomach. Many patients present with digestive complaints. Over the years several patients have presented with conditions that are unexplained by conventional laboratory testing, analysis, and standard medical examination procedures. 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:

Hypochlorhydria is a major complaint levied by patients and it seems to involve several mechanisms. It may be routine for a clinician to locate this problem who is properly trained.

The digestive tract contains several functional valves; these include Ileocecal, Cecal colic, Valve of Houston, Cardiac sphincter, Lower esophageal sphincter, and the anus.

Medically the most common treatment for hypochlorhydria is antacids, and h2 blockers and proton pump inhibitors. Only those trained to understand that functional illness precedes poor function and then leads to pathology actually look for causes of hypochlorhydria. One such presentation is the relationship between ICV dysfunction and hypochlorhydria. This condition has many consequences gone unaddressed such as lack of calcium absorption, and subclinical malnutrition scenarios, and mineral deficiencies.

## Jargon Relating to Ileocecal Valve and Hypochlorhydria:

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. "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.

### **Case Report:**

A 28 year old dancer presented with an acute right lower quadrant pain which was debilitating. Using standard medical physical examination and abdominal examination no abnormalities were detected, except for tenderness at McBurney's point which was rebound. TS line revealed a conditionally inhibited, right tensor fascia lata which strengthened on TL to the stomach. The patient also had a slight reduction the second the valve was pulled closed (pulled supero-medially). 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 Hypo- D - three per hour this strengthened the TFL on gustatory challenge. She was then given inpatient status and monitored for two hours. During this time her symptoms decreased. At the conclusion of the visit, she was able to ambulate and stand up straight without pain. The patient fully recovered within a one week time period.

### **DISCUSSION:**

There are many different spin offs of standard Applied Kinesiology management of an ileocecal valve syndrome. Our management consisted of following standards set 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 of 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. In the case of this patient, a proper and searching exam was performed looking for rule out appendicitis, since the no fever nor sign of infection she was kept for monitoring and was instructed if her symptoms returned to visit the ER. However, AK methods should be used first prior to more aggressive care being performed. Frank pathology had been completely ruled out. Part of all 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 stomach and hypoacidity has the ability to cause 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.

**REFERENCES:**

1. "The Ileo-cecal Valve Syndrome." Goodheart, George, DC, Digest of Chiropractic Economics 1967 [9(5)] (Mar/Apr) 32-3, 35.
2. Walther, David Applied Kinesiology, Synopsis 2<sup>nd</sup> Edition, ICAK-U.S.A.; p. 494.
3. Gray, Henry. "Anatomy of the Human Body 1918 2H. The Large Intestine"
4. www.bartleby.com. 29 January 2011. <http://www.bartleby.com/107/249.html>

©2013 All rights reserved.

---

**The Real "Great Pretender"- The Iliocecal Valve and Digestive Stasis Secondary to Hypochlohydria - A Case Study**  
Tyran Mincey, D.C., DIBAK

