

# Resolution of Hemifacial Spasms Post Ileocecal Valve and Valve of Houston Manipulation – A Case Study

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## Abstract

**Objective:** To share a case history of an Ileocecal Valve Syndrome and a chief complaint of Hemifacial Spasms. This has only been encountered in a single patient but is of interest because of the distal location of the symptom. This presentation has eluded all conventional testing and analysis and reveals normal findings on standard medical examination procedures. Applied kinesiology examination revealed several clues that were seemingly unrelated. This forced us to treat the patient, not the problem, removing a barrier to a normal functioning body. Ileocecal Valve Dysfunction should be ruled out in all patients presenting with mystery and routine illness.

### Key Indexing Terms

Chiropractic, Applied Kinesiology, Hemifacila Spasm, Manual Muscle Text, MMT, Nutrition, Physiological Phenomena, Functional Medicine, Large Intestine, Colon, Ileocecal Valve (ICV), Chlorophyll, Valve of Houston

### Introduction

Facial conditions and paralysis belong to a wide spectrum of disorders and are most difficult to truly cure.

Cranial nerved impingement is possible on any cranial nerve based on the tortuous path they take through the cranial foramen.

Hemifacial Spasm is a disorder in which muscles of one side of the face twitch involuntarily. The disorder affects both men and women, but seems to impact elderly women more often. It is more prevalent in Asian populations and is believed to be caused by blood vessels impinging on cranial nerve VII- the facial nerve. It is located in the brain stem. This cranial controls motor activity to the face. As a result of being lesioned one possible outcome is spasm initially near and around the eyes which then results in eyelid spasm, progresses to the lower part of the face with spastic activity as an eventual sequalee in some cases, leaving the mouth pulled to one side.

### **Jargon relating to Ileocecal Valve, Valve of Houston, and Hemifacial Spasms.**

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 valve but function to support the weight of feces and prevent it 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 Tempero-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. Hemifascial means "half of the face."

### **Case Report**

A 49 year old Caucasian woman presented with a chief complaint right orbital facial spasms. Using history and standard medical physical examination which includes testing of cranial nerves I-XII, no pathologic abnormalities were detected.

TS line revealed a conditionally inhibited right tensor Fascia Lata which strengthened on TL to both left and right abdominal lower quadrants. Specially, the area of the "Valve of Houston" and area of "ICV." The muscle was no longer conditionally inhibited after challenge to the valves by pulling it closed (pulled supero-medially). As per Walther in 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. Evaluation of the cranium revealed a right lambdodal suture fault. The patient was then put on Nutri-West's - Chloroplex 3 twice daily, this strengthened the TFL on gustatory challenge. She was then released and seen once weekly. During this time her symptoms decreased. 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 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 might affect motor function of the muscles of the face and gastritis. Furthermore, differential diagnosis exists with a variety of problems that mimic hemifacial spasms such as stroke, 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, the only symptom was intermittent spastic fascial twitches. The patient decided that 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 examination for Ileocecal Valve involvement is a practical approach which may add yet another angle to unexplained illness and dysfunction.

## 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. 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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