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The Ileocecal Valve Syndrome: The great imposter

Paul T Sprieser

Narrative: This clinical entity has been part of Applied Kinesiology since 1967. It first appeared as an article in The Digest of Chiropractic Economics, Volume 9, Number 6, May-June 1967. (1) Later it is presented in Walther's textbook Applied Kinesiology: The Advanced Approach in Chiropractic. (2) Its importance and understanding cannot be ignored. I title it the Great Imposter, because of the myriad of symptoms that it can produce.

The corrections with the acupuncture points described in the Quick Close Method along with the Holographic Cranial Fault method corrects the open ileocecal valve syndrome. I have used this method on and off and have taught patients how to use the Quick Close Method on chronic case.

I also believe that the closed ICV will also have a series of acupuncture points that will do the same thing and I am currently investigating what this point will be. I will report back after I check at least 100 cases. In the last few months, I have seen an upsurge of ICV-syndrome. As I mentioned it is nearly 100%, or at least nine out of every ten patients treated. In the last three weeks ending today 3/9/24. I have treated at least sixty cases most of which are the open variety.

The sub title of this current paper, 'The Great Imposter', really fits what I have been seeing in practice.

Indexing terms: Chiropractic; Applied Kinesiology; Ileocecal valve syndrome; Great Imposter.

Introduction

George Goodheart begins by saying that many individuals have symptoms or disturbances of this structure and its function. He then describes its location at McBurney's point in the lower right quadrant and states that the small intestine a one-way action and its reciprocal action of the large intestine. The number of symptoms listed by Walther were a total of sixteen, (3) making the confusion both to the patients and their treating physicians medical or Chiropractic.

In Goodheart's paper he makes light of the mesentery which supports the ileocecal valve contributes more to the support of the Chiropractic physician and his family than it does to the patient's poor viscera. The source of this

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condition is the stretching of the mesentery through the following overeating at holidays, eating too much roughage and carbonated beverages, overwork producing gravity fatigue, emotional upsets disturbing Vagus nerve and lower dorsal sympathetic balance, and any form of stress from (physical, mental/emotional, chemical, thermal, acoustical). (4)

The keynoted feature of this condition is sudden pain with what I call no rhyme or reason, such as I just bent over and it hit me in the back, I went to bed fine and could not get up in the morning, other symptoms mentioned where, '*I bent over and couldn't get up*', heart fluttering, chest pain, and right shoulder pain.

Other areas of structural problems were discussed as Reflex subluxation are often found as second or third lumbar and fourth and fifth dorsal. These should not be adjusted for position. If treated will quickly reappear within a few minutes. (5) All information contained was very useful, before the advent of Therapy Localisation (TL).

Discussion

I have been involved and treating this syndrome for over fifty years. I have seen every one of the lists of sixteen symptoms in myself, my family and in my patients. I will give the list of all the symptoms that appear in Walther's, Applied Kinesiology: The Advanced Approach in Chiropractic from page 212: Shoulder pain, sudden low back pain, pain around the heart, dizziness, bursitis, Pseudo bursitis, Pseudo sacroiliac strain, tinnitus, nausea, faintness, Pseudo sinus infection, Pseudo hypochlorhydria, headache, sudden thirst, pallor, dark circles under the eyes.

Additional signs swelling under the right eye on the Malar Bone (cheek), Heart burn. (6) Other structural joint that can cause symptoms are at the foot, ankle, knee, and hip. The upper extremities can also be involved, elbow, wrist and hand and fingers. Gastrointestinal problem can be caused are irritable bowel syndrome or (IBS), and Leakey Gut Syndrome. Goodheart spoke of gas pressure in the colon could blow open the sphincter or valve and the peristalsis cause regurgitation of the colon content into the Ileum, which is more absorbing toxin from protein digestion of arginine and lysine, which produce cadaverine and putrescine.

The treatment was described as a simple stretch reflex until a definite pulsation is felt under the fingers. Hold for about 30 seconds. With the patient in the supine position, take both hands and grasp the tissues of the lower right quadrant and sharply lift the tissues with a quick jerk. Repeat this five times.

Goodheart stated '*in our experience fully 50% of all acute cases that enter our office complain of this syndrome*'. I would say that when I started practice in January 1969, this is about the same percentage I was finding. However, the percentage started to increase to closer 80%, and recently in 2024 it was nearly 100%. I would like to use a copy of the entire article which is two pages long, but I have not found who has the reproduction right of this book, which is titled 'collected published articles and reprints' Revised Edition, Copyright 1992. This book contains 60 papers published by The Digest of Chiropractic Economics and some other publications from the 1960's through 1990's.

My exposure to Goodheart occurred just before graduation from The Chiropractic Institute of New York in August 1968. The American Chiropractic Association had their national meeting in Manhattan at the Americana Hotel, 52 Street and 6th Avenue. At this convention, Dr. Goodheart was one of the keynote speakers.

When I started my practice in Jersey City on January 1969, I started studying Applied Kinesiology with three chiropractors, Salvatore Cordaro DC, Jerald Deutsch DC and Jose Rodriguez DC, who taught under the name of CDR Seminars. The information being presented came from the teacher attending seminar taught by Goodheart. The use of his work published in the Digest of Chiropractic Economics about 1964 through 1976, when David Walther DC

organised the Goodheart information into his first book, and then into a teaching program with slides and notes.

Currently members of ICAK-USA, will have finished at least a basic 100-hour course in AK and have been using the original treatment diagnostic and treatment system. This consists of the two different system for Open and Closed types of ICV-Syndromes. These consist of the indicator muscle weakness of (Right Iliacus-Open), and Right Quadriceps and Rectus Abdominal-Closed). The other reflexes that are used are Neurolymphatic-NL, Neurovascular-NV, Acupuncture point and stress receptors. (9) The use of Therapy Localisation was not introduced to AK until 1974. (10)

Method

While studying AK I was introduced in the CDR Seminar to a method that became known as the Quick Close method, used only for Open-ICV. A series of acupuncture points are stimulated on the right side only with a circular rubbing pressure with the doctors using the fingers tips in a firm circular action for at least ten seconds.

1. Right side foot stimulated with firm pressure over ST-43 and GB-41.
2. Right tibia shaft ST-39 and Right wrist LU-9. Right-side ST-25 and Right-side LU-1.
3. Van Rump Flick on the malar cheek bone downward movement.

This method I have used on and off for the past fifty years and it has consistently worked and corrected this syndrome. (11)

Cranial faults

Walther stated that the Closed Ileocecal Syndrome is associated to the Universal Cranial Fault. I also noted that a positive TL to McBurny's Point was negated by inspiratory assist but did not correct the problem. It seemed reasonable to me that there should be another Holographic cranial fault present with the open ICV. So, I started to investigate this theory, which lead to my finding present in the Collected Papers of ICAK, in 1987 'A New Class of Holographic Cranial Faults'.

The cranial fault is challenged along the later side of skull contact from the mastoid-parietal-frontal regions one side will have a forward pressure that does not weaken a strong muscle. The opposite side will have the same region of contact with a posterior pressure that does not weaken on the phase of inspiration. This direction will also eliminate the positive TL to the ICV.

Conclusion

The corrections with the acupuncture points described in the Quick Close Method along with the Holographic Cranial Fault method corrects the open ileocecal valve syndrome. I have used this method on and off and have taught patients how to use the Quick Close Method on chronic case.

I also believe that the closed ICV will also have a series of acupuncture points that will do the same thing and I am currently investigating what this point will be. I will report back after I check at least 100 cases. In the last few months, I have seen an upsurge of ICV-syndrome. As I mentioned it is nearly 100%, or at least nine out of every ten patients treated. In the last three weeks ending today 3/9/24. I have treated at least sixty cases most of which are the open variety.

At the point I want to mention three specific case myself being one of these incidences. The first is a colleague I have treated at least once a month as maintenance service. He had to stop seeing patients due to the pain he was experiencing with ICV syndrome, and he has been improving slowly. I treated him on this past Thursday 3/7/24, in the morning. I had to ask him to check my right thumb due to extreme pain. I had no injury and I knew it was caused by the ICV.

The third case has been a patient for at least 25 or more years, with a chronic history creating a disability that she cannot work or even function much of the time. I treated her this past week

on Tuesday and I had to spend 47 minutes to stabilise her pain patterns 3/5/24. The cause was an open ICV.

She came back on Saturday 3/9/24, telling me her pain patterns had reoccurred as she drove home. Today the finding changed from an open ICV, to a closed type. I made some new discoveries and will present this information next year in a research paper.

So, my sub title of this current paper is 'The Great Imposter' as it really fits what I have been seeing in practice.

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