

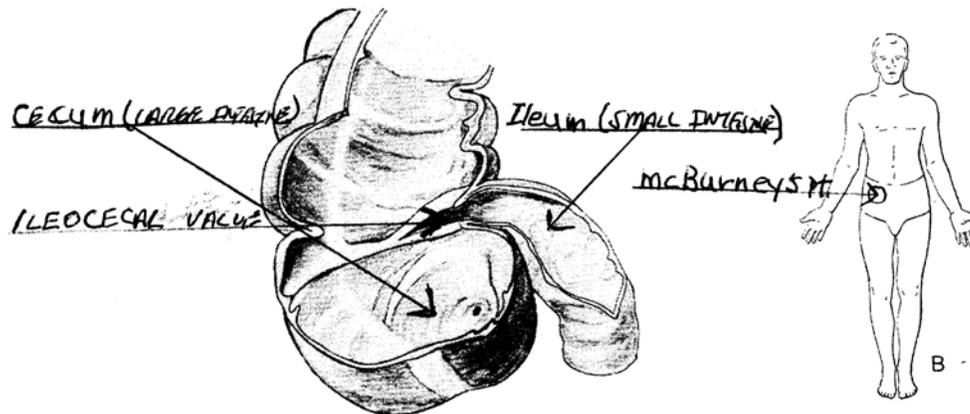
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Irritable Bowel Syndrome (IBS) and Ileocecal Valve Syndrome (ICV)

Next to the common cold the most common complaint seen by physicians is the gastrointestinal illness known today as IBS. This syndrome is described as a motility disorder involving both small and large intestine associated with various degrees of abdominal pain, constipation or diarrhea, and which may be a reaction to stress in the susceptible individual. It represents about half of all referrals to specialists or institutional care facilities. It has been estimated that between 10 to 20 percent of the general population experience this problem.

IBS symptoms that commonly accompany this include abdominal distress, erratic and frequent bowel action with variety of stool consistency. Other symptoms are bloating, flatulence, nausea, headaches, fatigue, lassitude, depression, anxiety and difficulty with mental concentration “brain fog”. ICV symptoms are the same with the addition of shoulder pain, sudden low back and sacroiliac pain, dizziness, bursitis, ringing in the ears, pseudo sinusitis, heartburn, sudden thirst, pallor, dark circles under eyes, and palpitations of the heart.

The next part of the complex syndrome is an anatomical structure that acts as fire door preventing the back flow of waste between the end of the small intestine (ileum) and beginning of the large intestine (cecum). This structure is known as the ileocecal valve or sphincter and plays a major contributory factor in IBS and also other intestinal diseases. Two of these diseases are Colitis and Crohn’s (terminal ileitis) although these are autoimmune diseases the reflux of an open valve will cause the irritation of the terminal ileum in the case of Crohn’s disease.



The ICV like all the sphincters along the digestive tract are always in a state of closure and only open periodically to allow the passage of digested food to pass through, and then close to allow that part of the digestive system to function. In the stomach to break apart the foods, in the small intestine to assimilate the nutrients and finally the large intestine to absorb water and electrolytes and to eliminate the solid waste.

(over)

This clinical entity has been an integral part of Applied Kinesiology since 1969 and I have examined every patient on every visit, because it is present in 75% of all patients seen in my practice. It is easily diagnosed by placing the both hands over McBurney's point seen in figure B of the illustrations and testing a strong muscle will weaken when positive. A challenge with a pressure with both hands up to the left shoulder will stop the weakness it is open or leaking. A challenge with both hand town and toward the right hip will stop the weakness it is a spastic or closed variety. The open type occurs most frequently at 95% and a closed only 5% of the time and frequently can be misdiagnosed as appendicitis.

One of the hallmarks of ICV syndrome is a sudden onset of deliberating low back, sacroiliac, and neck pain, that has no injury involved with it start. The common explanation of the onset that I hear from patient is, I went to bed my back was find but it started hurting when I woke up, or it started hurting when I got up from a easy chair, etc. The leakage of waste will be diluted by the body holding back water which will cause swelling of a weakened are such as low back disc, flaring of a carpal tunnel syndrome, etc. A giveaway of the presence of a malfunction ICV is a change in the stool formation. It normally should look "cylindrical cigar shaped" or like a (O'Henry candy bar), any variation such as pencil thin stool, mushy no form, tape measure stool, tapered like a snakes tail and little hard marbles (rabbit stool) are all indication of intestinal malfunction.

This can be corrected by changes in diet with special reflexes used in Applied Kinesiology Techniques. With the open type of valve supplement of chlorophyll and oil base variety, and Betaine HCL, with a closed type a acidified type of calcium such as chelated calcium, calcium citrate or calcium orotate can be used and Vitamin D. These method also hold true for the treatment of IBS with changes in diet, identification of food allergies and intolerances and the support of the emotional factors using TFT and NET.

Chiropractic and Applied Kinesiology can be of great assistance to you and your Gastroenterologist to stabilize the more serious intestinal problems of Colitis and Crohn's disease, before the damage become irreversible.