

A NEW DIGESTIVE CHALLENGE TECHNIQUE – SIMULTANEOUS TESTING OF THE ILEOCECAL AND HOUSTON’S VALVES

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ABSTRACT

Ileocecal valve syndrome (ICV) is the root of many patients’ complaints. It can be responsible for countless problems, from digestive disturbances to headaches to back pain. Imbalances in the sympathetic-parasympathetic system, disturbances in the enteric nervous system, or a local irritation to the gastrointestinal tract are often the results of ICV syndrome.¹

Houston’s valves (HV) make up the inner foldings of the rectal lumen. Although not nearly as common as ICV, the valves can be a cause of distress for the same reasons as the ileocecal valve.

Challenging for ICV and HV individually is a common applied kinesiology procedure to help diagnose a patient’s ailment. Sometimes the history and/or symptoms present in the patient guides the doctor in considering an ICV or HV problem, yet the valves do not test to be a related problem. However, simultaneous testing of the valves often will reveal this hidden problem.

Key Words: ileocecal valve, Houston’s valves, rectal lumen, open ICV, ileal brake

INTRODUCTION

Houston's valves are actually pseudo valves, as they are transverse folds of the rectal wall that protrude into the anal canal - though they do function much like a one-way valve. The average person has two to three valves, while approximately 20% of people have four to seven and 2% have no valve at all.²

The ileocecal valve controls movement between the small intestine and the colon. The sphincter-like portion at the distal end of the ileum is under neurological control, while the valvular cecal portion provides a mechanical one-way valve.³

The ICV challenge is down and toward the right hip (ASIS) to test for an open ICV and up toward the left shoulder for a closed ICV. The HV challenge, located on the opposite side of the ileocecal valve, (approximately half way in-between the navel and the left ASIS), is down and right toward the pubic symphysis to test for an open valve, and up and left (exact opposite direction) to test for a closed valve.

The results obtained by the HV challenge are similar to those obtained by testing for ICV, when tested individually.¹ If there is no response when testing in such a way, then testing both valves together should be performed. This is done by either the doctor challenging one valve and the patient the other valve or the doctor challenging both valves at once if possible (ileocecal valve

with the thumb and HV with the index or middle finger of the same hand). It is also possible for the patient to challenge both valves while the doctor tests, for example, a leg muscle. The valves, when positive for a simultaneous test, will almost always be in the open position. Only once has this author seen the valves test simultaneously closed, which was due to a pelvic imbalance.

DISCUSSION

Often an open ICV or HV syndrome is synonymous with some toxicity, possibly from a food offender, excess refined sugar, or parasympathetic dominance of the enteric nervous system. A closed ileocecal valve, known as an ileal brake,⁴ often points to a problem with fat metabolism. Both the closed ICV and HV tend to represent a sympathetic dominant enteric nervous system.

A positive test (strong indicator muscle weakens) when challenging both the ileocecal valve and the Houston's valves together in the open position is an indication that there is some gastrointestinal toxicity, most often related to poor fat metabolism and concurrent dysbiosis. This is similar to findings with the ileal brake, but occurs when the ileal brake challenge does not.

An additional challenge procedure is to manually “pump” the gallbladder and then immediately perform the simultaneous challenge. This is done by moderately pushing in and releasing three to four times (“pumping”) over the area of the right sixth and seventh ribs, just slightly lateral to the midclavicular line. A weakening of a strong indicator muscle would indicate a positive challenge and treatment is the same as when the pumping test is not performed.

When a positive open simultaneous challenge occurs, having the patient therapy localize (TL) to the gallbladder Chapman's reflex (CR) or the liver CR will most often negate the weakness. A much less common finding is the pancreas CR and the small intestine CR. This appears to correlate with undigested fats in the small intestine and fermented bacteria in the large intestine, (and quite possibly the small intestine too), giving off gas. Speaking of gas – that will be a common complaint of patients with the simultaneous open valves challenge test – they'll be bloated and gassy. The doctor should test for nutrients related to improving fat metabolism per the organ found to negate the weakness, (bile salts for the liver or gallbladder, lipase for the pancreas), as well as check for any offenders which may be causing the problem, such as a food intolerance or poor dietary fat intake. Treating the CR with parasympathetic activity (rubbing the CR) which negates the simultaneous weakness is done to correct the problem.

CONCLUSION

The simultaneous challenge of both the ileocecal valve and the Houston's valves is a common finding in a patient with a persistent gastrointestinal problem. The test is entirely different than testing the valves individually and will help the doctor uncover a problem that would not be found otherwise. A positive synchronous challenge of the valves is an indicator of intestinal dysbiosis, most often due to poor fatty acid metabolism fueling unhealthy gut bacteria.

Interestingly, while the symptoms of such a problem can be as widespread as that of an open ICV, they are most often corrected similar to the closed ICV (ileal brake).

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