ILEOCECAL VALVE
PYLORIC VALVE
(Dysfunction)

1. Pre-Disposing Factors and Clinical Indicators: Investigating the predisposing factors, and following the supplemental and dietary suggestions will help a great deal, however the complete correction of this problem requires manipulative treatment by a trained health care provider. Common serum changes include increased CO2, decreased chloride, sodium and potassium and increased gastrin.

a. Food allergy/sensitivity, especially dairy products (except butter), gluten, eggs and shell fish.
b. Parasites.
c. Bacterial imbalance in the colon and/or urinary tract infection.
d. Psychological stress.
e. Post-trauma stress syndrome resulting from surgical intervention.
f. Pain with normal range of motion.

2. Dietary Suggestions:

a. Drink at least 8 full glasses of pure water daily (no well water or city water).
b. Eliminate all hydrogenated fats and oils. Increase raw and fresh oils.
c. Eliminate refined carbohydrate, processed foods, alcohol, fried foods and caffeine.
d. Lightly steam raw fruits and vegetables until problem is under control.
e. Insure sufficient fresh foods; but, avoid lettuce, popcorn and foods in the cabbage family until the inflammation, gas, bloating and bowel dysfunction are under control.
f. Avoid red meat as a source of protein until problem is under control. Use fresh fish, veal, lamb and poultry (skinless) in lieu of red meat.
g. Eliminate all dairy products (except butter) and gluten containing grains.

3. Primary Supplemental Support in order of need:

a. If the digestive inflammation is severe, consider **NutriClear**, 1 serving tid until the inflammation is under control, along with **HCl-Ease** - 2 bid.
b. **Gastrazyme** - 4 tid with meals, increase until the stool has a green tint and then begin to reduce.
c. **IPS.** - 2 tid

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d. If the ileocecal or pyloric valve is open (A.K. finding), add the following: **Hydro-Zyme** - 2-3 tid in the middle of each meal or **Betaine Plus-HP** – 1 tid in the middle of each meal. If chlorophyll is needed, continue with the **Gastrazyme.**

e. If the ileocecal or pyloric value is closed (A.K. finding), add the following: **Ca/Mg Plus** - 2 tid before meals, **Bio-D Mulsion Forte** – 2 drops daily and **Phosphatidylcholine** - 2 tid with meals.

4. Other Considerations:

a. Intestinal parasites and/or lower bowel bacterial problems are common with ileocecal valve dysfunction. If identified, treat as indicated in the sections of this manual covering those problems.

b. Urinary tract infections, headaches, spinal instability, high blood pressure and dizziness are only a few of the myriad of problems that are the result of chronic ileocecal valve (ICV) dysfunction.

Although supplementation and diet are very helpful with ICV problems, to completely resolve the problem the locus needs to be identified and manipulative treatment is always required (AK).

During the mid-1980s, Emil Morlock, D.C. (Charter Diplomate in the ICAK) completed a clinical study on patients with chronic ICV problems. After dietary and structural problems were ruled out as the reason for the recurring ICV problems the patients were checked via stool analysis for intestinal parasites. Of the 14 patients checked, 9 were found to have parasites (common round worm). Treatment for the parasites resulted in resolution of the chronic ICV problems. Dr Morlock passed away several years ago, we sincerely miss him, he was a talented clinician and a great friend.