

# The Ileocecal Valve & Testing Supplements with Kinesiology

"Any symptom you have is worse if your ileocecal valve is out." — John Maguire

## Introduction

Two of the most practical and frequently overlooked tools in applied kinesiology are the general supplement test and the ileocecal valve (ICV) assessment. Together, they help practitioners cut through the noise of a client's health picture and identify what the body actually needs right now — not what looks good on a label or what worked for someone else. This article summarizes both protocols so you can apply them confidently in your practice.

## Part One: Testing Supplements

### Why Test Supplements at All?

Most clients arrive with a cabinet — sometimes a whole pantry — full of supplements. Many of these are unnecessary, redundant, or contain binders and colorants that the body doesn't tolerate well. Rather than guessing, applied kinesiology gives us a reliable way to ask the body directly: *Does this help me right now?*

The general supplement test doesn't tell you which muscles, organs, or systems benefit from a given supplement — it simply identifies whether a supplement is good for the person's overall health at this time. It's most valuable when a client brings in a large collection, and you need to screen efficiently.

### Setting Up an Indicator Muscle

Before testing supplements, you need a reliable weak indicator muscle. There are two options:

#### Option 1 — The Sedation Point Method (Dr. Sheldon Deal)

- Simultaneously touch **Stomach 45** (lateral corner of the second toenail) and **Large Intestine 1** (thumb side corner of the index fingernail).
- These are the metal points for their respective meridians. In the five-element theory, metal draws energy out of earth, so holding them together sedates the stomach meridian and creates a temporarily weak muscle.
- As you hold these points, breathe in deeply to emphasize the circuit.
- Separate your legs or open your jaw to put the weak state "in circuit," so you no longer need to hold the points.
- The anterior deltoid typically becomes the indicator muscle.

## Option 2 — Testing the PMC at Various Vectors

- Test the posterior medial cortex (PMC) at different angles of push.
- Move through multiple vectors until you find the angle at which the muscle goes weak.
- Use that weak vector as your indicator throughout the session.

## Testing the Supplements

Once you have a weak indicator muscle in circuit, the testing process is straightforward.

### Protocol:

1. Place one or more supplements on the client's body (on the abdomen or within their energy field).
2. Retest the indicator muscle. If it **strengthens**, the supplement is beneficial.
3. To save time with large collections, test several bottles at once. If the group strengthens, break it down — test subgroups, then individuals, until you identify the specific bottle.
4. Once a supplement tests strong, apply the **priority mode** (finger mode). If the muscle **changes**, it is a priority supplement.
5. Optionally, touch **C1** at the base of the skull while the supplement is on the body. If the muscle stays strong, the supplement is clean — nothing in it is problematic. If it goes weak, there may be a binder, coloring agent, or filler that the body doesn't tolerate, even if the core nutrient is needed.

**Shortcut:** If a supplement tests as a priority, it will almost never go weak on the C1 test. In practice, the priority mode alone is often sufficient—if it's a priority, the body says "yes, take this." If it's not a priority but still tests strong, it can still be taken, just with less urgency.

## Determining Dosage

Once you've identified priority supplements, you can ask the body how to take them:

- With food or without?
- More than once a day? More than twice? More than three times?
- All at once or spread out?

Follow the chain of yes/no responses until you land on a clear protocol.

## A Note on Brands and Formulas

A client may genuinely need zinc, but the specific bottle they brought may not test well. This could be a formulation issue, a quality issue, or simply that their body responds better to a different form (e.g., zinc sulfate vs. zinc gluconate). Testing by brand matters. Cheap, synthetic multivitamins — the kind with artificial colors and low-bioavailability forms — often test weak even when the underlying nutrients would be helpful. The body recognizes whole-food-based, high-quality supplements as more bioavailable, and the muscle response reflects that.

## Part Two: The Ileocecal Valve

### What Is the Ileocecal Valve?

The ileocecal valve (ICV) sits between the small and large intestine. Its job is to act as a one-way trap door: allowing processed waste to pass from the small intestine into the colon, while preventing backflow. When it functions properly, digestion moves in one direction and toxins are eliminated efficiently.

When the valve malfunctions, it gets stuck in one of two states — open or closed — and the consequences ripple throughout the entire body.

### Open vs. Closed: What's the Difference?

**Stuck Open:** The more common presentation. Waste material from the large intestine flows back into the small intestine, re-enters the bloodstream, and creates systemic toxicity. Symptoms can appear almost anywhere in the body.

**Stuck Closed:** Less common. Waste cannot exit, creating a backup in the small intestine. The telltale signs are a tendency toward constipation and feeling worse after rest — clients often report that lying in bed makes them feel terrible, but getting up and moving brings relief.

### Symptoms Associated with ICV Dysfunction

Because the ICV affects systemic toxicity through the blood and lymph, its dysfunction can produce or worsen an enormous range of symptoms. These include:

- Bad breath ("sewer breath") and body odor
- Bloating, nausea, and indigestion
- Constipation or loose, fragmented stools
- Dark circles under the eyes and pallor
- Headaches, neck stiffness, and mid-afternoon dizziness
- Sudden low back pain, pseudo-sciatica, or pseudo-bursitis
- Fluid retention and skin problems
- Right shoulder, elbow, or wrist pain (the valve is on the right side)
- Tinnitus (ringing in the ears)
- Flu-like symptoms with no apparent cause
- Carpal tunnel-like symptoms

When a client presents with multiple vague or shifting complaints, the ICV is worth checking in the beginning of the session.

## How to Test the Ileocecal Valve

**Step 1 — Find a strong indicator muscle.** The fascia lata or anterior deltoid works well.

**Step 2 — Circuit localize the valve.** The ICV is located roughly halfway between the right ASIS (hip bone) and the umbilicus. Have the client touch this point. If the indicator muscle goes weak, the valve is involved.

**Step 3 — Determine open or closed.**

- With the client touching the valve point, apply gentle pressure **upward toward the left shoulder**. If the muscle strengthens, the valve needs to be closed — it is stuck **open**.
- Apply pressure **downward and out**. If the muscle strengthens, the valve needs to be opened — it is stuck **closed**.

**Step 4 — Put it in circuit.** Have the client separate their feet about 18 inches apart when the muscle goes weak, then relax. This holds the circuit without requiring them to keep touching the point, freeing your hands.

**Step 5 — Apply finger modes** to identify the contributing factors: structural, nutritional, emotional, or electrical.

## Finding the Contributing Factors

Once the valve is identified and in circuit, use finger modes to investigate the root cause. Common contributors include:

**Nutritional/Dietary Factors (most common):** Raw, rough, or spicy foods are frequent culprits.

Foods to consider deleting include:

- Popcorn, corn, and potato chips
- Raw nuts and seeds (soaking or sprouting often resolves the issue)
- Raw celery, cabbage, lettuce, and carrots
- Whole grains (in large amounts)
- Spicy foods — chili peppers, habanero sauce, paprika
- Alcohol, caffeine, and cocoa/chocolate
- Fermented foods, if Candida is also present

Test deletions by holding the verbal intention (or the food itself) and retesting the indicator. Use the chain of questioning to determine how long to delete a food: more than one week? More than two? More than a month?

## Structural Factors:

- Tight or imbalanced **psoas muscle** — a tight psoas can physically compress the valve area. Check by testing the psoas with the valve point in circuit. If psoas strength changes, it's involved.
- Scars from abdominal surgeries (appendectomy, C-section, etc.) can create energetic roadblocks that contribute to ICV dysfunction. Treat scars using Tibetan figure eights or other scar-clearing techniques.

**Biochemical/Microbiome Factors:** If the ICV is in circuit and nutrition mode is confirmed, test for:

- **Candida** — almost always present with a chronically open valve
- **Parasites** — use the parasite finger mode (thumb to ring finger with others underneath)
- **Leaky gut** — frequently co-occurs with ICV dysfunction; the tight junctions of the gut wall become compromised
- **SIBO** (small intestine bacterial overgrowth) — often a downstream effect of the valve not closing properly
- **Heavy metals** — less common but worth ruling out

**Emotional Factors:** Stress is one of the most significant triggers for ICV dysfunction. If the emotional finger mode strengthens the indicator, use ESR (Emotional Stress Release), deep breathing, or other psychological kinesiology techniques to clear the underlying stressor before correcting the valve.

**Electrical Factors:** Check **Bladder 58** (midpoint of the lower leg, slightly lateral) and **Kidney 4** (just below and behind the medial malleolus). An imbalance between the kidney and bladder meridians is often associated with ICV dysfunction.

## Correcting the Ileocecal Valve

**For an Open Valve (stuck open — needs to close):**

1. **Physical correction:** Pull the valve point upward toward the left shoulder and hold for approximately 30 seconds.
2. **Neurolymphatics:** Rub the bottom edge of the ASIS (hip bone) and the head of the humerus. Rub **C3** on the posterior neck — this point is often very tender with an open valve.
3. **Neurovascular:** Hold the point directly over the valve.
4. **Cranial correction:** Compress the zygomatic arch inward.

**For a Closed Valve (stuck closed — needs to open):**

1. **Physical correction:** Pull the valve point downward and out, and hold for approximately 30 seconds.
2. **Neurolymphatics:** Rub the quadriceps and the inside of the thigh (small intestine muscle relationships).
3. **Neurovascular:** Hold the parietal ridge.
4. **Cranial correction:** Spread the zygomatic arch apart (opening motion).

## **Leaky Gut Confirmation Test**

Place sugar on the client's body. The indicator muscle will go weak. Wait approximately 10–12 seconds. In a healthy gut, the body recruits compensatory energy and the muscle recovers. Then test the **quadriceps**. If the quadriceps remain weak after the body has had time to compensate, this is a sign of leaky gut — the small intestine is unable to recover because the gut wall integrity is compromised.

## **The Houston Valve**

The valves of Houston are located on the **left side**, in the same relative position as the ICV. Test and correct them using the identical protocol, simply mirrored to the left. A common presenting complaint with Houston valve dysfunction is a sudden, urgent need to defecate. Check this valve when clients report they can't hold their bowels.

## **Retesting After Correction**

Always retest at the end of the session. Whatever was weak should now test strong. When the ICV is corrected, it often resolves multiple other findings simultaneously — the psoas may normalize, related meridian imbalances may clear, and presenting symptoms may reduce noticeably. This is why the ICV is worth checking on virtually every client, even as a quick screen.

## **Putting It All Together**

The ileocecal valve and supplement testing protocols are most powerful when used together and in context. A client's ICV may be stuck open due to a combination of Candida overgrowth, raw food in the diet, unresolved emotional stress, and a scar from an old surgery. Each factor can be identified through finger modes, prioritized, and systematically corrected.

The body is always communicating. These tools simply help you listen more precisely — and respond with what's actually needed, rather than what's assumed.

***"A good kinesiologist finds something one way. A great kinesiologist finds it in two or three additional ways to confirm." — Dr. Sheldon Deal***