

## BEN'S STORY

by Paula Scarcella  
Heart & Body Naturals' Founder & CEO

The start of Heart & Body Naturals is deeply personal. As personal as I can get, really. Something, like so many things, that brings me back to the gifted healing abilities of Alexandria. Everyone who knows me has often heard me express that the best person I know is my husband, Ben. Everyone who knows Ben understands what I mean and would agree.

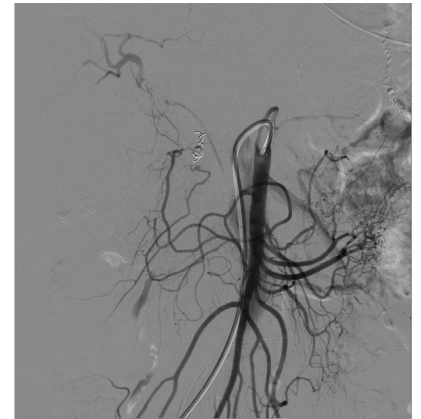
In September of 2012, Ben and I found ourselves in the emergency room at Saint Ann's hospital in Westerville, Ohio. He had been struggling with stomach pain for several hours. No other symptoms, only abdominal pain.

The emergency room physician felt that maybe it was a stomach virus or food poisoning, but based on the degree of his pain they took him for a cat scan of his stomach. Within minutes of starting the scan, everything in our family's life changed.

The cat scan revealed that the superior mesenteric artery was inflamed to the point of closing; an acute, life-threatening situation.

The doctors immediately wanted to perform an angiogram, similar to a heart catheterization, where after inserting a catheter into a large artery in the leg and advancing the catheter into the aorta, radiographic dye is injected into blood vessels supplying the gastrointestinal tract.

The angiogram confirmed the doctor's diagnosis of a disease we had never heard of before, vasculitis. Vasculitis is a term for a group of rare diseases that result in the inflammation of blood vessels.



Patients with vasculitis learn that making the diagnosis is sometimes quite difficult. Many endure numerous doctors' visits, tests, and hospitalizations before the pieces of the puzzle are assembled. The diagnosis of vasculitis usually requires a biopsy of an involved organ (skin, kidney, lung, nerve, temporal artery). This allows us to 'see' the vasculitis by looking under a microscope to see the inflammatory immune cells in the wall of the blood vessel. Although, making a diagnosis of vasculitis can be quite involved, this is very important for two main reasons:

#1: Vasculitis has many MIMICKERS (other diseases that have similar features but require different treatments). It is important to rule out other causes of vascular inflammation, other than a primary autoimmune condition as the management could be different.

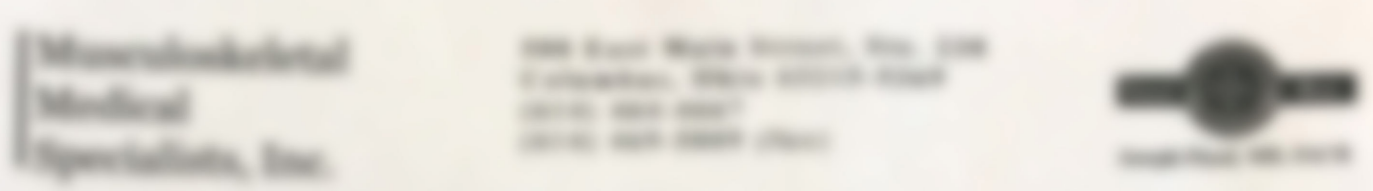
#2: The treatments for vasculitis itself involve substantial risk. No physician should prescribe such treatment without making every effort to secure a firm diagnosis.

Blood tests, X-rays, and other studies may suggest the diagnosis of vasculitis, but often the only way to clinch the diagnosis is to biopsy involved tissue, examine the tissue under the microscope in consultation with a pathologist (ideally one experienced at examining biopsies in vasculitis), and find the pathologic hallmarks of the disease.

<https://www.hopkinsvasculitis.org/vasculitis/diagnosing-vasculitis/#abdomin>

With Ben's diagnosis of vasculitis, we learned about a blood test that measures the amount of a protein called C-reactive protein (CRP) in the blood. C-reactive protein measures general levels of inflammation in your body. High levels of CRP are caused by infections and many long-term diseases. It's an early warning sign, if you will, of internal inflammation. At the time of admittance, Ben's CRP level was four times above the normal range.

Ben was discharged in the care of an absolutely fabulous doctor, Joseph Flood, M.D., FACR. We then spent almost 3 years on different drug therapies, each with their own side effects. Every three months blood would be drawn and we would anxiously await the results of the C-reactive protein levels.



September 12, 2012

Andrew Eilerman, D.O. Fax #: (614) 882-9005 ☐ Fax Completed 09/12/2013

**RE: SCARCELLA, BEN**

Dear Dr. Eilerman:

I had the opportunity today of evaluating your 52-year-old patient on referral from Dr. Ayoubi, who is hospitalist at St. Ann's. I spoke with him by phone last week as well.

He was in his usual state of health until last week when he presented to the St. Ann's emergency room with progressive pain in his mid abdomen, which was non-cramping and not associated with exacerbation with eating, nor was it associated with any vomiting or nausea or hematochezia or hematemesis.

I reviewed the angiogram, by phone with Dr. Ethan Hansen. Dr. Hansen thinks that there is an abnormality in the superior mesenteric artery. Dr. Hansen specifically feels that there is isolated SMA vasculitis.

**IMPRESSION:** Mr. Scarcella has signs of inflammation. He has had an episode of abnormal pain and had abnormal CT, MRA, and conventional angiography of the superior mesenteric artery. This probably does represent a medium-sized vasculitis.

I have spoken in detail with Mr. Scarcella and his wife about the diagnosis. They understand the implications. I am going to begin prednisone at 1 mg per kilogram per day or 80 mg daily. I am hoping that we will be able to get by with prednisone alone, but the addition of cyclophosphamide either orally or intravenously is definitely something we could consider as a steroid sparing. We will talk more about this at his next visit and I would like to see him back again in about 2 months or so.

I have asked him to begin aspirin 81 mg each day as well as the prednisone at 80 mg daily, we are going to take 8 tablets each morning for two weeks, then we will drop to 6 each morning thereafter. I am going to add omeprazole 40 mg each day to his regimen for gastric protection.

It seems there are only two treatments for vasculitis, and no cure. You can only try to control the internal inflammation with extended high-dose steroid use and immune suppressant drugs. The only clue or warning you have that the disease is about to throw another life-threatening wrench at you is the blood test for your C-reactive protein levels.

Over the next 3 years, he continued to take high doses of steroids and combinations of immune suppressant drugs along with monitoring his C-reactive protein levels every 3 to 6 months. We had four different doctors monitoring everything due to the vasculitis itself and the side effects of the steroids and immune-suppressing drugs.



In September of 2015, three years from the initial diagnosis, his doctors stated the vasculitis was in remission.

PATIENT: Ben Scarcella  
DATE OF BIRTH: 03/01/1960  
DATE: 09/26/2015 02:15 PM  
VISIT TYPE: Office Visit

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Vasculitis (447.6)
	Impression	<ul style="list-style-type: none"><li>- He had an isolated SMA and possibly celiac artery angiitis in September 2012. He had an elevated CRP at that time, however it returned to normal with treatment.</li><li>- He has negative ANA, ANCA, MPO, PR3, and Hep B and C.</li><li>- He has had MR angiography of his aorta and its branches without evidence of large vessel vasculitis or stenosis.</li><li>- He has been on corticosteroid since 2012 till we stopped them in 0914 after slowly withdrawing by 1mg decrements and he is now off for about six weeks.</li><li>- No current symptoms or concerns. The interval test for inflammation were all normal in the interval.</li><li>- He seems to be in remission.</li></ul>

He continued to have his C-reactive protein levels checked, and each blood test would confirm that he was still in remission.

In October 2016, our family was once again sent into a state of panic when the by-then routine blood test came back with a 9.3 C-reactive protein level. The doctors immediately wanted him back on the steroids and immune suppressant drugs, along with a trip to the Cleveland Clinic.

Patient Name:	SCARCELLA BEN	Date of Birth:	03/01/1960	Gender:	Male
Ordering Provider:	Hruszkewycz, Lauren	Draw Date:	10/27/2016 08:12 AM	Report Date:	10/27/2016 06:39 PM
Laboratory:	Bethesda Oak				
<b>C-Reactive Protein</b>					
Component	Your Value		Standard Range		
C-Reactive Protein	9.3 mg/L		[<10.0 mg/L]		

I immediately did what I do for everything health related in our lives, I called Alexandria. Before Alexandria was an Essential Oil formulator she was a master herbalist. We talked about three products she had previously formulated. She referred to them as the Healing Trilogy – Mind, Body & Soul. Within 72 hours I had requested samples of a huge host of raw ingredients to be sent to Alexandria so that she could recreate her formulas for Ben.

There was a large list of ingredients, including things I had never heard of previously, like Camu Camu, Triphala, Phyllanthus niruri, Bhoringraj, Guduchi, Tephrosia purpurea, Nirgundi, and of course Turmeric.

She first formulated the adaptogen complex with tried and true Ayurvedic herbs like Ashwagandha, Rhodiola rosea, Ginseng, Astragalus, and Triphala. Using Kinesiology she tested the Life Force of the adaptogen complex by itself, and in each of the three blends.

Adaptogen Complex	910 Life Force
Mind	885 Life Force
Body	865 Life Force
Soul	885 Life Force

Ben started taking the Soul product along with some of the ingredients found in the other two products, specifically the Beet Juice and Hawthorn Berry, within 2 weeks. He would do a shot in the morning and again in the afternoon. By January of 2017, his C-reactive protein level was back to normal with absolutely no other treatment.

<b>Patient Name:</b>	SCARCELLA BEN	<b>Date of Birth:</b>	03/01/1960	<b>Gender:</b>	
<b>Ordering Provider:</b>	Hruszkewycz, Lauren	<b>Draw Date:</b>	01/13/2017 09:34 AM	<b>Report Date:</b>	
<b>Laboratory:</b>	Bethesda Oak				
<b>C-Reactive Protein</b>					
<b>Component</b>		<b>Your Value</b>		<b>Standard Range</b>	
C-Reactive Protein		1.3 mg/L		[ <10.0 mg/L]	

Scientists and the medical community are starting to sound the inflammation alarm. Persistent, systemic inflammation is now believed to be at the root of practically all known chronic health conditions, including everything from rheumatoid arthritis and high cholesterol to dementia and cancer.

Everyone who is serious about their health should make a commitment to reduce internal inflammation. There is probably no other single action you can take that will result in such a dramatic impact on your health.

*The information provided in this document is sharing medical information about Ben Scarcella. It is not intended to diagnose, treat, cure, or prevent any disease, nor to suggest that you will have similar results. These statements have not been evaluated by the Food and Drug Administration. This information is provided for educational purposes only. This is not a medicinal product. If in doubt consult a doctor before taking food supplements. Food supplements must not be used as a substitute for a varied & balanced diet & a healthy lifestyle. If you are pregnant, breastfeeding, or on any medication, please consult a doctor before use.*