



Public Health Alert

The Latest On Chronic Illness

**Inspirational Story Of Healing
Realizing Wellbeing Through
Chronic Lyme Disease**

LYME DISEASE

SAFE HAVEN

Mara Williams On
The Inanna House

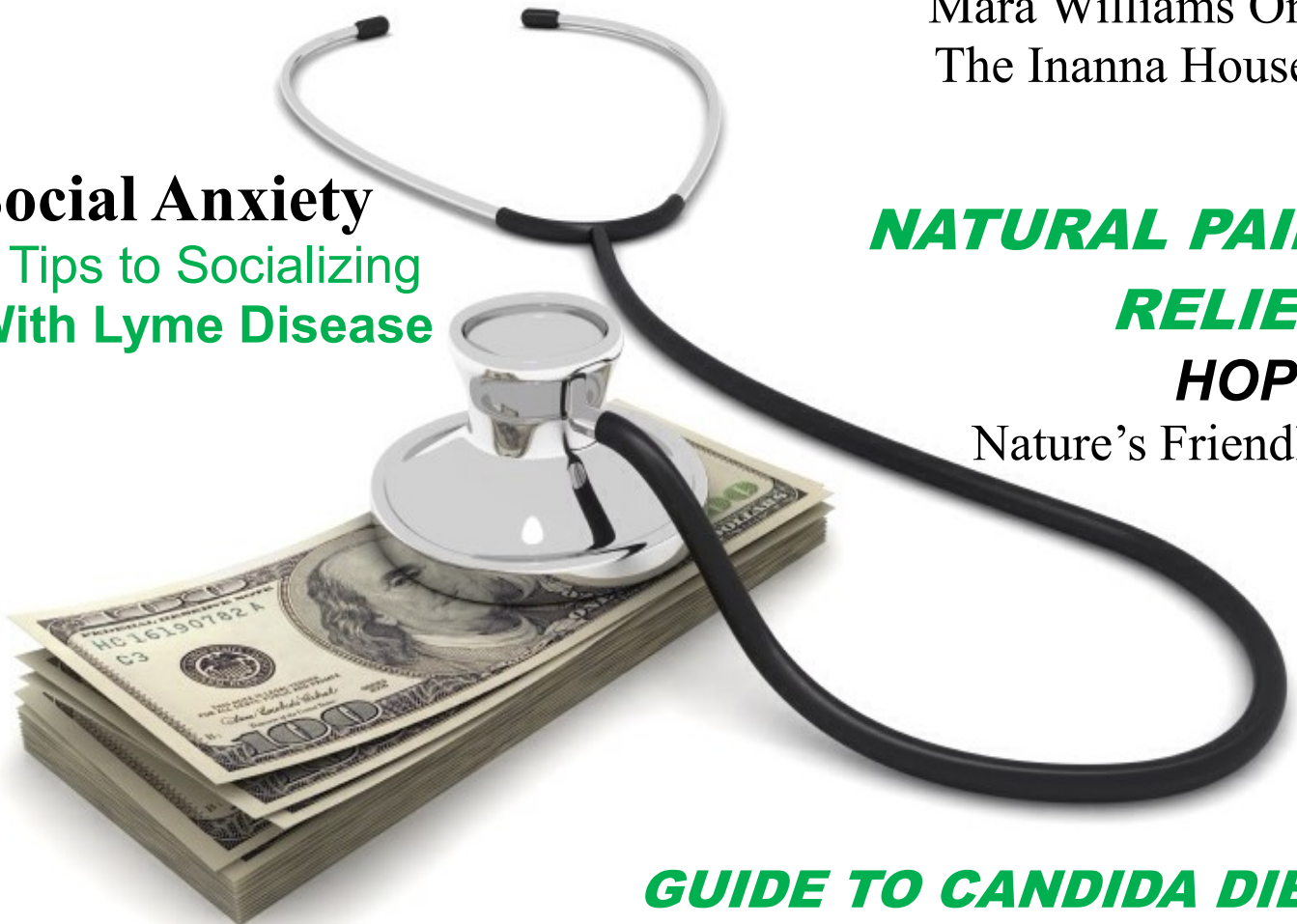
**Social Anxiety
6 Tips to Socializing
With Lyme Disease**

NATURAL PAIN

RELIEF

HOPS

Nature's Friendly

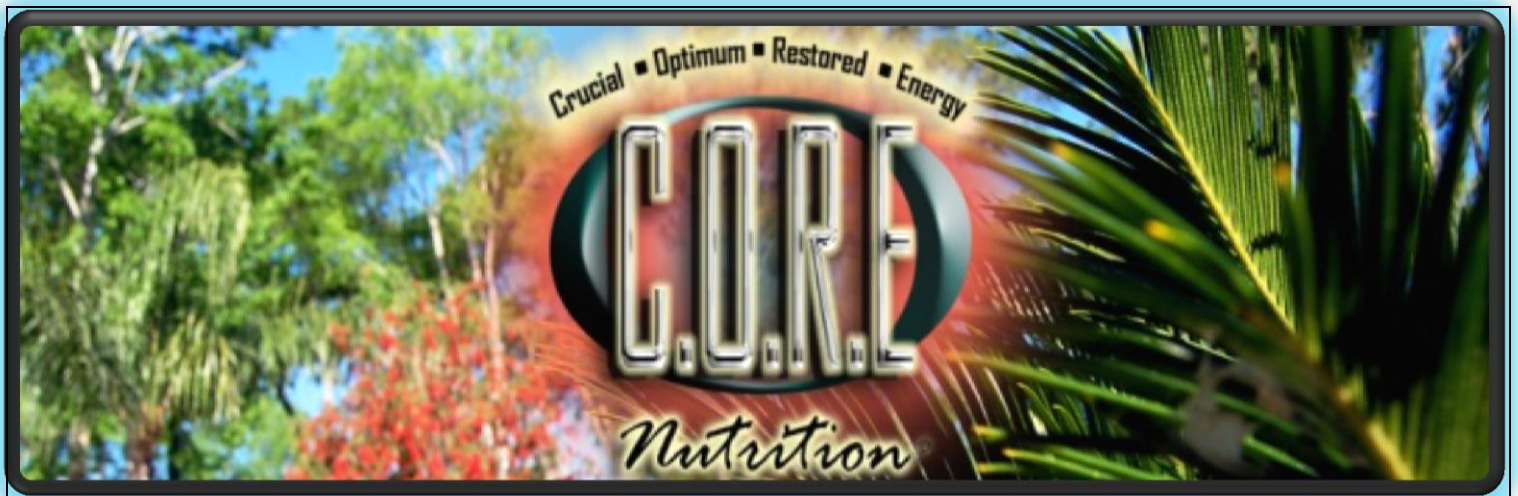


**Mold And Bio-toxins
Chronic Inflammatory
Response Syndrome**

GUIDE TO CANDIDA DIET

TO EAT OR NOT TO EAT

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From The Editor



The dark waters of debilitating illness are deep. For me, their rapids consist of Lyme disease and the infections it so commonly associates itself with -Bartonella, Babesia, and Mycoplasma. A disease like Lyme strips away all the layers of who we once were, demanding we meet ourselves at the deepest levels possible. In doing so, these diseases succeed

in forever changing us. However, whether they change us for the better or worse is not entirely up to them. As long as we continue to breathe, we continue to have an influence on if we change for the better or worse. A person can lie in bed paralyzed, yet still have changed for the better within. With that in mind, I cannot help but wonder, how much of this crushing darkness is directly from the disease in itself and how much is in reality the now bare spaces within that were previously jumbled with the clutter of nonsense and preconceived notions about life that have accumulated over decades of conditioning from society. When viewed from this standpoint, one cannot help but wonder if the real question is “who” is hijacking us as opposed to “what.” Surely the answer is a little of both.

Either way, those dark, empty parts within us are now blatantly present. Filling them with superficial things of the world again, such as gossip, societal status and the like is no longer an option. I know because I have tried, and it is likely you have too. Once all of our superficial layers have been stripped away and we have been forced into a reality which is, unfortunately, cold in this case, the fake can never feel real again. We were forced into the present moment by the dark forces of illness, so naturally we associate reality and the present moment with darkness. However, darkness cannot exist without light. That is reality, because that is duality. The sooner we deeply acknowledge this, the sooner we can begin to drop our resistance to life and discover light within the dark.

As we transition into a magazine publication, this issue marks a new beginning on a wide scale as well as on a personal

level. For Public Health Alert, it is a reincarnation into the modern demands of the evolution of the publishing industry. For me, it is the beginning of walking out of the darkness of a stagnant life and into one filled with a valiant exploration using the education, support, and awareness in the following pages as maps to navigate me along the way. To say I hope you will join me on this expedition is an understatement. I am counting on it. Let’s remember who we are and who we have the potential to be: warriors of light. Survivors. Let’s do this.

“I’ve been through all this before,” he says to his heart. “Yes, you have been through all this before, replies his heart. But you have never been beyond it.”

— Paulo Coelho, Warrior of the Light

Shelley M. White

Editor-in-Chief

Send an email to editor@publichealthalert.org

with your thoughts and opinions on this issue!

CONTRIBUTORS

Cory Bond



“Interview With Mara Williams”

Cory Bond was training for the Olympic 5K when he got beset with Lyme disease. He was on death’s door with 1 page of symptoms for many years, yet is now asymptomatic and fully functional much of the time. He can be contacted at corybond@sbcglobal.net.

Tired of Lyme



“6 Tips To Socializing With Chronic Lyme Disease”

Tired of Lyme believes the most important and critical factor a person with Lyme Disease needs in order to heal is education, and will continue to play its part to the best of its ability in the lives of those who request and demand it.

Ashley Strommen



“To Eat Or Not To Eat: Candida Diet”

Ashley's blog "Illest Optimist," details her quest to recover from Lyme using a strict nutritional regimen, natural treatment protocols, and constant detoxification.

<http://illestoptimist.com/>;
<https://www.facebook.com/illestoptimist>

Jenny Rush



“Finding Wellbeing through Chronic Lyme Disease”

After recovering from Lyme disease, Jenny began focusing her attention and love on the Lyme community. Jenny co-hosts free teleconference calls for the Lyme community www.lymethriving.com.

Interview with Mara Williams: Author, Healer, and Founder Of Inanna House

By Cory Bond



I'd like to introduce the readers of Public Health Alert to Mara Williams, a health care provider of over 30 years, board certified nurse practitioner and energetic healer, sought-after speaker, author of *Nature's Dirty Needle*, founder of Inanna House – a holistic healing center specializing in the treatment for, and rehabilitation of, tick borne diseases – and one amazing mother. I was first introduced to Mara online in a prayer request post I submitted on Facebook, when someone was trying to tag a person whose name was similar to Mara's, and Mara got inadvertently tagged. To everyone's appreciation, she took it in stride and graciously spoke a blessing before exiting the conversation. I have since that time read her book, been grateful to get her insightful thoughts on medical issues now and again, and had the privilege of meeting and getting to know further her and her very personable daughter Sara Logan Donnelly, the director of marketing for Inanna House, at a www.lymedisease.org annual event at McKinley Park in Sacramento, CA.

Cory: To start out, does the Inanna House name have any special significance you can tell us about Mara?

Mara: Inanna was the Goddess of Heaven and Earth and Love in the Samarian mythology. She was a healer. You often see her represented with a lion lying on either side of

her, a river flowing by her and with wings. I have always been drawn to her and what she represents. It felt perfect to name this project after her.

Cory: I have heard you communicate the need for a “paradigm shift” when it comes to pursuing healing of chronic Lyme Disease. Please tell us more about what you mean by that.

Mara: I have worked within the health care system for 35 years and have seen from the beginning that it did not benefit most people. In the 80's when pharmaceutical companies were allowed to advertise their drugs, the primary system became one of giving out meds for symptom management. No longer did the provider search for the root cause of an illness. Now there are several practitioners who do look for the root of a problem and then address it but most often this is done with neutraceuticals, herbals and other supportive therapies. In the bigger picture we have always been a profit based health care system, unlike most

other industrialized countries which all provide health care for everyone. And they do not have to pay out of pocket for the service. Currently, and for many years, over 1/3 of the people in the US have no health insurance and yet we pay per person over \$6,500.00 a year. The current system is broken and beyond repair. We need a new system – one that truly serves every one and promotes health and healing. The current attitude toward chronic TBD exemplifies this schism. IH will be a place where those with TBD will come and begin to heal, move forward and back into their lives able to offer the world their unique gifts.

Cory: Can you give us an example of what a day in the life of a Lyme Disease patient being treated at Inanna House would look like?

Mara: The first few days will be spent figuring out what will help each person the most. Then a treatment plan will be implemented. Some are too debilitated to get up, so food and treatment will be brought to them in their rooms. Sometime during each day IV's will be given, meals will be prepared and served, and the patient will be assessed by a NP or MD. There will be time for education if they are able, and movement like yoga or walking. The program is designed to heal all aspects of a person, mind, body and spirit, so there will also be a therapist on staff to visit each patient and assess. There will be a beautiful garden, pool, and spas. An infrared sauna will be available. Since each person's plan is tailored to their needs it will vary from person to person how their day will unfold.

Cory: One of the things that impressed me when I heard you speak in Sacramento at the www.lymedisease.org annual event was the fact you will not turn down Inanna House treatment to patients on ground of lack of financial means on their end. I further understand from speaking with you that approximately 20% of patients will pay in full for the services they receive, while approximately 80% will be those without resources. Since this necessitates the Inanna House vision being a collective one, how is it that people can come together to help you in this endeavor?

Mara: There are so many ways to help – with expertise as a health care provider, PR, counseling, but very important is getting awareness of our project out into the general public. Everybody knows someone who has

influence or has money or contacts. We need these people to join our endeavor. It is how we got our 501(c)(3) so quickly. It was expected to take another 1-1 1/2 years for someone to look at our 501(c)(3) application. We got it 3 months after we submitted it. I believe this happened because someone knew someone at the IRS.

Cory: Among all your other activities, you also work as a nurse practitioner at Gordon Medical Associates in Santa Rosa, CA, famous for treatment of chronic illness in general, and Lyme Disease in particular. What is the best thing about your job and what is the worst thing about your job?

Mara: It is too difficult to talk about only one thing I love about being at GMA as there are so many! Everyone without

exception is open hearted that works there. I feel supported by everyone and it is reciprocal. As practitioners we all meet 1-2 times/week and share learning, what is working and not working, what products we like and see good results from, learning about the latest in treatment options and case conferencing. I work with amazing providers and they are extraordinary mentors. Also I love helping people and watching them regain their lives. Listening to each person's story and forming ideas about how they might benefit from different treatments is very satisfying work.

The worse part of working at GMA is not being able to do all that a person needs because of limited finances. Someone with chronic TBD needs lots of supplement support and often people cannot afford such support. IV's like

ozone and UVB light are incredibly helpful but expensive. This is another reason for IH. 80% of those that will come will have a sliding scale and will be supported by the endowment and the 20% of those that will come will pay full cost. I see people come from all over the world for treatment at GMA, staying at hotels and renting houses for months to get intensive treatment. Those on disability cannot do this.

Cory: You originally started journeying towards helping Lyme Disease patients by motivation of your caregiving experience with your daughter Amanda, who has been struggling with chronic Lyme Disease for over 20 years. Can you tell us a little about what that's been like for you as a mother?

Mara: Watching someone you love suffer is heart

breaking. Feeling Amanda's pain has been horrible. And after 3 years of supplements and supportive therapy our family is out of money like so many others. When I have someone come with their family for help, I see the agony in dad or mom's eyes and know their pain. I believe healing is possible but it is primarily Amanda's choice to get better. We each have work to do and no one can do it for us. Knowing this allows me to distance myself from her on many levels. It does not help, however, when I see her agony.

Cory: Having had Lyme Disease, I can speak from experience in support of the fact that a Lyme Disease patient in the family can put a stressor on the entire family. Can you share with us any memorable, light-hearted event that grounded you and brought you together as a family in the face of

the chaos of dealing with Lyme Disease?

Mara: Lighthearted? No. But there have been times when I have witnessed Amanda return to life for a short period. Some in Amanda's family do not get it and offer no support at all. It has been very stressful on our close family but my other daughter is so supportive, as is my husband, who is not Amanda's father. He has carried her when she couldn't walk and stood behind me when we were in the ER trying to get Amanda help.

Cory: As a Lyme-literate medical professional and as a mother, what would you conjecture some of the greatest challenges impeding your daughter's journey to wellness have been?

Mara: Her own stuff. She has traumas to heal and has resisted the work all

her adult life. To heal from severe chronic illness it is necessary to change the way you live life on a day to day basis – how you eat, sleep, exercise, process information, and interact with those around you. It requires consistency day by day by day. I have not seen Amanda work like this. Altering unhealthy patterns is difficult for most whether they are sick or healthy. I see this as Amanda's greatest challenge. And mine as I work with her.

Cory: One subject that fascinates me is the concept of EMF-safe rooms at Inanna House. Can you tell us what percentage of the rooms will be EMF-safe, and how you will accomplish this safety?

Mara: I will leave the construction up to the builder when we get to that place. All patient rooms will be EMF free/safe. The

way the center will be laid out is in separate buildings. Three sections of 8 private rooms will be on one side of a garden and pool, and the offices, kitchen, treatment rooms, conference room and resident house will be on the other side. So the separation will help to keep the patient rooms clean of EMF as much as is possible. My goal is to have the center be out in the country away from other homes and buildings.

Cory: We were all pleased to hear that Inanna House was given 501(c)(3) nonprofit status at the tail end of 2013, since this gives prospective benefactors increased incentive to assist by way of tax write-offs. When you and I were talking at McKinley Park about musician celebrities with Lyme Disease, I recall you telling me another incentive for donors was

having sections of the Inanna House facilities named after them. Tell us more about this – are there donation amount criteria for qualifying to be acknowledged in this fashion?

Mara: This is a work in progress. For example, to have a name plaque on a patient room will be around \$250,000. For those that can afford smaller donations in the range of \$50-250.00, we will have a fountain and a stone walkway with tiles or stones or bricks with people's names on them, each depending on the size. The library/conference room will be around \$350,000.00 or so. We are currently talking with people who have done this before to set the pricing to its best advantage.

Cory: How is it that Inanna House will function in the capacity of a learning and

resource center for the chronic Lyme Disease community?

Mara: We will collect data from each patient and the outcomes of each therapy available at IH. The plan is to have a library in house and on line that give the best, up-to-date information on treatment success. We will have residents who wish to become Lyme-literate and practice integrative medicine.

Cory: You had implicated to me that there would be follow up with patients after they leave Inanna House. What will this follow up involve precisely?

Mara: There will be 6 month follow ups and during that time patients will go home with enough supplements to last the 6 months. Other than this it is a work in progress. One

goal is to have someone to answer questions and concerns after someone is discharged from IH.

Cory: In a sentence or two, what would you say you believe your purpose in life to be?

Mara: My purpose is to help people heal and return to their lives, able to do what their purpose is in this life. I have been told many times that I am a bridge. I worked in hospice for 15+ years and facilitated transition out of this life. Now I work with the chronically ill to help them transition from illness to health. IH has been part of my vision for over 23 years. I feel I am living my purpose now.

Cory: Is there anything else you'd like to tell us?

Mara: Inanna House is everyone's project, a collective vision. We, and at Inanna House, saw the need, and began the work, but we need all the help and connections we can get. We are a grass roots project, by the people for the people. We will see Inanna House to its completion and would love any and all support along the way. All aspects are in place – we just need to raise the funds at this point.

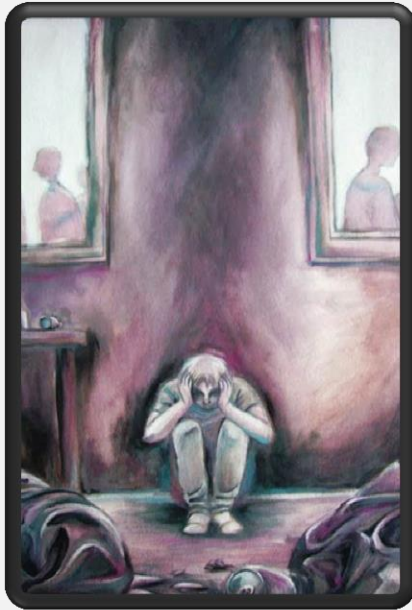
Cory: Mara Williams, thank you on behalf of myself and all the readers for giving us the opportunity to hear from you. We look forward eagerly to seeing the Inanna House vision come to full bloom as swiftly as possible.



6 Tips for Socializing When You Have Lyme Disease

by *Tired of Lyme*, www.tiredoflyme.com

“Be true, be human, be you, and never feel ashamed or embarrassed for what is beyond your control.”



We human beings are social creatures. We're designed to communicate and be socially engaging with members of our species. We thrive off of this basic innate demand, but the degree to which we are able to be social is exclusive to each person. Many factors contribute to a person's desire to be social; one of them predominantly being Lyme disease.

It's really not that uncommon or abnormal for a person who was once very social, to become less socially interactive with their peers after contracting Lyme disease. Those who were not very social to begin with, may become relatively less social as well. Regardless of how your willingness to participate in a conversation has been effected, there is no denying or concealing the elephant that rests on your shoulders. It's almost impossible to avoid speaking of Lyme disease when conversing with peers and even strangers because it has become a big part of who you are. Who we are, or our identity, is composed of what we know and what we do. So it's easy to see that a large portion of what we do and know, characteristics we identify ourselves by, is consumed and influenced by Lyme disease. This reality makes being social difficult as we strive to be who we once were in our presentation to others, but find Lyme Disease yields its truth in almost every word we utter.

1. Remain True to yourself

There is never any need to put on an act for someone else when being confronted about your Lyme disease. The desire to do so however is unrelenting because the circumstances that Lyme disease yields for us is nothing to brag about or show for. No person has ever been impressed by a jobless, bed bound person; let alone someone who doesn't meet societal expectations. Even bringing forth the addition of having or battling a disease known as Lyme in a conversation, leaves the one we intend to be honest with, confused because of the miseducation of Lyme Disease in society.

The thought of even informing a friend or family member of the life being currently led creates dissonance or disagreement of the thoughts. Within the same mind, societal demands weigh heavy, and conflict with the cold, harsh reality of Lyme disease's effect on one's life. We feel the need to be accepted at all times by our peers regardless of our physical and mental state.

So how is one supposed to deal with these two conflicting thoughts? Well we start with what we know to be beautiful and that is truth. The truth of Lyme disease is that it has hindered and impeded your life. You've accepted that and by influencing any conversation you have with this truth, you reinforce it within your mind. By reinforcing truth within the mind, consonance or agreement is created in it. We start to become more comfortable and accepting of who we are and the circumstances we currently endure. No longer does a silly and foolish desire to be accepted by society interfere or conflict with the reality a person with Lyme disease faces every day. A level of contentment and satisfaction with one's self is created within the mind.



2. Don't become offended

It is so easy to become offended when your circumstances become the topic of discussion. The reason is understandable and it becomes instinctive to build a wall or defense in order to protect the vulnerability Lyme Disease has granted. Taking offense is more of a conscious decision depending on the perception of our individual realities. We have more control over this option and we can refrain from exploiting it by rationalizing with others. Learning and becoming accepting of how another person perceives our circumstances regardless of how we feel, is a most noble gesture. It takes a lot of self-control. Even after we learn the other person's perception of our reality, it need not be an imperative to become offended, though the desire or drive to become is properly fueled. But why not? Well perceive this! Before obtaining Lyme Disease, you certainly were not aware of the detrimental impact Lyme Disease had on a person you may have conversed with; let alone if they had the strength or courage to inform you of their circumstances.

Irritability is completely different

from taking umbrage, though the two can occur at the same time. These two powerful feelings of natural defense arise from different levels of consciousness, but regardless of their origins, we can be in full control of their use, if we choose. Lyme induced irritability can even be the accelerator for umbrage so it's important to take control of your state of mind. Be in full understanding of what is or may directly influence your social responses. Irritability is more of an innate response in an attempt to defend insecurities without rationalizing first. Instincts drive this deterring emotion. Even after attempting to reason with another person, irritability may still arise within because of the other person's inability to carry on a rational conversation. The best solution is to accept you've done your best to be convincing and that not everyone is willing to be understanding or reasonable. The acceptance alone should be enough to provide contentment from a distasteful conversation.

The expression holds true that though we can't control every situation we face, we certainly have a limitless

control on how we respond to it. That control however can only be accessed through personal will and a conscious

understanding and acceptance of our state of mind.

3. Command understanding, not sympathy

The circumstances of which Lyme disease has granted us are the perfect grounds to yearn for sympathy. There is nothing wrong with receiving sympathy for having Lyme disease or any other time in which it is appropriately needed. We all need it once in a while because we're human and yearn for the assurance that we are still significant in the eyes of our peers. How we go about receiving that sympathy is another story.

One should never let the underlying foundation of any conversation be a deliberate attempt to attain sympathy from another. If you don't receive the sympathy you're deliberately trying to attain, you'll only be disappointed in the end. If you do receive it, you'll receive a temporary sympathetic fix, but unfortunately you may be seen as one who merely strives for attention. By being perceived as one who yearns for attention more so rather than commanding understanding, credibility of the disease you carry may dwindle greatly in the eyes of others. Even if the truth of your debilitating state doesn't dwindle, people may tend to avoid you because they don't want to be seen as the fix for sympathy junkies.

All conversations must be presented with an underlying attempt to educate the other person about your circumstances. Of course the amount of information you'll reasonably present will be dictated within the degree of their interest. When you generate understanding in the minds of your peers, depending on the nature of their compassion, you're more than likely to receive the sympathy we all need once in a while. Just remember that sympathy doesn't completely heal us, education does.

4. No need for embarrassment

Not everyone that has Lyme disease becomes embarrassed but it's easy to see how one could be. Those that do, find that the degree of embarrassment changes and varies depending on the overall level of acceptance and understanding a peer will have for their condition. The basic idea of having a fellow friend or even a stranger pass judgment is unsettling. Remember that another person's judgment is just a reflection of their perceived reality; a reality for which does not include yours. So how could someone pass judgment when they don't have all the facts and experience? Well they can and will continue to do so, but it should be easy for you to see that their judgment is surely clouded and lacking the honest hell you've come to befriend.

The most important thing to remember is to never be embarrassed or ashamed of what you have no control over. Contracting Lyme disease and its co-infections was never reasonably in your control and provides no solid excuse for embarrassment. We should only feel embarrassed for what lay within our grasp or control; such as our innate ability to devise or find a course of treatment with the intent to heal. If we fail in this task, which many of us do time and time again, embarrassment may actually be a good thing. It'll build character and infuse a new birth of persistence and dedication to rid the malicious infection known as Lyme disease from the body; though this is never the reason for which we naturally feel embarrassed for in front of our peers. Our embarrassment stems from the simple state of possessing Lyme disease, and the possible non-acceptance we may receive from relaying that stark reality.

Do remind yourself what it is you'll one day be proud of yourself for! You're enduring one of the most relentless, vicious, cruel, and debilitating diseases on the planet. A disease that completely breaks you down mentally, physically, and socially. A state of existence that if it could be harnessed as a method of torture, would be outlawed. The complete deconstruction of our self and the rebuilding of a newly perceived reality. The complete and total disconnection and estrangement from not only society, but the person we once understood ourselves to be. The wake of a beautiful, human strength, that up until now, we didn't know we possessed. The rise of

our truest will during such trying and dismantling times. The understanding of forces greater than who we are through the experience known as Lyme disease. It should now become more apparent why embarrassment is no longer needed

5. Inform others within reason

Rome wasn't built in a day and neither will be the presentation of your entire experience with Lyme disease to a friend, family member or stranger in a five minute conversation. You've been through a lot in regards to Lyme disease, and summing it up in a short conversation to where the other person could at least be in your desired realm of understanding, is impossible

At the end of any short conversion, or even a long and deep one for that matter, you'll undoubtedly be left with the desirable urge to continue speaking to fill in all the gaps. You'll feel as though you've missed or forgotten parts of your experience and the odds are good you have. But the reality is that there will be voids in your conversations. You'll forget even crucial components, and you may not be able to convince the other person in the manner you had hoped. Accept it for what it is and know that no matter the

outcome, it has no lasting effect or influence on your ability to beat and vanquish Lyme disease.

There is nothing truly wrong in taking the initiative in informing a fellow comrade that you in fact have Lyme disease, possible co-infections, lost your job, dropped out of school, and became a stranger to your friends and family. However, to take the initiative without being forced to bring up your circumstances may shy people away from not just the topic, but the conversation as a whole; depending of course on the amount of information you present, and the manner it's presented in. There are people however who are genuinely and sincerely interested in what it is in fact you've been enduring. They either have a desire to learn and be educated, or they may feel the need to express sympathy, or even empathy! Please them, and, within reason, provide them with the answers you feel will bring understanding to them and

reasonable satisfaction to you. You will find the route for desiring to inform others of your circumstances is acceptable and easiest on you when the other party either initiates or directly

6. Don't create an imaginary ego

It is without speculation or doubt that Lyme disease has a vicious impact on a person's ego. An ego is typically defined as the significance or self-esteem a person feels about themselves. We are human beings and naturally we want to feel we are of at least some significance in the eyes of society. Unfortunately Lyme disease plays a critical part in removing most of the significance or worth we felt we had in the eyes of mainstream society. Our ego develops through the environments in which we reside, and in return, we generate a level of self-importance. Since much of the environment that has bred our ego has been taken away due to Lyme disease, that level of self-importance we felt so comfortable and secure in, has vanished. It's not even uncommon to feel completely worthless when battling Lyme disease, which is an indicating symptom of a battered ego.

asks; or if their words logically deduct to the only possible answer or response from you is being Lyme disease. And from there, just be honest about your circumstances and true to yourself.

When socializing with anyone, our ego has a tendency to rest directly behind the words we speak. The reason is that we have a natural desire to prove to others that we are not worthless, and possess a level of significance. We imagine how others desire to perceive us in their minds, and we try to meet that expectation. Since Lyme disease has taken away any level of familiar significance of ourselves that we had, we might feel the urge to generate a false ego or a bogus level of significance during our conversations with others. We may even attempt to resurface or recreate the ego we had before Lyme disease. We've all done it at one point or another; it's just who we are. But even if we manage to successfully convince the other person of our imaginary ego, at the end of the conversation, it leaves us with an uneasy feeling of untruth and false significance. We may possibly end up feeling worse by generating a false ego

than had we just been honest in our presentation of our current circumstances in the first place.

Now remember, our ego or self-importance is shaped by our environments, and we are never without an environment to become significant in! The cold reality is that one may have lost that level of self-worth one has become so accustomed to. But that isn't to say that one can't feel that way once more in the environment many of us have now become accustomed to. A person can always feel self-important no matter the environment. They just need to find new meaning in their life, and always available to create self-worth and significance in the eyes of not only our peers, but ourselves. The environment and our peers may not be a constant variable, but neither is our ability to adapt.

purpose to fulfill no matter how big, small, significant, or insignificant it may be perceived as; let alone does it matter what anyone else thinks. What truly matters is that happiness and satisfaction with one's self is the end result, and such means can surely be achieved without the life we once knew. And know that just by being alive, you are exactly what is expected of yourself by the process by which we came to be. There is no greater, universal self-importance than existence itself. New purposes present themselves whether we are accepting of them or not. An opportunity is



To Eat or Not to Eat: Candida Diet

By Ashley Strommen



Candida is the secret battle many individuals with chronic disease suffer from. It's uncomfortable, can be debilitating and quite difficult to get rid of. Men and women can suffer silently for years without knowing the proper protocol to abide by to rid themselves of the discomfort.

Candida is a type of yeast that lives in all of our bodies, but when immune systems become compromised the candida can grow out of control. As described by Liz Richards, creator of

"The Candida Diet", an overgrowth of yeast can be the result of antibiotic use, an impaired immune system, stress, oral contraceptives, chlorine and fluoride in water, a diet rich in refined carbs, alcohol, and sugar.

Because of this overgrowth, individuals begin experiencing symptoms that can vary from mild to unbearable. Candidasymptoms.net lists the following as warning signs of a Candida problem: acne, anxiety, headaches, intense food cravings, exhaustion, brain fog, irritability, allergies, stomach pains and bloating.

If you are currently suffering from any of these symptoms Dr. Amy Myers, a renowned leader in functional medicine, provides the following ways to get tested:

- Blood test: check IgG, IgA, and IgM antibody levels
- Stool test: analyze colon and lower intestine levels (the most accurate test)
- Urine test: detects if you have an elevated level of D-Arabinitol

Once it is determined that Candida is the culprit to your problems, the next step is to treat it. The goal is to restore the healthy bacteria and to do so it is recommended to take a daily probiotic from 25-100 billion units. Many also swear by antifungal medications such as Diflucan or Nystatin or supplements of

Caprylic Acid. Cleansing is also an optional step to take that involves only eating a diet of raw and steamed vegetables with lots of water for 1-5 days. This quick detox will quickly rid your body of as many Candida colonies before you begin your complete diet transformation.

The most important element of ridding your body of Candida is abiding by what is known as The Candida Diet. The goal is to deprive the yeast of the foods it needs to grow. These foods include added sugar, fruit, starchy vegetables, caffeine, alcohol, and carbohydrates.

Foods to avoid while on the Candida Diet:

- Sugars: sugar, honey, syrup, chocolate, molasses, rice syrup, and artificial sweeteners
- Alcohol: wine, beer, and hard alcohol
- Grains and Gluten: wheat, rye, oats, barley, bread, pasta, rice, corn and corn products
- Fruit: fresh, dried, canned, and juice
- Starchy Vegetables: potatoes, carrots, sweet potatoes, beets, peas, and parsnips
- Meats: pork, lunch meat, and smoked meat
- Fish: shellfish and all fish except for wild salmon and sardines
- Dairy Products: cheese, milk, cream, and whey products
- Beverages: coffee, black and green tea, diet and regular soda, energy drinks, and fruit juice
- Nuts: cashews, peanuts, and pistachios
- Beans: chickpeas, tofu, and all soy products
- Mushrooms and Truffles

- Condiments: ketchup, mayonnaise, mustard, horseradish, soy sauce, all vinegars except for apple cider vinegar
- Fats: peanut, corn, canola, and soy oil
- Additives, Preservatives, and anything Processed

Foods to Eat while on the Candida Diet:

- Vegetables: artichokes, asparagus, avocado, broccoli, brussel sprouts, cabbage, celery, cucumber, eggplant, garlic, kale, olives, onions, rutabaga, spinach, tomatoes, and zucchini
- Fruit: green apples, lemon, and lime
- Live Yogurt: probiotic yogurt, kefir
- Meat: organic beef, chicken, lamb, and turkey
- Fish: anchovies, herring, sardines, and wild salmon
- Nuts and Seeds: almonds, coconut meat, flax seed, hazelnuts, pecans, sunflower seeds, and walnuts
- Non-Gluten Grains: buckwheat, millet, oat bran, and quinoa
- Herbs, Spices, and Seasonings: basil, black pepper, cinnamon, cloves, dill, garlic, ginger, oregano, paprika, rosemary, thyme, sea salt, lemon juice, coconut aminos, and organic raw unfiltered apple cider vinegar
- Oils: virgin coconut oil, olive oil, sesame oil, flax oil, and red palm oil
- Beverages: chicory root coffee, cinnamon/peppermint/ginger/licorice tea
- Sweeteners: stevia or xylitol

There are also Candida fighting foods that assist in reducing the colonies of yeast that have invaded your body. Use these foods as often as possible: coconut oil, garlic, onions, seaweed, rutabagas, ginger, olive oil, lemon and lime juice, pumpkin seeds, and cayenne pepper.

This may seem daunting at first, but enjoying a diet of fresh veggies and meats, with sides of quinoa, and snacks of nuts, yogurts, and dips becomes quite enjoyable. The stricter you are about following the diet to a T the quicker you will be able to

reintroduce foods back into your body. Some individuals with less severe cases abide by the Candida Diet for a few weeks, while others need to restrict their eating for months. This protocol requires unwavering willpower, determination, and focus. It is incredibly difficult to refrain from eating foods that you crave, but the good news is the longer you abide by the diet, the easier it will get. You will create a routine, your pallet will begin to adjust, and you will kick those sugar and carb cravings that you once had.

Below is a sample of a Candida Diet plan that gives options for different meals for the day. The trick is to read the nutrient labels while shopping and prepare meals at home. By making your own fresh food you will be confident in what is entering your body.

Breakfast on the Candida Diet:

- Omelet: organic eggs, spinach, tomatoes, and onions, cooked with coconut oil and seasoned with sea salt, pepper, and basil
- Oatmeal: equal parts gluten-free oats with a splash of coconut milk, cinnamon, cocoa powder, sweetened with Stevia
- Parfait: Layer plain yogurt with green apples and walnuts

Lunch and Dinner on the Candida Diet:

- Salad of spinach and kale topped with a dressing made from apple cider vinegar, olive oil, and mustard
- Salad of hard boiled eggs, cooked quinoa, tomatoes, and Swiss chard, topped with a dressing of olive oil and lemon juice
- Grilled wild caught salmon with sweet potato fries and a side salad

Snacks on the Candida Diet:

- Chopped carrots and cucumbers dipped in guacamole
- Vegetable soup made with onions, leeks, carrots, zucchini, cooked in olive oil and mixed with veggie stalk then blended
- Fresh spring rolls made by filling rice paper wraps with hummus, spinach, cucumbers, and carrots

Drinks on the Candida Diet:

- Green smoothie made from green apple, spinach, lemon, and avocado,

filtered water, and ice

- Peppermint tea
- Filtered water with slices of cucumber
- Green juice with green apple, celery, cucumber, kale, and lime

When abiding by this diet one may encounter the dreaded die-off reaction. This can cause symptoms such as nausea, headaches, itching, or sweating. This is normal and it's actually a good sign as it means the Candida cells are being killed. To mitigate these uncomfortable feelings, detox methods can be used. These die-off reducing methods include oil pulling, skin brushing, contrast showers, exercise, and sitting in an infrared sauna.

Choosing to not eat the restricted foods and beverages and only consuming the

Candida Diet approved items is the best way to restore your health and alleviate if not eliminate the all-consuming symptoms you may be suffering from.

To find more Candida Diet-Friendly

recipes, visit www.thecandidadiet.com or www.illestoptimist.com. Your journey to better health starts now. By ridding your body of Candida you are restoring your immune system function and improving your digestion, which will in turn create the healthiest possible version of yourself. Stay strong, believe in your willpower, and you will begin to feel better than you ever knew possible.



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HOPS: Nature's Friendly Pain Killer

by Shelley M. White

As someone who lives with chronic muscle, joint, and nerve pain, I am constantly on the lookout for any effective natural pain relievers. Over the counter pain killers not only cloud my head, but they fail to take away my pain. In fact, drugs such as Advil, Motrin, Aleve, and Excedrin only put me in more pain, as I developed esophageal ulcers from using them. Feeling hopeless, I became convinced I would live in excruciating pain forever -until I found out about nature's natural pain killer, that is. Perluxan, an extract found in hops, serves as an effective alternative for over the counter pain relievers. Furthermore, the natural pain reliever is void of harmful side effects.

USES

Hops are commonly used to relieve painful joints, sore muscles, migraines and sprains. As someone plagued by chronic migraines, this news is heaven to my ears - and head. The hops extract Perluxan is also

a strong antioxidant that is able to neutralize damaged molecules, which are often an underlying source of pain for many.

DOSAGE

Research shows that 1,000 mg of Perluxan is equivalent to the recommended dose of 400 mg of ibuprofen. The maximum dose of Perluxan is 1,000 mg twice a day. Chronic pain sufferers can safely take 1,000 mg of Perluxan twice a day for three weeks, and then lower their dosage to 500 mg a day. This means those who suffer from chronic pain can take a pain reliever and anti-inflammatory daily without worrying about destroying their stomach lining, having heartburn, or developing ulcers.

WHERE TO FIND IT

Look for natural pain relievers that contain Perluxan. Typically, it will be listed on the label as Perluxan, Hops, or cones extra

Realizing Wellbeing through Chronic Lyme Disease

By Jenny Rush

Quite frequently I'm asked to share what helped me to reach remission from Chronic Lyme Disease. I'm always a bit startled by one part of that question, the reference to 'remission'. I don't ever concern myself with the question of whether I am in remission or whether I am cured. I do know that for myself, living in a context of 'remission' will have me wondering when I will get sick again and will have me flavoring every physical discomfort with Lyme disease. And so I stand in wellness seldom adding any flavor of doubt or concern to it.

My journey through years of chronic illness looked similar to thousands of others. There were a myriad of symptoms that got increasingly worse, there was researching the illness and treatments endlessly, there was fear, there was a period of certainty that I was about to

die, there was the deep despair of suicidal depression, and there was my

last year of illness spent almost entirely on a couch.

What was different about my last year of being sick was that I had a realization that chronic illness was a pattern, and that any pattern playing out in my life was an opportunity to discover something about myself, like a lesson to learn, and clearly I was missing it. And so my inquiry into myself became my primary focus.

Even though tending to my physical issues was secondary, it was still very intense. I followed my gut instincts most of the time, relying on healthcare providers whose philosophies resonated with me at a gut level. My physical care can be summed up in the following: detoxing, dense

nutrition, a variety of supplements and herbals to support restoring my immune system, light exercise, lots of rest, and any alternative care I thought about that resulted in a 'yes' response at a cellular level (chiropractic, Network Spinal Analysis, bio-resonance, a variety of energy healing modalities, massage). It should be noted that my supplements were determined by the results of blood tests that my naturopath ran, even though I added some supplements along the way because it felt right in the moment. I also dropped some of my extra supplements when it felt right to do that too.

But it was my primary focus that supported the healing process, and the first step in that process was surrender. After years of warrior-like determination and busyness I finally stopped everything. I didn't stop for some decided upon amount of time, I didn't stop because I thought nothing was working. It was just a true moment of being present to a now moment and surrendering to how everything was right then. The relief in the moment was extraordinary, and I lay resting in simply being awareness itself and felt

completely fulfilled.

I became aware that my identity had become illness. In being identified with illness my way of being was given by the illness. I went through my daily life flavoring everything with illness. I ate a certain way because I was ill. I took certain pills or supplements because I was ill. I rested because I was ill. I did a certain amount or a particular kind of exercise because I was ill. This way of being was contracted, fearful and resistant. It held me in a confined energetic space and kept me focused on illness, which perpetuated the experience of illness.

It was in that quiet state of being that I realized the true essence of who I am, and my life began to transform. It was the beginning of a process of exploring the nature of awareness, its infinite presence, its non-resistance, and its expression into life as love. I became aware of how my thoughts, beliefs and perceptions had created this very life I am experiencing. It was the beginning of knowing my true Self as whole and complete, and the beginning of having compassion for my body instead of

disdain and disappointment. It was the beginning of identifying with myself as awareness and no longer with my state of health, my roles in life, or my accomplishments and failures. It was the beginning of seeing other people as I did myself.

Tending to an illness as this loving presence is expansive, forgiving, tender, and compassionate. I was no longer following treatment protocols because I felt broken and needed to get rid of the disease to feel whole again, I was following protocols because I knew myself to be worthy and deserving. The actions of tending to my illness became

about honoring myself. The energy of this new way of being was expansive and loving.

My true healing was to finally know myself as whole and complete regardless of the circumstances of my life. My body couldn't help but be pulled into a vibrational match for that, and the physical healing was supported and magnified. I had a year of roller coaster experiences, sometimes received with grace, sometimes not. But ultimately my physical body, the energy that it is, aligned with who I had finally realized myself to be, Consciousness, and I was vibrantly well.



“The soul always knows what to do to heal itself. The Challenge is to quiet the mind” –Caroline Myss

Chronic Inflammatory Response Syndrome: Mold and Biotoxins

By Keith Berndtson, MD

Water Damaged Buildings

A chronic inflammatory illness caused by insufficient clearance of bio-toxins affects as many as one in four people in the United States and elsewhere. The poor



clearance of bio-toxins associates with ten separate genotypes. Genes simply load the gun. It takes exposures to pull the trigger. It appears that exposure alone is not enough to cause chronic inflammation in everyone with a genetic susceptibility. For some, becoming ill from this condition requires a priming of the pump, so to speak. A priming event appears to be anything that

results in high or moderately sustained levels of stress caused by infection, autoimmune activity, toxicity from other causes, physical or psychological trauma, immune suppression, or a severely depleted state.

Several peer-reviewed controlled studies have appeared on this condition; also known as Chronic Inflammatory Response Syndrome (CIRS). Much of what we know about CIRS is a consequence of ongoing practice-based outcome studies done by a physician researcher, Ritchie Shoemaker, and his colleagues over the past seventeen years. In a series of studies going back to 1998, Shoemaker developed an increasingly thorough description of an illness caused by poor clearance of toxins produced by dinoflagellates (eg, *Pfiesteria* and *Ciguatera*). He subsequently associated the condition with certain molds known to grow in water-damaged buildings. Chief among these toxin-forming molds are species of *Aspergillus*, *Chaetomium*, *Penicillium*, *Stachybotrys*, *Trichoderma*, and *Wallemia*.

Inspection and Cleaning

Toxin-producing molds grow under conditions of sustained or recurrent moisture combined with access to cellulose. The moisture might be the result of water intrusion from flooding, roof leaks, burst pipes, plumbing leaks, or from chronic recurrent condensation. Steady cellulose sources include drywall, wood, paneling, carpet padding, paper, and dust. Predisposing factors include poor building site choices, inattention to groundwater drainage and diversion, compromised cement foundations, crawl spaces, sloppy roof flashing, too many roof angles, ice dams, inadequate insulation of water pipes from sub-zero temperatures, pinhole roof, sink, or shower leaks, and lack of adequate ventilation in bathrooms and basements.

Should significant amounts of water come into contact with cellulose in any of its forms, only forty-eight hours are needed for the mix to foster the growth of molds? Molds with the ability to produce toxins usually do so when their colonies make contact with man-made chemicals, including formaldehyde, adhesives, paint, and

stains. Toxin production by such molds is thought to be a defense against our industrial chemicals. If residents, workers, or students with genetic susceptibilities are sufficiently exposed to the toxins and other inflammagens found in the air of water-damaged buildings, they are prone to developing CIRS. The inflammagens include diverse bacterial and fungal fragments as well as volatile organic compounds released by microbial species and/or building materials. This toxic admixture makes the genetically vulnerable sick with a chronic inflammation that cannot subside without removal from ongoing exposure.

A mold inspector should be state-licensed as a building inspector with additional certification as an indoor environmental consultant. It makes sense to use an independent mold inspector who can draft a detailed remediation plan who is also familiar with the medical reasons for doing ERMI and HERTSMI testing. ERMI stands for Environmental Relative Moldiness Index. It was developed by the Environmental Protection Agency to identify the presence of specific molds by DNA analysis. ERMI separates common molds from toxin producing

molds and comes up with a score between -10 and 20. Data shows that patients fare well with treatment in spaces with a score of 1 or below. HERTSMI tests for the top five nasty toxin producers. Patients tend to fare well in spaces that score 10 or below.

Mold toxins are classified as nanoparticles. They are far too small to be filtered by HEPA systems. Mold remediation involves replacing water-damaged structural elements and cleaning HVAC systems such that the building in question no longer supports the growth of toxin-producing molds. Once remediation is complete, the all-important task of small particle cleaning remains.

Like VOCs, nanoparticles are suspended in air and are subject to Brownian motion. Mold toxins can settle into porous surfaces including clothes,

carpets, rugs, upholstery, drapes, stuffed animals, etc. Special techniques are required to clean porous materials. Clothes can be dry-cleaned or washed in a Borax solution but clothes cleaned in these ways will be re-contaminated until toxin counts in the living space become negligible and, thus far, we have no technological means to count toxin levels in ambient spaces.

Non-porous surfaces can be wiped down with cleaning agents that contain quaternary ammonium. Such agents include Clorox (though not regular bleach), Windex, Formula 409, and Borax. Wipes should be placed into plastic bags that are then sealed and disposed. Small particle cleaning is

important because a remediated but unclesaned living space can continue to trigger inflammation due to ambient exposure to airborne toxins.



Pandoras Box

It is the sad duty of the reality-based clinician to inform CIRS patients that they have three options: 1) move from your residence, change jobs, or switch schools, 2) remediate and clean the residence, workplace, or school, or 3) get worse. A fourth option is to pretend that none of prior three options are real. Lots of luck to the genetically susceptible who choose to ignore the first step of treatment, which is to remove yourself from ongoing exposure to air made toxic by the colonization of building materials by toxic molds and sundry inflammagens.

Homeowners, landlords, employers, and school districts are aware of the Pandora's Box that could be opened by testing a building for toxic molds. A common strategy for these parties is to contract with a mold inspection service that does air testing. Air testing is unlikely to find evidence for toxin producing molds in the air because they settle on horizontal and slanted surfaces. They are happy to brandish air sample results that show no evidence for toxin producing molds.



Should a lawsuit commence, the defendant will hire attorneys to argue that the test of specific causation has failed and that, therefore, the defendant is not liable for damages. The plaintiff will argue that when it comes to biomarkers of inflammation caused by a variable admixture of particles found in the toxic air of water damaged buildings, that the specific causation precedent is wholly inadequate to the complexity of the problem when it comes to the genetically susceptible. In other words, various mixes of toxin burden cause the disease, not a proven exposure to any toxin in particula

DIAGNOSIS AND TREATMENT

Diagnosis

If the patient does not present with a multi-symptom illness, the patient does not have CIRS. Shoemaker's data found that untreated CIRS cases averaged 22 of 38 symptoms whereas health controls averaged 3 of 38 symptoms. History alone is not reliable enough to make the diagnosis. History plus multiple symptoms is enough to warrant diagnostic testing to include vision testing, genetic screening, and evaluation to see if characteristic patterns of abnormality are seen

A typical first step in the diagnosis of CIRS is to check visual contrast sensitivity (VCS). This test assesses

the patient's ability to detect whether increasingly thin and light gray lines are tilted toward the right or the left. This depends on an ability to detect the edges of the lines, also known as contrast sensitivity. Department of Defense research has determined criteria for passing or failing this test. Those who failed this test in one or both eyes likely have a neurotoxic burden that is affecting their optic nerves. Eight percent of neurotoxic patients will pass the test.

The next steps in diagnosing CIRS require confirmation of genetic susceptibility and biomarkers that confirm exposure. CIRS susceptibility genes are

found roughly one in four people. Genes load the gun but it takes exposure to toxic indoor air to pull the trigger on CIRS. Several biomarkers abnormalities are needed to diagnose CIRS. Key examples are described below:

C4a responds to microbial toxins and tends to rise quickly following exposure to biotoxins from any source. The most common cause of elevated C4a appears to be the toxin-producing molds known to grow in water-damaged buildings.

TGFbeta-1 acts in the bloodstream and in the mucous membranes. In the bloodstream, white

blood cells release TGFbeta-1 as a way to suppress an overactive immune system. In CIRRS, the innate immune system stays activated because microbial toxins aren't effectively being processed and cleared by the host. The result is non-stop detection of toxic invasion resulting in chronic inflammation. In the mucous membranes, lymphocytes release TGFbeta-1 as a way to kill microbial intruders. Once the patient is removed from ongoing exposure and MRCoNS is no longer present, the majority of the TGFbeta-1 level in the bloodstream likely reflects immune suppression activity.

MMP-9 is an enzyme associated with inflammation. Levels above 500 are

associated with multiple symptoms whatever the cause. MMP-9 is a gelatinase that breaks down perivascular and perineural matrix tissue—the loose connective tissue that surrounds every vessel and nerve in the body.

VEGF (vascular endothelial growth factor) is released in response to poor oxygenation of peripheral tissue beds. VEGF stimulate the formation of new capillaries as a way to compensate for lower levels of oxygen and nutrition reaching tissue beds. Unfortunately VEGF is not the solution to the underlying problem. As a result, blood testing may find the VEGF level to be high at first, a sign that it is trying to compensate for low oxygen levels. Over time

the level passes will pass through the reference range to undetectable levels. The only treatment likely to normalize this picture is to reduce inflammation by lowering toxin carriage.

MSH is currently viewed in the peer-reviewed immunological literature as a field general coordinating immune defenses in the skin and in the mucous membranes of the body. CIRRS lowers MSH. Another way to lower your MSH is to host a multi-drug resistant coagulase-negative staph known as MRCoNS in the deep nasal space. MRCoNS can release an exotoxin that splits MSH, thus assassinating the field general coordinating mucous membrane defenses against it. If MRCoNS is present, a

compounded nasal formula known as BEG spray. After four to six weeks of BEG spray, a repeat swab for MRCoNS will be negative over 80% of the time.

VIP is known by the same literature as an important regulator of

immune function and as a regulator blood flow in micro-circulatory tissue beds. ADH tells the kidneys to conserve water.

ADH notifies the kidneys to conserve water. Low levels lead to chronic thirst. Despite frequent water intake, patients with a low ADH

level will frequently urinate. These patients often report dry skin, mouth, and eyes. If the serum osmolality runs high, such patients may experience frequent static shocks due to high sweat electrolyte levels.

Treatment

The absolute first step for treating CIRS is for the patient to remove him- or herself from ongoing exposure to toxic indoor air, since the ingress of mold toxins and inflammagens from breathing that air may cancel out the egress achieved by the binders. Reducing toxin carriage is accomplished using agents known to bind biotoxins. The only binding agents shown to do so in controlled studies are cholestyramine (CSM) and Welchol. They may also bind certain drugs and dietary supplement ingredients. For this reason, they must be taken a full hour after any drugs or dietary supplements. Both of these binding agents contain

quaternary ammonium groups. The nitrogen atom in this chemical group carries a positive charge about the same size as the negative charge carried by most mold toxins. CSM and/or Welchol will remove biotoxins from the body provided the bowels keep moving.

CSM is a large double-decker bus with many seats waiting to be filled by toxins. Welchol is a smaller bus with fewer seats and it is more user-friendly in that it comes as a tablet that can be taken with meals three times daily. CSM is a gritty powder that is best taken 30 minutes before a meal that contains a small amount of healthy fat. This properly positions CSM as toxin-

containing bile enters gut space. Compared to Welchol, CSM is more prone to causing constipation or reflux. Because CSM is roughly three times as potent as Welchol, it can reduce toxin carriage at a much faster rate.

CSM also has a stronger effect on the flow gradient of toxins in the body. When toxins are being bound and exported from the body, toxins lightly to cell membranes free up more readily. This results in a higher bloodstream concentration of toxins, which in turn leads to a heightened inflammatory leads to a five percent increase of the binding power of CSM at four times a day.

It is truly amazing to see patients with twenty or more symptoms improve over time by following the diagnosis and treatment protocol developed by Dr. Shoemaker. By conservative calculation, the estimated number of patients with CIRS outnumber the physicians who know how to manage the condition by roughly a million to one. There's health alert worth broadcasting to the public.

response. This toxin mobilization phenomenon results in symptom flares. In a clean environment, these flares often settle down within three to four weeks as toxin levels fall below the threshold needed to flare symptoms. At this stage, symptoms begin to improve.

Welchol may be the better choice for patients with extreme sensitivities or severe neural excitability. Such patients have little reserves left to withstand symptom flares. Advancing Welchol up to three tablets with meals three times daily would result in roughly seventy-

"Happy people know suffering more than anyone else, and that's how they can see just how damn beautiful their lives are. It's because they've seen the depths."

-Brianna Weist