



Living Successfully With Diabetes

by
Phyllis Clayton



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Preface

“Control your diabetes to live, not live simply to control your diabetes.” Dr. John Warvel was a very fine doctor whom I had the fortune to have as my doctor when I was a patient at Methodist Hospital in Indianapolis, Indiana, in 1957. This comment that he made to me as a teenage girl with diabetes has stuck with me all my life. Dr. D. Logan Dunlap, another fine diabetic specialist in South Bend, Indiana, also made a good comment that would be good for all diabetics to listen to. “Diabetes is what we in the medical profession call ‘the silent killer.’ It is difficult to get all your patients to realize that, even though they ‘feel good,’ their bodies are silently pushing them closer to death if they refuse to keep themselves in control.” I cannot say enough about keeping yourselves in good control, live and enjoy your life, and remember the *triangle* they used to talk about in the early 1950s of diet, insulin, and exercise. I have tried to do the best I could (not always perfect, for sure) to keep this disease in good control so that I could possibly live a long life. It has been a good life, and I appreciate every day God has allowed me to enjoy His blessings here on Earth.

My husband, John Clayton, has always realized this and encouraged me in this endeavor. He has been my helpmate, my encourager, and always optimistic no matter what my difficulties might have been. This book is dedicated to John. I thank God for the husband he gave to me. He is the person who has pushed me to put some of my experiences, lessons, and thoughts down on paper because he believes it might help someone else. I hope that this book will be helpful to you.

Chapter

1

The Beginning

I was born in 1938, with a younger brother born four years later. My mother told me that I was the apple of my Dad's eyes. As a fifth grade teacher, my Dad loved children and gave me a lot of attention. At a very early age, he would hold me on his lap and sing songs with me. He loved singing and was a song leader at church. My life was quite normal for a few years, but things do have a way of changing.

When I was 5 years old, my father died of a cerebral hemorrhage. My mother was now the sole bread winner for a 5 year old and a 13 month old. She had only had one year of college and had these two small children at home with no way to make a living to take care of them. An idea came to her that worked out to be a very good answer for us all. She had done quite a bit of sewing and decided that she could put that to use by sewing for people for money. There were only a few dollars a month coming in from my dad's social security, and she had \$500 from insurance which allowed her to build a kitchen on the back of our house so that we could live in that portion and then rent out the other part to married university students. We lived close to the campus of Indiana University, so she had no problem keeping the apartment rented.

The death of a parent can have a major influence on a child. Mother told me that, when I was just starting kindergarten, I was concerned about how I could possibly take care of my brother when I had to go to school and she died also. She calmed me down a little when she said that she supposed one of our aunts and uncles would help us. Thankfully, this fear never materialized.

When I was 10 years old, I began having symptoms that often meant *diabetes*. I remember, during Girl Scout camp in the summer of 1948, I spent most of my time walking to the bathroom. A friend of mine would go with me, and later we laughed about it because she said that all we got accomplished that year at camp was walking to the "latrine." After the Christmas holidays that year, Mother took me to the doctor. There were several cases of diabetes in our extended

family so she was aware that I had many of the symptoms of diabetes. The doctor was not at all surprised to discover that I had a very high blood sugar and the doctor knew we were dealing with juvenile (or type 1) diabetes. For a few months, the doctor put me on a strict diet—1 piece bread, 1/2 cup green beans, 1 orange, etc., every day, hoping we could get my blood sugar back down to the normal range. In the meantime, I was continuing to lose weight because my body was not getting the benefit from the food I ate. The doctor told us that he felt he could handle an adult patient with diabetes; however, he did not feel qualified to treat a child with diabetes. We needed to go to Riley Children's Hospital in Indianapolis for help to be put on an insulin regime.

My mother could hardly afford to feed us, let alone add trips to Indianapolis and the cost of insulin, etc., to her budget. She had begun to work for Indiana University in the meantime, so she did have Blue Cross insurance through her work. That was a real blessing because, at that time, they would have not have insured me as a diabetic unless the insurance had already been in force previously to the onset of diabetes. At one time, she told Dr. Baxter (the doctor in my home town) that she did not know how long it would take to pay him off what she owed him with so much added expense. He told her not to worry about it, to take care of me, and pay him whenever she could, if ever. In today's world, I wonder how many doctors would react that way. Mother did finally pay him, and she was so thankful for his concern about my needs. In order to get some initial help with my expenses, she even decided to go to the welfare office and talk to them. They would not help at all because she owned a house (all that she did own). They even wanted her to sell my \$1,000 life insurance policy that my dad had purchased as a rider on his insurance policy which was paid up at his death. She walked out of that office determined to do what needed to be done *by herself*—and she did! We drove to Riley Hospital, a children's hospital in Indianapolis, Indiana, every six weeks for many years.

Remember that insulin had not been discovered too many years prior to this time, and it took awhile to have insulin available to the entire population of the United States. Only a small percentage of the medical field had any training in the field of children with diabetes. The entire ward of several dozen children from all over the state of Indiana became a haven for me because, all of a sudden, I realized that there were others my age dealing with the same problems that I had.

The doctors and nurses were able to help us by showing us how to give our insulin shots, test urine sugars, decide what we would eat by filling out a menu card. We learned 3% vegetables from 12% vegetables and 3% fruits (such as strawberry and cantaloupe) from 15% ones (such as watermelon and pineapple) and the amounts of the

various food groups we could eat. I could have an orange or an apple, but only a small portion of watermelon or pineapple. Meats had to be weighed on a scale to make sure that we were precise in what we would be eating. In fact, I remember asking my mother if God would want me to drink the grape juice part of the communion at church the first Sunday after I had been baptized, and she told me that small amount would not cause any problems with my diabetes. There were no blood testing machines back then, so I had to use the available system of testing urine sugars by using a reagent strip with 2 drops of urine and 5 drops of water and wait to see what the color of the strip changed into. This was the newest thing on the market! Previously, people with diabetes had to boil up a solution and measure the sugar content. Insulin needles and syringes were also different at that time. The needle diameter was 24 gauge as opposed to the much smaller 30-gauge that I use now. Some diabetics are able to use a 31 gauge needle if they use the pen delivery system. The smaller size needles of today are much less painful to use. The needle length has gone from 3/4" down to 5/16" or less. These numbers represent a 23% reduction in diameter and a 59% reduction in length. We also had to boil the needles and syringes in order to sterilize them. It was several years down the road before we were offered individual sterile insulin syringes with needles attached to them so they did not have to be sterilized. Today, there are newer types of insulin and methods of delivery that assist us toward better control. The changes in diabetic care have been upgraded tremendously during my 57+ years of dealing with diabetes. Another improvement in the lives of diabetics is the availability of sugar-free colas almost anywhere you go. I remember vividly that there was no such thing as sugar-free cola at that time. We found some at a drug store in Martinsville—sugar-free drinks made with saccharine; and quite frankly, they were not fit for human consumption.

My stay in Riley Hospital was about 2–3 weeks, with no visitors allowed except on Sunday afternoons. The theory was that the children would accept their new regime better if they did not have their parents feeling sorry for them and offering sympathy. Having the others near my age around me certainly did help me learn to feel better about all these new things I had to accept.

I remember that one Sunday afternoon Mother did not get there when she usually did. It was raining very hard, and I knew mother had windshield wipers that did not work because she did not have money to replace them. I was sure she would not be able to come that Sunday. Since I would have to wait another week to visit with her, I was extremely upset, crying hard, and telling the nurses that I knew she would not make it. Then, a little later, she showed up. I was so happy to see her. She said to me that she knew I would be worried so she

made sure she got there by driving slower—making headway and eventually arriving safely. After she left, I again was crying and continued to worry about her, afraid she would have an accident on the way home. The nurses were kind to me, but it was not the same as having your mother or father there. I had a lot on my mind. The fact that my mother was all I had probably contributed to this. In my opinion, separating children from their families while they are adjusting to shots, tests, new eating patterns, and a new life-style is *not* a wise thing to do. I do not think there is any of that thinking in today's medical world. I believe that I was given a good beginning for the next half century of life with diabetes.

Sometimes you hear it said that you can live a *normal* life with diabetes. The general population may tend to believe that diabetes research is not necessary because insulin has solved the problems of diabetes. Insulin has allowed people to live many years while, previous to the discovery of insulin, they would have died in a few months. Yes, you can live a *normal* life with diabetes; but, as a person who has lived this *normal* life, I would say that it is more a life of *commitment*. In order to live that life, you have to be committed to do the best you can to follow the regime the doctors have given to you. Things are so much better for today's diabetic children than it was 50 years ago. You have the improvements in foods and drinks so you can order a diet coke that is pretty close in taste to a regular coke almost anywhere. You can travel without so much equipment, take your blood sugar tests discretely on an airplane if you need to, take your shots by using a new syringe without sterilizing it. I know that today's children have the potential to live an even longer life than I have been able to because of the improvements. The blood testing equipment gives you so much information as to the exact sugar in your blood rather than getting what your blood sugar was approximately two hours earlier through urine testing.

What I hope to do in this book is to share my experiences of living with diabetes and make suggestions based on my experiences. I hope this will be useful to people whose lives are being impacted by this disease.

Chapter 2

Diabetes as a Teenager

Life as a teenage diabetic required all kinds of adjustments. I remember that I had to go to the nurse's office to take a shot at noon at school. This nurse was such a help to me. She made me feel pretty special as she observed me giving these shots to myself. She encouraged me and made me believe that I could live a long life if I took care of myself. I was a good student in high school, and she made it possible for me to get scholarships to assist in my college expenses. I think part of this was because there was no father in the home to help pay the bills, but she knew that I would make a good college student like I had been in high school. This school nurse was a big help to me in many ways. My mother also was encouraging and kept telling me that my uncle who was diabetic had done quite well. I knew diabetics who tried to hide their disease from others. I never felt that way and believed that it was important to feel OK about this disease that I was living with. I had friends at school who were encouraging and understanding of my regime and encouraged me to "do good." I did have a couple of negative experiences. There was one boy who took me on a date to the Junior Penny Carnival at school. He started asking me some questions about my diabetes, which I answered as best I could. His Dad was a pharmacist and knew the problems diabetes could cause. He ditched me before the end of the evening, and I had to get back home on my own—not a very good experience for a girl who was getting interested in boys as I got into junior high school.

My doctors were helpful in every way, making sure that I understood the seriousness of the disease while making me feel that I could live that normal life. I remember one summer at the Methodist Hospital in Indianapolis (after children past a certain age, you no longer could go the Riley Children's Hospital), I happened to be next door to a man who had had a leg amputated who screamed through the night and all the next day. I asked the doctor if this was what was going to happen to me, and he said, "No, not if you take care of yourself." As we will see later in this book, that statement is only partially true. I had understanding teachers

who allowed me to live a life where I sincerely felt that there was nothing I could not do if I wanted to. I was involved in 4-H, active in sports, a class officer, and active in the church youth group. I went to an FHA (Future Homemakers of America) national convention in Ohio. In fact, I got an autograph from one of the men who was guarding President Truman's room in the same hotel in which we were staying. I was accepted by everyone, it seemed.

I got a job working at the bookstore when I was in high school. The teacher who was my boss on that job gave me some baby-sitting jobs. Those jobs escalated until I had several baby-sitting jobs every week. I felt like I was able to help my mother by earning my own spending money. She had always been able to make enough with her job at Indiana University and along with sewing for people. She always worked hard, but she never complained. We always had enough food, all the medicine I needed, good doctor care, proper dental care, and enough nice clothes to wear. She would make my dresses out of material that she bought or out of leftovers from something that she had made for someone else who would tell her to "use the excess for Phyllis." I had a good life through my childhood years.

My high school years were pretty normal. I had a lot of friends and was active in all kinds of school activities. Diabetes was never an issue for me as I kept sugar handy in case I had a reaction and watched my sugars as well as I could with the primitive technology that was available. I was a class officer and went to all the school activities. During my sophomore year, John and I began dating. He was helpful, sympathetic, caring, and we were becoming very close friends, spending a lot of time together with thoughts of the possibility of getting married when we had finished our college years. This was a good situation because it had been recommended to me, as a diabetic, to have the man you marry be familiar with the problems. I felt good about John being my future husband because the diabetes did not seem to bother him at all. I had told him about the possible problems and the fact that I might not live as long as most women would. His reaction was, "I want you for as long as I can have you so don't worry about it." There were some emotional ups and downs during those teenage years. We both dated a few other people, breaking up, and getting back together several times. It seemed to me that God was pointing me to the man who was supposed to be in my future.

A major part of the strength that my mother gave to me was her spiritual roots. My mother had a strong connection to Jesus Christ, and my earliest recollections of church involved my mother and father taking me to Bible class. When my father died, we moved back to Bloomington, Indiana, near Indiana University. My mother made sure that I got to church whenever possible, and I was firmly rooted in the teachings of the Bible.

210 If you have read John's little booklet *Why I Left Atheism*, I am sure you are wondering why in the world I would want a man like him in my life. I really knew very little about all of this going on in his life. John knew my religious convictions, and he was careful not to display his atheist beliefs and backgrounds to me. I knew his family were not churchgoing people; I just felt that he would become a Christian because I was so sure about my faith. As it turned out, I really did not have much of an influence on his decision to become a Christian except for the simple fact that he knew that it was important to me. He thought he could change my mind. Instead he found that, when he studied the Bible, he was beginning to get his own faith through his studies in science and how much the two were in agreement.

While I was in college at Indiana University, one of my shorthand teachers saw some potential in me and recommended me for a job working in the School of Education, later advancing to working for the Dean of the school on Saturday mornings (this was a time before computers, so we took dictation from our bosses and typed out the letters they wanted). With the scholarships I had been given, working about 15 hours a week during the school year, working full time during the summer months, and living at home with my food and medication paid for, I was able to graduate with a Bachelor of Arts degree in dietetics.

During our junior year in college, John proposed to me and one night gave me a ring. We dropped in at his house, but his parents were not nearly as receptive to the idea as I was. When he left me at my door that evening, he asked me not to let anyone else know until he could talk more with his parents. However, the next morning when he picked me up to go to church, he told me to just go ahead and wear it—that waiting for his parents to accept our engagement was not going to help the situation.

As a matter of fact, they had John talk to their doctor about marrying a diabetic because they were so concerned about it. This doctor did tell John about some of the problems with diabetes and the fact that he might end up raising his children by himself. He tried to convince John not to marry me by saying that I probably had the internal body of an 80-year-old woman. John responded by saying that you might end up raising your kids by yourself no matter who you married, and that he was marrying all of me not just my internal body. This same doctor was on call one night when mother had to take me to the hospital in an insulin reaction. She had tried to get some sugar in me, but I was not responding well and she wanted to have the hospital check me to make sure I was all right. They ran a blood sugar and it was 120 (normal for an insulin reaction would be under 80). The doctor insisted that I had not had an insulin reaction because my sugar was over 100, ignoring the fact that my mother *had* gotten sugar into

me. My point here is that, like the general public, there are doctors with poor understandings of diabetes. I recently had a doctor at a hospital tell me that I was not a juvenile diabetic because I was not a juvenile. It is important to get to doctors who work with the disease and not rely on medical people who have only a passing awareness of what the disease is all about.

My mother was not real encouraging to John either. She asked him prior to the wedding if he understood that my insulin would have to be purchased before our food. I know she was concerned, but she soon made a turn around toward John when she realized he was every thing that would be good for me and more. Still to this day, John never complains about the extra money it takes for me to live. He always knew he wanted to teach, and following that route, as it turned out, was good for his life (because he has always loved his job) and for insurance purposes as well. I remember one day, a lady I was talking with from Blue Cross said to me, "You keep your husband teaching because you would not be able to get insurance on your own if you were not part of a group plan." Thankfully, I do not believe this is true any longer—at least with some insurance companies. The only time we have run into any problems along this line was when we decided to get "long-term-care insurance." The salesman told us that they would not insure anyone who had lived with diabetes as long as I had and also because of my insulin dependency. I know that there might have been other companies that would accept me, but the prices were so high that it would be difficult to afford. I hope that this also will be a little different for the next generation of diabetic people.

John and I married in the middle of our senior year in college. We have passed our 46th year of marriage at the time of this writing and are hoping to see our golden wedding anniversary together.

Chapter 3

Emotions, Kids, and Stress

We graduated from college and John took his first teaching job with the South Bend schools. It just so happened that there was an opening in the school system for a dietitian to plan the meals, purchase the food, keep the financial records, supervise the cooks, etc. It was not a hospital job that I was thinking I would get. However, it certainly worked out for a teacher's wife because I had the same vacations and the summers off like John did, which enabled him to go back to Indiana University for his Master's degree.

Before too long, we decided we would love to have a child. I was unable to conceive a child, totally unrelated to my diabetes. The first thing John said to me was, "OK, let's see if we can adopt some." That sounded like a good answer to me, and we soon called an adoption agency. The first one we talked to was the state adoption office. The lady there told us that it would take 2–3 years before they could even get to us with the home study because they had to check their potential adoptive parents out as the requests came in and that they were extremely backlogged. She suggested that we check with the Family and Children's Center in town because they could just eliminate their adoption requests that were not ideal situations and not even do home studies on people they deemed to be ones who would eventually be turned down anyway. I was concerned that they would turn us down due to the fact that I had been diabetic since childhood.

The Family and Children's Center was very kind to us, did the home study almost immediately, was very positive to us, and insisted that the diabetes had no effect on us as parents. Within six months we became the proud parents of a 9-week-old baby boy. Again, I felt very privileged to be able to become the mother that I so yearned to be and that the diabetes had not kept me from achieving my goal of "doing anything I wanted to do." Tim was a beautiful baby and was pronounced a normal newborn with no problems at birth. It eventually became apparent that Tim had multiple birth defects, which included retardation, blindness, cere-

bral palsy, and muscular dystrophy. If you wish to know more about our life with Tim and his eventual problems, you can read the book that John wrote, *Timothy—My Son and My Teacher*.

These were very emotional times for both of us. The adoption was not final when we discovered Tim's situation. Making decisions on whether to keep a child with this many problems or not weighed heavily on our hearts. We were told by the adoption agency to think about it, that they would find another place for Tim if we did not feel that we could raise him. They did not know where—I assume now that it might have very well been an institution. Being diabetic, the emotional roller coaster was exceptionally difficult to deal with. Tim was our child by now, and I did not believe we could "give him back" as the doctors recommended. John and I both decided the same day that giving up this little baby who had been a part of our lives for a few months by now would be much harder on our emotions than keeping him as long as we could. Thus our decision was made, but things were not easy. One thing I have learned about raising kids: if you do not want to have problems while raising children, make your decision not to be parents. Some of my more stressful times revolved around my other children growing up, especially during their teenage years.

When Tim was two, we were able to bring a 6-week-old little girl with naturally curly blond ringlets home with us to be our daughter. As an added note, the agency did tell us that they knew we would be good parents to this girl, having accepted the challenges with Tim like we did. They told us that we would accept this child throughout her life whatever problems we would face (and there were some, of course). When Cathy was 3 1/2 years old, we were able to bring Wendy into our home when she was just 6 days old, right from the hospital. Ordinarily, we would not have been able to do this until after she had been in a foster home for awhile; but they had been keeping in continual contact with us due to Tim's problems and knew we would accept this baby no matter what.

Again, I was especially thankful to God that we were able to raise these children. The normal stress of raising kids caused my diabetes to go through some odd turns. When my blood sugar was high, I would be extremely irritable, and sometimes not as cool, calm, and collected as I should have been. John claimed he could estimate my blood sugar within 50 points by the way I was dealing with normal family problems. Having a mother who had diabetes was not always easy for our two girls. We did not have much sugar around the house, and meals were always home-prepared and not fast food. These problems, however, were pretty minor. It was a bigger problem for our girls to have a mentally-retarded, blind brother with his own set of problems that made bringing friends home difficult. This also brought neglect from adults who always seemed to focus more on Tim and his problems than on the accomplishments and abilities of our girls.

In my children's teenage years, John was traveling quite a bit giving lectures on the compatibility of science and faith. The stress of having teens, Tim's problems, John's travels, and the normal problems of life began to cause me to have sleeping problems and nerve difficulties. I experienced everything from hives (or nerve bumps as I called them) to diarrhea to insomnia. We tried a variety of tranquilizers and sleeping aids, but nothing really seemed to work. I was careful with medications, because I had seen friends become dependent on them. It was not until my children were off to college and Tim was on his own that I was able to regain a freedom from nerve-related problems, although sleeping issues have been a by-product of my diabetes to this day. I have found that there are physical things that I can do which do not require medication which work as well as any prescription sleep aid. Reading a book prior to bedtime sometimes helps me. If I take a tranquilizer or a sleep aid, I try not to take it again for several nights. I have also learned that if I miss exercise I have all kinds of problems. One of these is "restless leg syndrome" in which I cannot hold my legs still. Exercise helps, but does not totally stop the problem. There is no rhyme or reason when it comes to sleep problems.

Our girls graduated from high school and college and found gainful employment. They then both married and had children, so we are now the grandparents of five precious grandchildren. Tim left home and became a star worker at the sheltered workshop and ultimately moved into a supervised apartment-living arrangement on his own.

When John and I first moved to South Bend we went to a general practitioner who was a kind and capable doctor, but it became clear to me that he knew very little about diabetes beyond what was in his medical textbook. Many questions I had were not answered, or I found better answers from the American Diabetic Association through its magazine or educational booklets. I met some other diabetics in town who went to Dr. Logan Dunlap, who was a diabetic specialist and had some great things said about him by all of his patients. The problem was that he was not taking new patients. One day I read that a local chapter of the American Diabetes Association was having Dr. Dunlap speak. I went to the meeting and heard him give a wonderful talk. He was in his 50s and was warm, kind, and understanding; and he also was aware of new things happening in the medical field relating to diabetes. After his talk, I managed to talk to him and ask a few questions, the last of which was, "Would you please consider allowing me to be one of your patients?" He said he would, and that was one of the most positive things that happened to my diabetic life history. Dr. Dunlap was practical, knew about new things being done to help diabetics, and would listen and make positive suggestions

about control. He emphasized the importance of regularity. He helped me learn to adjust my insulin doses for better control; and through his counsel and help, I became much less brittle—with fewer swings in my control. I cannot emphasize strongly enough the importance of finding the right doctor—one that is knowledgeable but who will listen and help and understand so that you can have the best control you can possibly have.

From time to time, Dr. Dunlap and I would have discussions about new things and whether to try them or not. When improved long-acting insulins became available, we worked them into my routine. We talked about the use of an insulin pump; and when an infusion device became available, I tried it. This was a needle that was inserted into your skin usually in the stomach area and left there for days at a time. You could inject insulin into the infuser and did not have to prick yourself every time you needed a shot. It was a neat idea, but I had problems with it becoming infected. After trying it for several weeks, I decided it was not for me. Today there are new insulins, drugs, and procedures; and I am sure that if Dr. Dunlap were still practicing, he would be using different techniques than he did with me because he was right on top of the latest in diabetic treatments at all times.

One day while visiting with Dr. Dunlap he gave me some really bad news: he was retiring. I was very concerned and worried because he had been so important to me. He recommended another diabetic specialist named Dr. Cavanaugh that he said was very good and would meet my needs. I followed his advice. Dr. Cavanaugh was one of the best informed medical people anywhere on diabetes, and he was superb in his diagnosis and ability to recommend help for a problem. We also learned that he would respect our opinions and decisions on medical problems—another characteristic that has proven to be invaluable in dealing with diabetes.

Over the years, we have tried to make sure that my diabetes has not stopped us from doing anything that we wanted to do. In the summers after we were married, we would go to a place John's parents owned in the wilderness of Ontario. Electricity, running water, a pharmacy, and doctors were over 25 miles away. We have traveled all over the world including Canada, Australia, New Zealand, France, Britain, Scotland, the Bahamas, and all over North America. I am careful not to let my insulin or testing equipment ever leave my purse, and I make sure I have extra insulin as well as testing supplies. I learned this the hard way. One time my lancet for my blood sugar tests broke, and I did not have an extra with me. We could not find one in the stores of the community where we were, and I ended up borrowing one from a diabetic who was a member of the church where John was doing a program. We learned from that experience to always have an extra of everything with us. I always carry food with me in case I get into a

situation where I cannot find something to eat. Lifesavers and glucose tablets are a must when you are traveling. Flying across time zones can be a problem, but the adjustment of the doses of regular insulin for a while until you can adjust your long acting insulin to the new time zone is not difficult. When we went to Australia, I talked to Dr. Cavanaugh about how to deal with the enormous changing of times and days. Diabetes has not been a hindrance for us, but travel is one of those areas where planning needs to be emphasized.

Chapter 4

Dealing with Complications of Diabetes

When I was a teenager I was told that if you stay on your diet, take your insulin regularly, and take care of yourself you can avoid most of the complications of juvenile diabetes. That is not totally true! There is no question that if you *do not* do these things you will have massive problems and will probably die an early death, but I have worked very hard at being a controlled diabetic, and I have still had complications. My husband calculated that in my life I have taken probably 70,000 shots. Ever since the introduction of blood sugar testing machines, I also have pricked myself at least three times a day. I have tried to keep my blood sugar close to the magic 100. The fact of the matter is that, no matter how hard you try, you will sometimes get a high blood sugar. I have had a fast-food restaurant give me a regular coke when I asked for a sugar-free coke. I have had people give me a sugar-free treat that turned out to be sucrose-free but loaded with fructose. I have seen my blood sugar go sky high when I got an infection, and I know my blood sugar goes high when I get emotionally upset. After 50 years of diabetes, some of the complications of diabetes began to show up. It is a lie to say that, if you stay on your diet and do your insulin regime religiously, you will never have any diabetic complications. By the same token, I have had these complications later in life. There is no question that good control certainly helps, and there have been studies to show that this is a fact.

One of things we wanted to do in this book is to share what we have learned by experience with those who are young in their experience with diabetes or those who have a loved one who is diabetic. I have had many of the complications that diabetes brings in one form or another and to one degree or another. There are a lot of things that no one told me that I wish I had known. It is my hope that in this section of the book, I may be able to share some things with you that will be helpful to you or to the diabetic that you love. I will list the things that I have dealt with by subheadings to make it easier for you to reference

things, and I do want you to know that I am available to answer questions if you run into something I say that you want to ask about. We will give you information on that at the end of the book.

Insulin Reactions and Blood Sugar Problems

Perhaps this section should not be under the *complications* section because it is not considered one of the areas that is listed as “possible complications of diabetes.” Controlling blood sugars is a lot easier today than it was in 1948; however, it is something that you have to learn to handle. I started taking insulin at the age of 11 years old. I have shared with you the way in which sugar levels were monitored using urine samples, and while a finger prick is more unpleasant than a urine sample, the fact is that you know exactly where you are with the blood test. With the urine sample you knew where you were several hours before the test. This obviously is not conducive to good control. Everybody reacts differently to both low and high blood sugars. In my life I have had times when I had a blood sugar of over 400 and felt fine, and I have had times when I was showing a blood sugar of 40 and felt fine. I have had friends who were virtually in a coma with a blood sugar of 300 and who could not stand up with a blood sugar of 60. The point is that we are all individuals, and no one can tell you how you will react to low and high blood sugars. You have to learn that on your own. Technology also can affect this as well as new insulins. If you are on an insulin pump, your situation will be different than those of us who take shots. A regular insulin reaction *feels* differently than a long acting insulin reaction.

The first point that needs to be understood about low and high blood sugars is that you need to use your head. If you are going to exercise a lot in a game or strenuous work, be prepared for a low blood sugar. As long as you are taking insulin shots, reactions from low blood sugars will be a part of your life.

Most diabetics can tell that they are having a high blood sugar by how thirsty they are, how crabby they are, and how hungry they are. I have mentioned that my husband used to claim he could tell my blood sugar within 50 points by how easy I was to get along with. I do not buy that, but there is no question that your disposition is affected by your blood sugar. Thirst and a knowledge of what you have eaten and how much exercise you have are better indicators. The key is that if you are in doubt, test it.

On the other end of the scale is the insulin-reaction problem. This can be dangerous and scary for friends and family. When I was young, I could feel insulin reactions coming on. There was a feeling that I can

only describe as a swimming-type of feeling that let me know my blood sugar was low and I needed to get something to eat. As I got older and neuropathy began to take its toll on my nervous system, I lost the ability to feel the reactions coming on. I did learn that there were other symptoms. The first was my vision. When I could no longer read things easily, I knew it was a low blood sugar and I would test it. Getting hot and sweaty when everyone else was comfortable was another symptom I learned to recognize. I have never gone into a full-blown insulin reaction while I was awake because I learned to always watch for a low blood sugar. This is especially important if you are driving a car or working with machinery.

Night time is a whole different matter. In over a half century of insulin dependent diabetes, I have only had two incidences where someone else had to help me out of a reaction, and both of them took place at night. The first was less than a year after we were married when I woke up screaming in the middle of the night. John recognized immediately that I was in an insulin reaction because I could not communicate with him. An interesting fact about insulin reactions for me is that when I am in the reaction, I do not want to eat. John went into the kitchen and came running back with a bowl of sugar which he tried to get me to eat. I spat it out and shook my head. He ran in and got some maple syrup and I did the same thing. He then tried chocolate syrup and milk and poured it in my mouth which made me choke and again resulted in it being sprayed all over the place. He finally picked me up and physically carried me to the car and took off for the hospital—driving like a mad man through lights and stop signs at 2:00 AM. We got to the emergency entrance and I sat up in the back seat, looked out the window, and said, “What are we doing at the hospital?” He had gotten enough sugar in me to get me out of the reaction. He said “I got you down here, and you are going in.” They gave me some orange juice and I was fine. It took us three hours to clean up the bedroom from all the stuff sprayed on the bed, the floor and the walls.

The point of that story is that your family needs to know what to do. Having a glucagon shot available is helpful for extremely brittle diabetics. This is a shot of glucose that can be administered to a diabetic. We always have a can of grape juice near the bed, and we try to have orange juice in the refrigerator. One problem I have had in the past was that I ate too much when I was in a reaction and ended up with a $300\pm$ blood sugar the next morning. Dr. Cavanaugh helped me learn how much juice or food it takes to get yourself out of a reaction and limit yourself to that. It is hard to do because a low blood sugar can make you want to eat everything in sight! I have learned how much of a certain food will get me out of a reaction, and I stop when I have taken that amount. Six ounces of orange juice, for example, will get me out of reaction without throwing my blood sugar sky high.

The other things that can cause reactions are changes in your routine or illness. The other time that John had to get help was when I had been sick. A flu bug was going around, and I had been down with it. We ate supper and I lost my supper and went to bed. Later I got some milk and graham crackers down so I thought I had gotten enough food in me to counteract my insulin so I did not think of a reaction. Several hours later, John was working in the office of our home when he heard me making noises in the back of the house. According to him, I seemed to be drunk, and was laughing, throwing things, and floundering around so badly he was afraid I would hurt myself. He took a blood sugar test which was 34. He went for orange juice but I refused to drink it, but wanted to dance to the music on the radio. It was obvious I was getting worse and John was afraid I would fall and hurt myself so he held me down on the couch and called 911.

The operator on 911 wanted to play 20 questions: "What did I smell like?" "Was he sure I hadn't had a drink?" When John objected, she said she had to ask these questions for their records. John finally said, "Look, I will answer your questions for you, but please send the paramedics because I know what is wrong with her." Thankfully she did as he requested. The paramedics arrived a few minutes later and took another blood sugar—it was 42. They hooked me up to intravenous-glucose and literally, within 30 seconds, I came out of the reaction.

Be especially wary when you are sick, when you have changed insulin, or when some other change in your routine has taken place. The first time I had a reaction after the doctor changed my type of insulin from Lente to NPH, we were on a trip in Arkansas. We had just gotten back to the motel after a sight-seeing trip and I started crying uncontrollably. When John asked me what was wrong I said, "I don't know." Knowing it was late in the afternoon and that we had just done a lot of walking, John tested my blood sugar and sure enough, it tested low. I have since learned what reactions feel like with NPH, but every insulin is different. Be smart. Watch your routine, think, and keep your family informed. Insulin reactions are unavoidable, but they do not need to threaten your life or your security.

Eye Problems

As our children were growing up, some new complications of diabetes began to appear. John was traveling to different places around the country giving presentations on the compatibility of science and faith in God at colleges, universities, and town meetings. Many times the kids and I would go along. We saw a lot of the United States and Canada during these trips and enjoyed doing things as a family between lectureships. On one of these trips to Valdosta,

Georgia, I woke up one morning to find large numbers of black spots in my left eye. We went to a local ophthalmologist, and he told us to go home right away and get to our local ophthalmologist. This was a very terrifying experience, and I was worried that I might lose my eyesight with three small children dependent on me as their mother. We rushed back to South Bend and went to Dr. Thompson, my regular ophthalmologist. He told us we were very lucky, that the bleeding was coming from the edge of the eye and not the center near the macula. We were relieved, but it was obvious that the diabetic threat to vision was going to become a reality for us.

A few years later, my diabetic doctor was checking my eyes and sent me to an ophthalmologist and retina specialist, Dr. Patrick O'Malley, saying I had a diabetic eye problem that made me need this particular doctor. Dr. O'Malley was doing some of the first photo coagulation done in the United States using Xenon light. Now lasers are used which are even more precise and efficient than the Xenon light was. Dr. O'Malley made a lengthy observation and finally told us that the left eye was beyond hope and that I would probably lose it within six months. He said he thought he might be able to save or forestall problems in my right eye, and I began a series of literally hundreds of burns in my right eye to stop the bleeding. Exactly one month after our visit with Dr. O'Malley, as I awoke and sat up in bed one morning, a curtain of dark reddish brown stain came down across my left eye. A quick visit to Dr. O'Malley confirmed a major hemorrhage in the eye—I had lost one of my eyes. Dr. O'Malley said the right eye was holding, but he could promise nothing.

When we came home that afternoon, John sat me down and made a proposal. We had talked many times about going to Hawaii for our 25th wedding anniversary. "Phyl, you may not be able to see by that time," John said. "Why don't you go now with your Mom and a friend and see it while you can. It is summer and I can take care of the kids while you are gone." A month later, I got on a plane in South Bend with my mother and a friend, Phyllis Combs. We flew to Hawaii for a two-week tour while John took care of our three small children. Not too long after the trip, I noticed that I could see a little out of the eye that had hemorrhaged. It no longer looked like I was looking through 10 sheets of wax paper. We went to Dr. O'Malley, and he looked into the damaged eye. "Most of the blood has absorbed for a while," he said. "It won't last, but I have a suggestion. I have a brother in California who does a procedure called an electrovitrectomy, and I think he *might* be able to use it to save this eye." A week later we flew to San Jose, California, to see Dr. Conner O'Malley.

After a number of tests Dr. Conner O'Malley told us that he could do a surgery that was risky, but might work. He also had statistics about the possibility of the surgery producing glaucoma or cataracts,

but not doing anything would guarantee that I would lose the eye within a few months. We had the surgery performed which took over eight hours and involved a long recovery period and pain due to a damaged cornea. Eventually, however, the eye totally healed and I continue to have vision to this day, a period of over 30 years. I have since learned that I was number 23 for people having this surgery and also that I was the only patient in more than 30 years of practice that the local doctor had sent to his brother. This was certainly one of those times that we can thank God for the temporary halt in the hemorrhaging and for the open door to find out about this surgery. I understand they are no longer performing this procedure because insurance companies would no longer cover doctors for it. A lesson that all of this taught us is that getting to the right doctor is critical. If my diabetic doctor had not gotten me to the O'Malley brothers when he did, I would have been blind before any of my children were grown. I have had the joy of being able to watch my children get married and to see my grandchildren.

It is important that you have your eyes checked regularly by an ophthalmologist that has experience with diabetic-related eye problems. There frequently are subtle changes in a diabetic's eye; and if they are treated early, the chances of diabetic retinopathy taking your sight away from you are greatly reduced. If you see black dots floating around when you look at a clear sky, go to an ophthalmologist right away. If you are having bleeding in your eye, get to a clinic where they do laser work and photo coagulation on a regular basis. This is a medical specialty and getting to the right doctor is crucial. I would not have sight today were it not for the two O'Malley doctors.

Diabetic Neuropathy

One of the frequent complications of diabetes is diabetic neuropathy. What happens is that the nerves are affected by the swings in blood sugars that go with insulin dependent diabetes and with circulatory problems that develop. There may be other factors involved, but the bottom line is that most diabetics have some form and some degree of neuropathy. It is not life threatening, but it can be a force to deal with in older diabetics. Right off the top it needs to be said that the better your control is, the less damage there will be. I have been a fairly well-controlled diabetic, and I did not have neuropathy problems until I had been a diabetic for $35\pm$ years. But neuropathy happens.

What goes on in neuropathy is that the nerves can do one of several things. I started having what I would describe as *electrical shocks* in my feet when I went to bed at night. Any change in elevation of my feet seemed to set these sensations off. Sometimes they would just be

a tingle, but sometimes they would be so sharp they would make me cry out. They would eventually quiet down and not be much of a factor again for the rest of the night. In my situation, it was mostly my feet that had this kind of neuropathy symptom, but I have heard of people having the similar sensations in their hands.

The other kind of neuropathy symptom is a failure to feel anything. It can be a perceptible numbness or just a failure to feel pain that should be there. Later in this book I will describe a heart attack I had. One of the problems in the heart attack was that I had no pain of any kind in the heart area or in my arms. There was absolutely no pain at all that indicated I was having any problems with my heart. Not having pain is a good thing but, when the body is unable to tell you it needs help, it can be a problem. There is an association that you can contact for help with neuropathy problems. Their address is: The Neuropathy Association, 60 E. 42nd St., Suite 942, New York City. NY 10165-0999, web site, www.neuropathy.org.

Kidney Function

Dr. Cavanaugh ordered a urine test for kidney function shortly after I started coming to him. My blood work had not shown any kidney problems, but when the urine analysis was conducted, it showed that my kidney function was 52%. Immediately, thoughts of kidney dialysis came to mind. I had seen friends go through dialysis, and I was not sure I wanted to do it. Dr. Cavanaugh said that reducing my protein intake might slow down kidney failure, so I started trying to restrict my protein intake to some three ounces or so a day. I had read in the *Diabetes Forecast* (published by the American Diabetes Association) about a study of a drug called Captopril that has been shown to help slow down kidney failure. John had also read about it in one of his science journals, so we mentioned it to Dr. Cavanaugh. The doctor concurred and said he had read about the same study. I had taken a small amount of blood pressure medication for several years to keep my blood pressure low, and a new regime was worked out using Captopril and changing some of my blood pressure medications. The next time I went to Dr. Cavanaugh, my kidney function had jumped to 76% and my blood pressure was perfect. It has stayed in acceptable ranges now for over 12 years. It is important to read and keep gaining knowledge about new medical approaches as diabetic complications come along.

Other things can affect kidney function. About the time of these kidney tests, I was hearing my pulse in my ears when things were quiet. We had put a sound machine in the bedroom to cover the sound of my pulse so it would not keep me awake. These white noise machines are a low cost way to handle outside noises as well. Dr. Cavanaugh ordered

a non-invasive test to check out my carotid artery in my neck. It showed there was some blockage, but not enough to warrant a surgery, especially on a diabetic. About three years later, Dr. Cavanaugh wanted to do a test in which dye would be put in my body to see how much blockage there actually was. We had read that some of these testing dyes were very hard on kidneys—something Dr. Cavanaugh verified was true. John had even had a teacher friend whose husband had lost the function of his kidneys during an arteriogram using such dyes. We told Dr. Cavanaugh our fears and that we probably would not want to do the surgery even if there showed low function and he agreed not to do the test. Having a doctor who will respect your wishes on something like this is so important, and investigating tests can be a crucial part of quality of life issues for a diabetic.

After 12 years or so of following this regime to protect my kidneys, my function began to fall again. When it got to 33% we were sent by Dr. Cavanaugh to a nephrologist. This doctor was up-to-date on kidney research and told us that the low protein diet had not been shown to be beneficial to diabetics, but that Captopril had been. She also told us that new tests for almost everything could be done without risk to the kidneys. She gave us a fairly extensive list of drugs that should not be taken, including Ibuprofen, Celebrex, and some over-the-counter drugs like Aleve, Advil, etc., and told us to stick with Tylenol and aspirin. It is important to get to the right doctors who keep up with current research. As I write this, my kidney function is still holding and dialysis is not in the immediate future for me. It is critical that you know that there are things that can hurt your kidneys and be aware that some medical tests can possibly lower your renal function.

Heart Problems

One weekend in 1996, John had a lectureship in northern Alabama. I decided to go with him because we had some old friends that lived in the area that I wanted to visit. The trip down was uneventful, but I was not feeling well by the time we got to Alabama. I ran a blood test and found that my blood sugar was very high. I did not understand the reason, because I had not even eaten my normal amount of food; however, I took extra insulin to cover it and carried on. Four hours later, I was very thirsty and the blood sugar was even higher. I felt very badly, but took more insulin and carried on. The blood sugar never did come down much. John finished his program, and we flew back home. I was still thirsty and still taking large amounts of insulin and seemed unable to get the blood sugar down. I figured I had a cold or an infection coming on, and when we got home we exercised and went to bed hoping that by the next day I would feel better. I did not.

The next morning John got up and went to school thinking I was

OK. I did not sleep at all that night and panted all night. I had no pain, but my blood sugar was high and I had trouble standing up. I called Dr. Cavanaugh, figuring I had a flu bug and that he would want me to come in. I talked to his nurse and told her my symptoms and what had happened over the weekend. A few minutes later, she called me back and said that Dr. Cavanaugh wanted me to go to the emergency room of the hospital immediately, that he suspected I was having some heart problems. I called John at school and told him I would drive myself to the emergency room, but he said, "No way. I'll get another teacher to take my class, come home right away, and take you there." By the time he arrived home, I was unable to even get myself dressed so I was thankful to see him.

An hour later, we were in the emergency room and they were drawing blood and had me hooked up to all kinds of equipment. I had indeed had a heart attack but could not feel it at least partly because of the neuropathy. This had probably started in Alabama, and the fact that I had not had a major collapse was rather incredible. They got me on a nitro medication that reduced my symptoms and scheduled me for a heart catheterization the next day. We questioned this due to my kidney problems, but the heart doctor said "I can use such a small amount that your kidneys will be fine." In my own mind, I thought that they would do an angioplasty or something like it and that everything would be easily fixed. John knew I had always said I would never go through major heart surgery due to the extreme problems a long term diabetic can have. I had always said that, when the time came for me to go, I would be ready to quietly go to the Lord. My blood test just a week or two before had shown my cholesterol and all of the blood indicators to be good, so we hoped that this would be something easily fixed and our lives could quickly return to normal.

The next morning, John was there as they came to take me to surgery to do the catheterization. There were several doctors that would be involved. We had requested that Dr. Gibson, a Christian man who was the heart specialist and who had a reputation of praying with his patients, be the one actually doing the insertion of the catheter. A surgeon named Dr. Kelly was the heart surgeon on duty, and a team of doctors would evaluate what the problem was and hopefully fix it. The medication slipped me into a sleep that I would not come out of for some two weeks. What John would go through was another story. It was election day, and the plan was that they would do the catheterization and do what needed to be done. I would spend the rest of the day in recovery and then hopefully return home with the ordeal behind me. John would vote and return to work and then take me home.

Less than an hour after the catheterization was started, all three doctors came to John and told him that the situation was worse than

anyone had anticipated. Not only were the major vessels into the heart blocked, but damage was accumulating as time went by. The medical team told John that it was unlikely I would live the rest of the day unless they did an immediate bypass surgery. John told them about our agreement not to do a major surgery when the time came, but now that the time was here he was unsure what to do. Dr. Gibson said, "John, what have you got to lose. If we do the surgery and it fails, you have not lost anything. If it happens to work, you might have your wife for several more years. Maybe God is giving you this one chance." John reluctantly agreed and signed the required forms. They told him they would wheel me through the visitation area on the way to the surgical area, and that he could say good-bye to me as I went through with the realization I might not survive the surgery. I came a little out of my anesthesia from the catheterization as I came through the area. John started to say whatever he had prepared to tell me—full of love and emotion. I looked up at the TV monitor in the room and saw the election ads on Clinton and Dole and said "Well, neither one of those jokers are going to get my vote today." I went back to sleep, everyone laughed, and John stood there watching me leave unable to give me his *final* words.

The surgery was an eight-hour ordeal. They cut both of my legs from my ankle to my groin attempting to find veins they could use for the bypass. They then stapled them shut with metal staples and put an auxiliary pump on my groin to help my heart when they tried to start it up again. For over an hour, they tried to get my heart to start and were unable to do so. John sat alone in the waiting room being told by the nurses that he should call for the hospital chaplain because it appeared I was not going to make it. The anesthesiologist eventually came out and told John that he thought I would eventually respond to what they were doing. An hour later, they got my blood pressure up to 40/10 and eventually moved me into the ICU. I was unconscious for nearly a week and went through extreme arrhythmia (irregular heart beats). My kidneys refused to start up and they were considering dialysis. Eventually the diuretics began to work; and, after five days, I regained enough consciousness to know where I was and what had happened. My first words to my husband were, "I thought we had an agreement not to do this." His response was, "What would you have done if I had been the one lying there and you were the one making the decision?" Gradually my kidneys began to function again and after another five days they took off the auxiliary heart pump and I was taken to a private room. The nurse had said to keep my feet up, so I had a pillow under them. I still had massive swelling and pain. When the heart surgeon, Dr. Kelly, came in he said that my legs needed to be on three or four pillows, and when that was followed the swelling went down. I was so weak that I could not walk for several days, but

the nurse was following the book and accused me of not trying. She forced me to try to walk, and I actually fell on top of her. Another doctor who was an acquaintance of John's (a brother-in-law of one of his fellow teachers) stopped in and told me, "Well of course you cannot walk; the muscles haven't been used at all for over two weeks. They will come back, but give it time." The first time I was able to get up on my feet from a chair I did it over and over—rejoicing in the fact that I could do this simple task again. Remember that medical people frequently follow the book, and you have to use your head and give your body time to adjust to change.

I went home a week later, but I had caught a staph infection during all of this. Several days later I was back in the hospital for intravenous antibiotics. One of the older nurses said "Yep, if you want a staph infection just go to the hospital." Another thing that happened during this hospital stay was that I caught the nurses making a mistake in my insulin dosage. She had misread the doctor's writing. I checked every dosage of insulin after that. Always be aware of what is being done, and monitor what is happening to you and being done to your body by medical personnel. It was nearly nine months before the enormous pain from open wounds on my legs finally stopped and my legs healed.

It has now been almost a decade since the triple bypass. My heart is still working very well, and I have had a quality of life that is excellent as far as my heart surgery is concerned. I would encourage diabetics to work hard to keep their blood sugar and critical blood indicators as good as they can, but be prepared to do what has to be done to produce quality life. As a result of doing the surgery I have seen five grandchildren that I would not have seen without the surgery. My husband and I have enjoyed many years together free of the stress of kids and the demands of making a living.

Osteoporosis, Circulation Problems, and Diabetic Ulcers

Not long after I had pretty well recovered from my heart surgery, I fell and cracked a vertebra in my back. Any type of movement was filled with terrible pain. The doctors said that nothing could be done for the injury, but to give it time and it would heal. A bone density test revealed I had quite a bit of osteoporosis, so the doctor put me on Fosamax and calcium supplements. I could not get up on my own, and just going to the bathroom was agony. We learned a great deal during this time about what is available to help when you have a physical problem. John went to a home care facility that loaned medical materials. They rented us a bed that had a motor-driven back lift that

would move me from a flat position to a sitting position without anyone having to lift me. Our insurance company was willing to pay for two months' use of this bed. We purchased a portable toilet that I could set up by the bed so I did not have to get up and walk. The brace that the doctor put me in did not help at all, but a wheelchair gave me the ability to be moved with relatively little pain. I gradually got a little better and the doctors then told me to go to physical therapy.

Gradually I got to the point where I could function in my regular bed, and the hospital bed was returned. Over the years, we have learned that there are amazing devices that can help with many physical situations. Visiting a physical therapist may help you know what is available, and some therapy may help you. For me, it was not an answer, but some people find it is. The main thing is to take ownership, see what is available in your community, go get it, and use it to fit your own needs and requirements.

By 1998, I was beginning to have some severe circulatory problems. I was over 60 years old and I had been an insulin-dependent diabetic for 50 years. I also was having some neuropathy problems described earlier. There were times when I would not have feeling in a toe or a spot on my foot, making me unaware of a problem. One time while walking I developed a blister because I did not feel it while we were walking. This eventually became a bone infection that we battled for months before we finally got it healed. Again, we used new medications and procedures that were not available 5–10 years earlier.

The one new problem that has surfaced as I have hit the so called *golden age* plateau has been circulation problems in my feet. I have always taken care of my feet, using every device I could find to make sure I did not get blisters or any opening into my feet. I have also visited a podiatrist regularly and recommend having them cut your toe nails to help avoid problems. The podiatrist can suggest orthopedic insoles made specifically for your foot with a mold made from your foot. Our insurance covered some of this \$350 cost, but we have had to pay quite a bit out of our own pocket to make sure that we are doing the best thing for my feet.

In 2002, however, a podiatrist cut a corn off of my little toe on my left foot. It was supposed to be a minor thing that would heal quickly, but when you have had diabetes for so long, your circulation is bad and nothing heals quickly. In this case, the wound and the bone became infected from the corn removal. The podiatrist tried everything to get the infection out and to get the toe to heal. The medication that had worked before did not work in getting rid of this infection. These medicines were incredibly expensive, with a tube of a cream running some \$500 and lasting a month at the most, and an expensive antibiotic costing \$61.00 per pill. The podiatrist brought in a device

that puts suction on the wound and we tried that for several months. This was a terrible hassle as John had to wrap the suction device so tightly that no air could get in from the outside, and I had to carry a pump around all the time which kept the suction on the wound. Nothing helped.

A visit to Dr. Cavanaugh and a magnetic resonance imaging (MRI) caused him to send me to an infectious disease specialist who berated what the podiatrist had done and prescribed a sulfa drug to stop the infection, but he told us it probably would never heal. His main statement was "Anytime you cut on a foot of a diabetic, you had better be prepared to have the leg amputated at the knee." This doctor sent us to another podiatrist whom he said was much better than the one we had been going to. This doctor said that the best solution was to amputate the little toe before the infection could go up my leg any further. We reluctantly agreed to this and the toe was amputated. On the first visit after the amputation, we saw that the amputated toe area was healing. However, a red ulcer was appearing near the same area of the foot. The podiatrist swore this had nothing to do with anything he had done, but he said that there was really no hope—to just live with it and eventually when the ulcer became so bad I could not stand it, they would amputate the foot and lower leg at the knee where he was sure it could heal. One day I was at the drug store and the subject of my foot ulcer and all I was going through came up. One of the girls in the pharmacy said, "My father lost one of his legs to diabetes and was about to lose the other one. We took him to the wound clinic in Michigan City and they saved his other leg." We decided we would not just sit around and wait until we had to amputate my leg. We called the wound clinic in Michigan City—some 40 miles away—and made an appointment to see what the doctors there would recommend. They were appalled at what the other doctors had told us and said that debrising and bandaging the wound would "at least have a chance of success." We have continued to follow their advice and now (a year later) the ulcer is much better and nearing complete healing. This can be a very slow process.

Again, I believe that it is important to take ownership of your diabetic problems. Doctors have their own field of expertise and their own agenda, and they are frequently not knowledgeable nor experienced about things that are not in their area of specialization. A good doctor will want their patients involved and responsible for their diabetic treatment. Find out what is available in your area and in other areas of the country. There are excellent wound centers, many diabetic specialty clinics, and a constantly growing list of therapies that can bring relief and healing to the diabetic. Give your body every chance to heal by getting second and third opinions, and do not ever do something like an amputation without first making 100% sure that

there are not other options out there. After all of these precautions that I have mentioned, please make sure that you follow your own doctor's orders. Everyone is different. My left eye was different from my right eye, for example. What works for one person is not always the best for another person.

"Control Your Diabetes to Live, Not Live Simply to Control Your Diabetes"

This comment, shared with me by a very wise doctor in the 1950s, has been a pretty good quote to remember! I have received a plaque and letter from the Eli Lilly Foundation and an engraved chain from the Joslin Clinic commending me for living 50 years with insulin-dependent diabetes. As I look over these 57 years, I see that there have been great changes in the management and control of diabetes. Throughout those years, I have read that a cure was coming, and someday in the not-too-distant future that may be true; but cure or no cure, things are infinitely easier than they were when I took my first insulin shot. Control is easier to achieve with blood sugar monitors. Sweeteners and other helps are miles ahead of where they were in the 1950s. There is nothing that people living with diabetes cannot do if they want to; but planning, care, discipline, faith, and family are all key ingredients to living successfully with this disease.

All of the talk about control is absolutely true. It used to anger me to have medical people who did not have to do it themselves tell me how easy it is to manage diabetes. It is not easy, but it can be done. I have seen diabetic friends die prematurely because they did not take control seriously, and I have seen friend's marriages fall apart because they did not understand their feelings and emotions and how they are affected by their diabetes. This booklet is offered with the hope that it will motivate those readers who have diabetes to take ownership and work diligently on control, and it is my hope that some of my suggestions which have come from my experiences will be helpful. If you wish to write with questions, I am always willing to help in any way I can.

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The **Does God Exist?** ministry is a program designed to help people understand the evidence for the existence of God and find answers to challenges to their faith. One such challenge is the challenge of chronic illness. John and Phyllis Clayton have directed the program since 1968 and have had to deal with a number of personal problems during that time, including the birth of a multiply-handicapped child. They have encouraged others to use personal experiences as a tool to form a personal ministry to help others deal with what they have already experienced themselves. This book is an attempt to do this. Phyllis has been an insulin-dependent diabetic since the age of 10 and has used her experiences and challenges to help others. It is our hope that those who are struggling with diabetes or who have a loved one who is diabetic will find counsel and support in these pages. "Control Your Diabetes to Live, Not Live Simply to Control Your Diabetes." You can do anything as a diabetic—even go to Australia and hug a Koala!

