

SAWMILL FORUM

CASEY
CREAMER

SAW
DOCTOR



Disclaimer: *The best medical advice a saw doctor can give you is that if you get your medical advice from a saw doctor, you should see a psychiatrist. That should be all the disclaimer that you need.*

That said, how many of you either have diabetes, or are close to someone who has diabetes?

Diabetes comes in a few different forms. Here is the simplified version:

Type I diabetes means that your pancreas doesn't make any insulin for you to use.

Type II diabetes means that your pancreas still makes some insulin, but it's not enough to get you by. Within this category, there is the term "insulin resistant." That means that your pancreas still makes a normal amount of insulin, but because you are insulin resistant (aren't able to use the available insulin) it is essentially the same effect as a pancreas that doesn't make enough insulin.

Regardless of whether you are Type I or Type II, the general principles are the same and there is one overriding goal. The goal is to maintain proper control of your blood glucose (sugar) levels. That is what a healthy non-diabetic pancreas does, and that is what diabetics must try to do for themselves.

Control is the main key.

Statistics say that the better your control, the less likely you are to develop the nasty side effects associated with diabetes. Keep in mind that those are only statistics. There are many cases where a person with the best control develops side effects while a person with lousy control remains side effect free. But you still have to put your money on the statistics and make sure that you are doing your part to keep the odds in your favor.

Depending on what type of diabetes you have and the severity of it, control can take different forms. For some who are insulin resistant, diet and exercise alone may do the trick. Others, who are insulin resistant, may need the help of oral medication.

Type I diabetics and some Type II diabetics are what is called "insulin dependent," meaning that they need to inject insulin to maintain control of their blood glucose levels. The goal above all else is control.

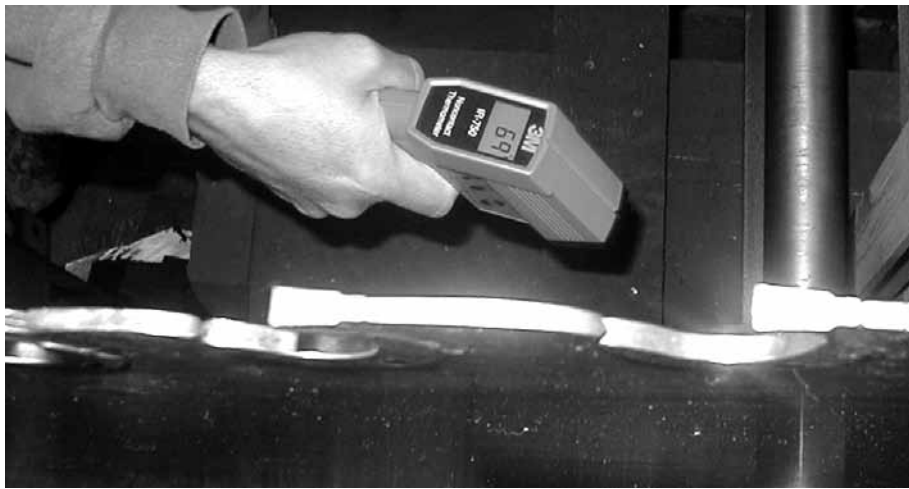
In my course of interacting with people (mostly sawmillers) on a daily basis, I have encountered many diabetics who have what I or any medical doctor would consider lousy control. Why is that? It is a complicated question that I have an oversimplified answer for.

They have insufficient control because they don't gather the needed data to be able to gain control. Controlling your blood sugar level is not much different from controlling your sawmill.

The goal for an in-control sawmill is to produce lumber that is within a running tolerance in an efficient manner to maximize profitability. How do you know if you are putting out lumber within a running tolerance other than waiting to hear if there are any complaints from your customers? Quality control. That is a simple term that means that you regularly monitor the accuracy of your lumber by taking a series of measurements. And if you find the lumber to be out of spec, what do you do? You begin to troubleshoot the mill to find the cause so that you can come up with a solution. How do you do that? Again you take a series of measurements, only this time you are measuring equipment instead of the finished product (the lumber).

You check the teeth, the saw, the collars, the track alignment, etc. You do it by inspecting and measuring. Armed with that data, you can usually figure out exactly what is causing the problem and then formulate a plan to remedy it. Once you have fixed the problem that caused the inaccuracy, how do you know if the problem is really solved? That's easy, you measure the lumber again to determine if it is within a running tolerance.

Controlling your blood glucose levels is no different. First you need the data. You have all seen the commercials for the small devices that instantly measure your blood glucose level after sticking your finger to get a really tiny drop of blood. That blood glucose monitor will also log your numbers for



Checking bearing temps is an important part of a regular maintenance routine.

you and can be easily downloaded to your computer where you can create graphs and records to show to your doctor. (Medical doctor, not saw doctor).

Just like in a sawmill when you make a change to the equipment and then measure the lumber, you quickly start to see the cause and effect and are able to determine if you are on the right track or not.

Monitoring your blood sugar on a regular basis will easily show you how different foods tend to affect your readings and what other factors can cause a rise or fall in blood glucose levels, such as stress, or extra exercise, or lack of sleep. As one who does some automotive racing, I have learned how extra adrenalin can also spike your blood sugar. But you can only learn these things and begin to gain control if you are willing to gather the data and take the time to analyze it, or at least take note of the correlations between your blood sugar readings and what is going on in your life at any given moment.

When I meet other diabetics I usually ask them what their numbers are and how often they check. I have noticed a direct correlation between how often they check and how their numbers are. Those who check often (I check 4 times a day) are more likely to have good numbers because they had good data to work with. While those who have bad numbers (blood glucose out of control) seem to be the same people who say they check once a week or once a month.

What would happen if you only measured or even looked at your lumber once a

month? I suspect the reason some don't like to check often enough is because they don't want to see the bad news. That would be the same whether you are looking at your lumber or your blood sugar levels.

Bad lumber news means that you are going to have to spend some time and/or money to fix a problem. Bad blood sugar numbers may mean to you that you might have to stop eating so much or get some more exercise. Actually it may not have to be that way. It may just mean that you have to increase your medication. Unfortunately diabetes is a progressive disease and the doctors do not yet know how to slow the progression of it beyond sensible diet and exercise. I think the diet and exercise thing is good, but it will only do so much to slow the progression, and it will only slow the progression that would have happened only due to poor diet and lack of exercise. Beyond that the progression of the disease is not within our control. But the effects of that progression are definitely within our control by monitoring our blood glucose levels on a regular basis and reacting to them in the same manner that you would solve a problem in your sawmill. Just look at the cause and affect and make a decision that will properly deal with it.

Questions about sawmills and their operation should be sent to Forum, The Northern Logger, P.O. Box 69, Old Forge, NY 13420, FAX #315-369-3736.

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