

What happens when Cortisone is used for the optic nerve

DR. GOTT



PETER GOTT, M.D.

DEAR DR. GOTT: A family member has asthma. In one column, you said that inhaling cortisone for asthma can bypass some of the unpleasant side effects. Would cortisone be a possible treatment for someone with an infection of the optic nerve who is treated orally with large doses of steroids and suffers all the side effects?
DEAR READER: Inhaled cortisone

is a valuable method of preventing asthma. As a general rule, inhaled steroids, of which cortisone is one, exert a local effect — in this case, directly on smaller breathing passages to release spasm — and are not absorbed in quantity into the body. This is one of their advantages because cortisone and similar drugs (prednisone) will cause serious side effects when given systemically (by pill or injection).

By inhaling the drug from a hand-held spray container, asthma patients often achieve substantial benefits without the dangerous consequences, such as diabetes, bone brittleness, cataracts and susceptibility to infection.

Since inhaled cortisone is not absorbed into the body, it is useless in treating optic neuritis, an inflamed nerve in the eye. Sometimes steroid

eye drops can be used for ocular diseases, but the optic nerve is well-protected at the back of the eyeball, so oral cortisone is usually more appropriate.

For more information, I am sending you a copy of my Health Report "Consumer Tips on Medicines." Other readers who would like a copy should send \$1.25 with their name and address to P.O. Box 91369, Cleveland, OH 44101-3369. Be sure to mention the title.

DEAR DR. GOTT: I grit my teeth in my sleep, have chipped my front teeth and am afraid I will have to have them capped. This would be costly, and I want to stop the habit. Any suggestions?

DEAR READER: Gritting the teeth can be a tough habit to break because it usually occurs at night, when a person is asleep and unaware of the jaw

clenching.

You could be helped by a bite plate, a device worn at night to protect your teeth. See your dentist for advice about this.

You might also want to address the stress and tension that might be causing you to grind your teeth. Perhaps psychological counseling would enable you to identify more healthful ways of dealing with the stresses in your life.

DEAR DR. GOTT: A friend in Scotland has been suffering from Cocksackie disease for two years. Actually, many people in the same town have contracted it. Can you explain the cause and cure?

DEAR READER: There are about 30 types of Cocksackie viruses and they cause a spectrum of diseases, in-

cluding sores in the mouth, meningitis, paralysis, heart inflammation, rash, lung infection and intestinal upset.

Cocksackie ailments are more common in summer and autumn, are spread from human to human and are untreatable with antibiotics or other drugs.

Fortunately, most people with Cocksackie infection experience mild flu-like symptoms and recover uneventfully.

Infection with one type of Cocksackie virus does not grant immunity to future infection with that strain or any of the others. Therefore, people who are exposed to the virus may have repeated, cyclical problems, especially if the source is in a close-knit town or community.

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