Cortisone Injections *

Cortisone is a hormone secreted by the adrenal gland, which is a small gland next to the kidney. This gland secretes many different kinds of hormones needed for regulation of body processes. Some regulate sodium and potassium, some have an effect on blood sugar, protein and fat metabolism, and some the same effect as the sex hormones.

Cortisone is needed by metabolic systems for utilization of carbohydrates, proteins and fats and for resistance to physical and mental stress and infections. The adrenal gland releases cortisone in response to stress caused by trauma, infection, intense heat or cold, surgery, and almost any debilitating disease.

Cortisone is primarily used therapeutically for its anti-inflammatory properties. It is the body's most powerful natural resistance to inflammation.

Inflammation

Swelling causes inability to move joints, and is a natural method of immobilization. Swelling causes us to avoid using or touching the painful area, so as to rest the part involved.

Inflammation is not a disease, but a localized reaction of body tissues to injury, trauma, surgery, or overuse. What characterizes the inflammation process is the reaction of blood vessels.

The four cardinal signs of inflammation are REDNESS, SWELLING, HEAT and PAIN. Inflammation is a normal process which is set into motion by a complex series of events which try to heal and reconstitute the damaged body tissues. However, inflammation itself may be potentially harmful.

Inflammation reactions underly the effects of crippling rheumatoid arthritis. Reparative efforts may lead to disfiguring scars. Fibrous bonds limit joint movement and scar tissue hampers the function of organs.

Cortisone, made in the body from the steroid cholesterol, is indicated for the treatment of most inflammatory conditions and some non-inflammatory conditions. For localized injections, manmade cortisone-like preparations are used. These compounds enhance the anti-inflammatory properties and decrease the other less desirable metabolic properties of cortisone. The manmade preparations are more potent anti-inflammatories with less metabolic side effects than cortisone.

Indications

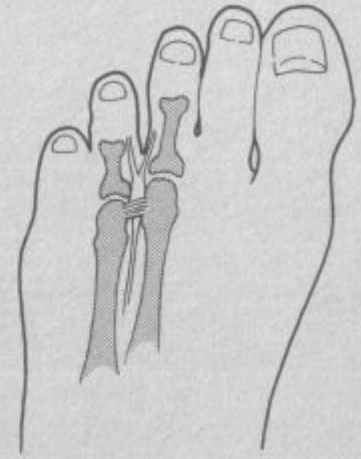
The inflammatory conditions which respond to a local cortisone injection are as follows:

JOINT INFLAMMATORY CONDITIONS, such as osteoarthritis, rheumatoid arthritis, gouty arthritis, and others.

BURSITIS; inflammation of the bursae (fluid filled sacs between skin, bone and joints).

PERI-ARTHRITIS; inflammation of the structures surrounding a joint.

TENDONITIS; inflammation of the tendon or its sheath, i.e. ganglionic cyst.



NEURITIS; inflammation of a nerve or its surrounding structures i.e. neuroma.

FIBROSITIS; inflammation of muscle or its surrounding tissue.

The non-inflammatory conditions which respond to local cortisone injections are as follows:

- For reduction in painful areas of scar tissue.
- Reflex Sympathetic Dystrophy; a rare and painful condition caused by trauma and stress.
- For symptomatic relief of joint, muscle, and tendon pain.
- Dermatological diseases.
- Certain allergic states.

Symptomatic improvement can occur within the first 24 hours; improvement in pain and stiffness is sometimes dramatic. A post injection reaction is possible, but usually subsides within 2-3 days. Maximal relief from pain and swelling is usually attained in 3 days, and may continue for up to 2 weeks or longer. Corticosteroids are used locally (in joints or other soft tissue structures), and sometimes are mixed with a local anesthetic for symptomatic relief.