

Ophthalmic:

The eye has a relatively tough white outer layer (sclera or white of the eye). Near the front of the eye, the sclera is covered by a thin mucous membrane (conjunctiva), which runs to the edge of the cornea and also covers the moist back surface of the eyelids.

Light enters the eye through the cornea, a transparent dome on the front surface of the eye. The cornea serves as a protective covering for the front of the eye and also helps focus light on the retina at the back of the eye. After passing through the cornea, light travels through the pupil (the black dot in the middle of the iris), which is actually a hole through the iris. The iris—the circular, colored area of the eye—controls the amount of light that enters the eye so that the pupil dilates (enlarges) and constricts (shrinks) like the aperture of a camera lens. The iris allows more light into the eye when the environment is dark and allows less light into the eye when the environment is bright. The size of the pupil is controlled by the action of the pupillary sphincter muscle and dilator muscle.

Behind the iris sits the lens. By changing its shape, the lens focuses light onto the retina. Through the action of small muscles (called the ciliary muscles), the lens becomes thicker to focus on nearby objects and thinner to focus on distant objects.

Glaucoma:

Glaucoma is optic nerve damage (often, but not always, associated with increased eye pressure) that leads to progressive, irreversible loss of vision.

People at highest risk are those with any of the following:

- Age older than 40
- Family members who have (or had) the disease
- Farsightedness or nearsightedness
- Diabetes
- Long-term use of corticosteroid drugs
- Previous eye injury

Types:

Open-angle glaucoma is more common. In open-angle glaucoma, the drainage canals in the eyes become clogged gradually over months or years. Pressure in the eye rises slowly because fluid is produced at a normal rate but drains sluggishly.

Closed-angle glaucoma is less common than open-angle glaucoma. In closed-angle glaucoma, the drainage canals in the eyes become blocked or covered because the angle between the iris and cornea is too narrow. The blockage can occur suddenly or slowly. If the blockage occurs suddenly, pressure in the eye rises rapidly. If the blockage occurs slowly, the pressure in the eye rises slowly like in open-angle glaucoma.

DISCLAIMER:

The Disease and Product Information mentioned herein is for information purposes only. OBS does not encourage or support self-medication practice and recommends a medical consultation when in need and before starting any therapy.

Causes	Symptoms	Diagnosis	Treatment
Damage to the optic nerve can occur when pressure within the eye increases.	Slow vision loss	Complete eye examination	Eye drops containing:
			Beta-blockers
		Measurement of eye pressures	Prostaglandin-like compounds
			Carbonic anhydrase inhibitors
		Testing of side (peripheral) vision	Alpha-adrenergic agonists
			Cholinergic drugs

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