



## From the Executive Director

Dear Friends,

It's summertime in much of the world, and while heat isn't the root cause of hyperhidrosis, the summer season is when suffering can be greatest.

In this edition, coming to you during the height of sweat season, we address the most pressing questions about Botox, plus help you understand the different types of excessive sweating. We also highlight our upcoming involvement with the European Academy of Dermatology and Venereology conference in Paris. And we enthusiastically celebrate our recent successes in San Francisco and Miami where 100 patients – most of them SweatSolutions subscribers – were treated with free Botox or iontophoresis as part of physician-training.

Community is what we are all about here at IHHS. To that end, stay in touch. Keep the cards and e-mails coming, participate in our surveys and research, and together we can all stay cool. ●

Taking action,  
Lisa J. Pieretti, MBA  
Executive Director  
The International Hyperhidrosis Society [IHHS]

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### About us

The International Hyperhidrosis Society is the only non-profit organization that strives to improve the quality of life of those affected by excessive sweating. The International Hyperhidrosis Society knows no boundaries; it is composed of people from all over the world, making it a true global network of support, resources and understanding.

It is our mission to promote hyperhidrosis research, educate physicians in optimal diagnosis and care, raise awareness about the condition's emotional and economic impacts, and advocate for patient access to effective treatments. As part of our mission, we continuously build programs that connect those who suffer from hyperhidrosis with those who provide care, while increasing public understanding of this debilitating medical condition.

## Which Kind of Hyperhidrosis Do You Have?

Every day, the staff at the International Hyperhidrosis Society receive queries from teens and adults who produce excess sweat. We often read notes that say: "I sweat so bad under my arms that I can't raise my hands at school." Or "My hands sweat so much I can't hold my baby." Most of the time we can help the people who write to us. But sometimes, the problem is "secondary hyperhidrosis" caused by a medication a person is taking or by one of a host of underlying medical conditions that we're not equipped to treat or diagnose.

So, how do you know which type of hyperhidrosis you have? And how do you know where to turn for help?

"It's actually pretty easy to figure out," says Toronto dermatologist and IHHS Board Member Dr. Nowell Solish, co-author of "Focal Hyperhidrosis: Diagnosis and Management" (Canadian Medical Association Journal, Jan. 4, 2005.) "With secondary hyperhidrosis, the onset is sudden."

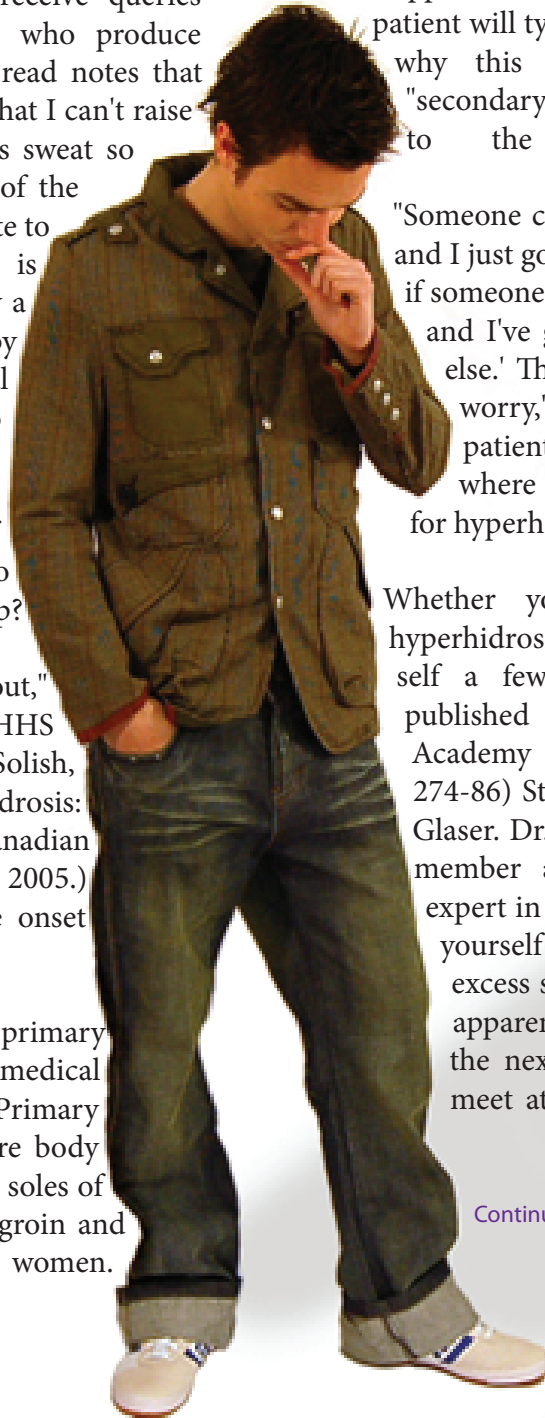
Unlike secondary hyperhidrosis, primary hyperhidrosis is a longstanding medical condition that begins before age 25. Primary hyperhidrosis can affect one or more body areas, most often the palms, armpits, soles of the feet or face and sometimes the groin and under the breasts in men and women.

Secondary hyperhidrosis, on the other hand, is generalized, typically involving the whole body. This type of excess sweat may seem to come on for no apparent reason – although a closer look at the patient will typically reveal a root problem. This is why this type of hyperhidrosis is called "secondary." The excess sweat is secondary to the more primary condition.

"Someone comes in and says, 'I'm 40 years old, and I just got it.' I'm a little more suspicious than if someone comes in and says, 'I'm 12 years old, and I've got it under my arms and nowhere else.' That fits the classic build, and I don't worry," says Solish, who treats hundreds of patients at his Sweat Clinics of Canada where he specializes in Botox injections for hyperhidrosis.

Whether you have primary or secondary hyperhidrosis can be determined by asking yourself a few questions as outlined by (and published in the Journal of the American Academy of Dermatology, 2004, Vol. 51, P. 274-86) St. Louis dermatologist Dr. Dee Anna Glaser. Dr. Glaser is an IHHS founding board member and an internationally recognized expert in hyperhidrosis. First, says Glaser, ask yourself if you have experienced focal visible excess sweat for at least six months without apparent cause. If the answer is "yes," then the next step is determining whether you meet at least two of the following criteria:

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- \* **Your sweat is bilateral and relatively symmetrical, meaning you sweat the same amount on both sides of your body.**
- \* **Your excess sweat impairs your daily activities.**
- \* **You experience at least one episode a week.**
- \* **The onset of your excess sweat is earlier than age 25.**
- \* **You have a positive family history. (Meaning that other members of your family suffer from similar sweating problems.)**
- \* **You stop sweating when you're sleeping.**

If you meet at least two of the above criteria, chances are you have primary hyperhidrosis, and you should make an appointment with a dermatologist familiar with treatment options for people with hyperhidrosis. (Check our Physician Finder database for a doctor near you.) Some dermatologists believe upwards of 90 percent of people who present with excessive sweating will be diagnosed with primary hyperhidrosis.

"Certainly we know that hyperhidrosis seems to affect at least three percent of the population, if not more, depending on which research is looked at," says Dr. Glaser. "That's pretty consistent around the globe. For the dermatological community, most patients that we see are more likely to be in that primary category."

If you don't meet the criteria for primary hyperhidrosis, then it gets a little more complicated, as your doctor may end up needing to do a complete workup to determine why you are

sweating excessively. The cause may be as simple as a new medication you've been taking. Or, you might be suffering from one of a range of medical conditions – most commonly an infective or malignant disease or another medical disorder such as cancer, diabetes or gout. A hormonal imbalance related to pregnancy or menopause could be another potential root cause. For a complete list of medications and diseases that can cause excess sweat, go to "Causes of Secondary Hyperhidrosis".

**A person who thinks he or she is suffering from secondary hyperhidrosis should seek help from a general practitioner, ideally an internal medicine specialist. It's important to find the right doctor (again see our section on choosing the right doctor, as not all doctors will delve deep enough to find the cause of the excessive sweating).**

A person who thinks he or she is suffering from secondary hyperhidrosis should seek help from a general practitioner, ideally an internal medicine specialist. It's important to find the right doctor (again see our section on choosing the right doctor, as not all doctors will delve deep enough to find the cause of the excessive sweating).

"Generalized excessive sweating can occur in response to so many different medical conditions, disease states and medication treatments," says Dr. Glaser. "It's kind of a moving target depending on what kinds of medications are being used for different problems."

"If you see one physician and don't get the sense that the answer given is sufficient or satisfying, you certainly may need to seek out a second opinion. Sometimes that first response is: 'Don't worry about it. It's not going to kill you.' If you get an answer like that, and it's not satisfying to you, you should go ahead and seek out another opinion."

Whatever the reason for your excess sweat, there are people in the medical community who want to help.

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Finding a nearby physician sympathetic to and experienced in treating patients with hyperhidrosis may be as simple as going to the Physician Finder service on our Web site. Simply type in your zip code and the mileage distance you are willing to drive, and within seconds you will have the names and phone numbers of physicians near you. A gold star next to a physician's name means the physician is not only familiar with treatment options for hyperhidrosis, but also that he or she has attended one of our educational events and is up-to-date on the most current treatment options. We are proud to note that both Dr. Glaser and Dr. Nolish have gold stars beside their names!

Our Web site can also provide you with a comprehensive collection of insurance and reimbursement tools, including downloadable forms, that can help you work with your physician and health insurance plan to get the correct coverage for necessary treatments.

However you find help, don't let fear or embarrassment keep you from seeking out the attention you need and deserve. Always remember you are not alone. We at IHHS are here to serve and help you on your path to care and relief!

## The IHHS Explains Recent News About Botox:

All of us at the International Hyperhidrosis Society took note when we heard that Botox, used for years to safely and effectively treat countless hyperhidrosis sufferers, was under review by the U.S. Food and Drug Administration (FDA). Through our own extensive research, we learned that the FDA's review focuses on the treatment of young children with cerebral palsy whose health was already severely compromised. The FDA report does not refer directly to hyperhidrosis and Botox. Still, we think this is an opportunity to explain what we know about a drug that is vital to our community, and, perhaps most critically, to remind hyperhidrosis sufferers how important it is to accept medical

treatments only from a licensed doctor. In February 2008, the U.S. Food and Drug Administration (FDA) announced it would be reviewing Botox, a prescription drug that has been used worldwide for 20 years to treat millions of people with conditions ranging from wrinkles, to hyperhidrosis, to debilitating muscle contractions.

The FDA's concerns, as it turns out, were centered around a "handful" of children with cerebral palsy, whose health was already severely compromised when they were treated with Botox for spasticity in their legs.

The FDA says several of these very ill children were hospitalized with adverse reactions believed to be related to the Botox injections they received, and one child died. The investigation, the results of which are pending, also mentions one case of weakness and hospitalization following the cosmetic use of Botox, though the agency is still trying to determine whether Botox was the reason for the hospitalization. Allergan, Inc., makers of Botox, in a statement issued after the investigation, said it "fully supports the FDA's safety review of these adverse event reports and is working with the FDA to ensure that it has all of the information necessary to make an informed and reasonable judgment regarding them."

Meanwhile, the Irvine, Calif., company also cautions that the health profile of the bulk of the investigated cases is significantly different than the profile of those suffering from other ailments, including hyperhidrosis.

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"With respect to the therapeutic use of Botox to treat juvenile cerebral palsy and other lower limb spasticities, one should keep in mind that the population, treatment paradigms and typical dosing of product is significantly greater than some of the other approved uses of the product, including specifically the FDA-approved use of Botox Cosmetic to treat wrinkles between the brows," said Allergan in its statement. "In particular, the FDA on its teleconference pointed out that this population of patients tends to be 'very sick' and that, sadly, this population is generally subject to greater than usual serious adverse events and a higher mortality rate than a healthy population, regardless of the use of the product."

Allergan further states that while the FDA has approved the use of Botox to treat several conditions, juvenile cerebral palsy is not one of them. This does not mean that treating this group of patients with Botox is inappropriate. In fact, treating cerebral palsy is an approved use of Botox in several dozen countries all over the world – Canada, the United Kingdom, Egypt, and Sri Lanka to name a few. This use simply is not approved by either the FDA or Allergan.

"While the use of Botox for the treatment of juvenile cerebral palsy is approved in approximately 60 countries and has been used by health care practitioners in the United States for well over a decade, it is not currently an FDA-approved use of the product in the United States. As the FDA confirmed in its public teleconference, however, the off-label use of the product in the United States for this ailment is left to the medical judgment of the health care practitioner and the FDA's current review should not be interpreted to mean that the FDA is suggesting that this particular use is inappropriate."

### **Botox and Hyperhidrosis Not Specifically Implicated**

While any adverse reaction to an approved drug is of special concern to the medical community, including the International Hyperhidrosis Society, the agency's report does not specifically implicate Botox in association with hyperhidrosis. This is important news to the many

hyperhidrosis sufferers who have come to rely on Botox treatment for relief from excessive sweating on the palms of their hands (palmar hyperhidrosis), the soles of their feet (plantar) and under their arms (axillary).

Yet whether Botox is being used to treat excess sweat, frown lines or children with cerebral palsy, St. Louis dermatologist Dr. Dee Anna Glaser, one of the world's leading authorities on hyperhidrosis treatment methods wishes to remind patients that Botox is a strong drug that should always be administered by a qualified physician.

"I feel very secure in the extensive research, both in the U.S. and in Europe: The safety of Botox therapy to treat hyperhidrosis is outstanding," says Dr. Glaser, a founding board member of the International Hyperhidrosis Society. "But what really is the take-home message for patients in all these cases is that Botox should be administered in a medical setting by a medical professional and not in a party-like atmosphere, not in a spa-like atmosphere. Patients should see a reputable, licensed, accredited, board-certified physician who is treating patients within his or her area of expertise."

## **The History of Botox**

To understand the history of Botox is to understand botulinum toxin, a highly potent neurotoxin protein produced by the bacterium, *Clostridium botulinum*, which comes in seven serologically distinct forms, designated A through G. Researchers first began recognizing the toxin's ability to block neuromuscular transmission 60 years ago. Botox ultimately became the only botulinum toxin Type A product that is approved and licensed by the FDA.

In 2002, Botox was approved for cosmetic use. Two years later, the FDA approved Botox for treating hyperhidrosis patients, finding that the drug works to temporarily block the secretion of the chemical in the nervous system that is responsible for "turning on" the body's sweat glands. By blocking, or interrupting, this chemical messenger, botulinum toxin "turns off" sweating at the area

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where it has been injected. Additional approved uses of the drug include treating uncontrollable blinking, or blepharospasm, a localized movement disorder that causes abnormal muscle spasms and affects approximately 25,000 people in the United States. Botox is also used to control cervical dystonia, a movement disorder characterized by involuntary contractions of the neck muscles affecting more than 300,000 people in North America. Botox is undergoing clinical trials for the treatment of several urologic disorders, including overactive bladder, affecting some 33 million Americans, as well as lower urinary tract symptoms due to benign prostatic hyperplasia, a non-cancerous disease of the prostate that can interfere with urination and is one of the most common diseases among men.

To date, more than one million patients worldwide have been helped by Botox, as thousands of people safely receive Botox injections every day to treat a range of conditions. Medical literature indicates that Botox is "remarkably safe" and that the vast majority of consumers (96.7%) who have received Botox injections felt unstressed by the procedure.

Like any drug, Botox when used for the treatment of hyperhidrosis, does not come without the potential for side effects, the most common being stinging, bruising and discomfort at the site. There have been no reported cases of death or severe illness related to Botox treatment for hyperhidrosis. The most serious potential side effect is related to palmar hyperhidrosis treatment, which may cause muscle weakness that can last from a few hours to several weeks. This side effect, however, is extremely rare when the treatment is administered by an experienced physician.

As for the long-term effects of Botox treatment on hyperhidrosis patients, a four-year study was co-conducted by Dr. Glaser and presented in February 2007 at the 65th Annual Meeting of the American Academy of Dermatology. The study, which focused on 150 patients with severe primary axillary hyperhidrosis

Botox treatments over a four-year period, said there were no "serious treatment related effects over the course of the four years. Nor did anyone drop out of the study because of treatment-related adverse effects."

While the safety of Botox specifically related to hyperhidrosis is not mentioned in the FDA's teleconference report, Dr. Glaser says she has fielded a handful of concerns from her St. Louis hyperhidrosis patients. Additional concerns followed recent news reports about a study released in April by the Italian National Research Council's Institute of Neuroscience. This study found that when the whisker muscles of rats were injected with botulinum toxin, the toxin migrated to the brain, causing concern about the path botulinum toxin might take in the human body after it has been injected.

In response to the Italian study, Allergan states that the "botulinum toxin injected into the rats was incorrectly reported to be Botox. In fact, in the study, authors used toxic high doses of a laboratory preparation of botulinum toxin and did not use the FDA-approved medical product Botox, and data suggests that different preparations of botulinum toxin type A react differently in both the laboratory and in clinical practice. Furthermore, other published studies using botulinum toxin type A contradict these findings. Therefore, it would be inaccurate to apply the results of this animal study to Botox."

All these cases and studies, and the concerns they raise, are reminiscent of an incident three years ago when a California woman died after being injected by her hairstylist with phony Botox. "The hairstylist should never have been administering Botox or anything resembling Botox to begin with," said Dr. Glaser.

Indeed, while Dr. Glaser commends the FDA for its careful review of adverse effects related to Botox, and while she is always concerned about the safety of any product she administers, her greatest concern for her own patients is focused on safe administration of the drug.

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When you look at the millions and millions of people treated with Botox, you do get a really good sense that Botox, when administered correctly, is a very safe therapy. Hyperhidrosis patients should rest assured that the therapeutic options we are using are good. They just need to find a qualified physician to take them through their options."

### Physician Training Available

The IHHS reminds interested physicians that a training video for administering Botox is available through our online learning library. The IHHS also conducts several continuing education training events throughout the year, including an event this September in Paris, sponsored by the European Academy of Dermatology and Venereology. At this conference, physicians will have the opportunity to receive hands-on training from the world's leading hyperhidrosis practitioners, many of them members of our IHHS board. As a bonus, physicians who attend any of our educational events not only receive hands-on training, they receive a gold star beside their names in our Web site's Physician Finder database, a symbol that lets patients know they are up-to-date on the most current treatment methods.

### Leading Hyperhidrosis Experts to Speak in Paris

at European Academy of Dermatology and Venereology

If you are a physician eager to learn more about hyperhidrosis, what better time and place than Paris in September? Indeed, the City of Light is the host city for the annual European Academy of Dermatology and Venereology conference and the International Hyperhidrosis Society's next educational opportunity for physicians wanting to learn hyperhidrosis treatment options from the world's leading experts. Sponsors, this is also an opportunity for you. The perks are many! Please come join us!

Physicians from around the world will have the opportunity to experience Paris and, at the same time, learn hyperhidrosis treatment methods from the world's foremost experts

when the European Academy of Dermatology and Venereology convenes at the prestigious Palais Des Congres conference and exhibit center in Paris in September.

An added bonus: Physicians who attend the International Hyperhidrosis Society-sponsored ancillary session will receive a gold star next to his or her name on our online Physician Finder database, letting prospective patients know they are up-to-date on the most current hyperhidrosis treatment methods available today.

"We are grateful that the EADV has given us educational space at its conferences since 2004," said IHHS Executive Director Lisa Pieretti. "This year in particular offers such a wonderful opportunity for physicians around the world. They get to experience a wonderful city. They get star billing – literally – in our Physician Finder. And they get face-to-face contact with the world's leading practitioners and researchers in hyperhidrosis today."

"This is also a great opportunity for sponsors, who are very much needed and very much part of our community," said Pieretti. "In addition to enabling the IHHS and its faculty to present the latest hyperhidrosis information and resources to the European dermatology community, we will provide a number of benefits to the sponsoring brand."

- Brand sponsorship noted on the syllabus given to all session attendees.
- Sponsorship included on all outgoing marketing pieces related to the session (EADV pre-registrants).
- The opportunity to provide samples of branded product to attendees (as appropriate)
- Admission to the session (and cocktail hour) for up to four brand/corporate representatives.
- Sponsorship noted in IHHS newsletter story (if decided within 10 days).
- Sponsorship noted in IHHS press release.
- SweatHelp CME page sponsored by brand.

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Meanwhile, the practitioners and researchers from the United States who will be participating are: Dr. David Pariser of Norfolk, Va., president of the International Hyperhidrosis Society and president-elect of the American Academy of Dermatology and IHHS Secretary Dr. Dee Anna Glaser of the Saint Louis University School of Medicine, who has lectured about hyperhidrosis throughout the world and has published more than 75 articles in peer-reviewed journals.

Drs. Pariser and Glaser will join London's Dr. Sandeep Cliff. Dr. Cliff is a dermatologist and dermatological surgeon at Surrey and Sussex Healthcare and Epsom and St. Helier University Hospital NHS Trusts as well as honorary senior lecturer at London's St. George's Medical School. Also part of the faculty will be Dr. Henning Hamm, senior physician and Assistant Medical Director of Dermatology at the University of Wurzburg of Germany. The team will demonstrate and discuss proven medical treatment options during a four-hour breakout session, "Effective and Efficient: The New Standard of Care for Hyperhidrosis," on the opening morning of the five-day conference beginning Wednesday, Sept. 17.

"Hyperhidrosis is not a disease of the United States alone,"

said Dr. Glaser. "It's an international problem. A lot of important research has come out of Europe. So it's a great place to extend our educational efforts. "Frequently quoted studies suggest that 3 percent of a given population is affected by hyperhidrosis. If those statistics hold, then Europe with a population of 728 million, is home to 2 million hyperhidrosis sufferers. Dr. Hamm, a practicing dermatologist for 22 years, said he is eager to increase hyperhidrosis awareness throughout Europe and within his own country in particular.

**"In my view, availability of treatment options is not the problem for hyperhidrosis patients in Germany. The problem is knowledge – knowing that they suffer from a real disease and that this disease can be treated," said Hamm. "This is the prerequisite for consulting a specialist."**

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**The IHHS session, which will help kick off the Sept. 17-21 conference, breaks out into several smaller sessions:**

- Welcome & Introductions. Dr. Glaser.
- Defining & Diagnosing Hyperhidrosis: Differentiating Primary and Secondary Hyperhidrosis in a Step-Wise Approach. Dr. Hamm.
- Understanding the Impact of Hyperhidrosis on Patients' Lives. Dr. Hamm.
- Topical Therapies: Emerging Science and Technology (with video). Dr. Pariser.
- Iontophoresis: A Procedure with Promise. Dr. Pariser.
- Injections of Botulinum Toxin for Axillary Hyperhidrosis: Evidence-Based Approach (includes video demonstrations of starch-iodine and axillary injections). Dr. Cliff.
- Injections of Botulinum Toxin for Non-Axillary Hyperhidrosis: Applying a Proven Treatment to New Areas (includes videos of non-axillary injections). Dr. Glaser.
- Axillary Liposuction: Latest Technique. Dr. Glaser.
- Endoscopic Thoracic Surgery: Option of Last Resort? Dr. Hamm.
- Oral Medications: What and When to Use Them. Dr. Glaser.
- Incorporating Office Staff into Hyperhidrosis Patient Treatment and Management. Dr. Cliff.
- Panel Questions and Discussions.

**In addition to Wednesday's meeting, the EADV conference will offer two other sessions related to hyperhidrosis on Thursday, Sept. 18:**

L04 Hyperhidrosis (Lunch with the Expert)  
H. Hamm ( Germany )  
1-2 p.m.

**AND**

C09 Botulinum A Toxin Live  
Chair: V. Gassia ( France )  
Co-chairs: N. Lowe ( UK ), P. Levy ( Switzerland )  
2:45 p.m. to 4:15

**Other important notes:**

\* Seats in the Wednesday hyperhidrosis meeting will be provided on a first-come-first-served basis. No reservation is required to attend, but early arrival is encouraged. If you would like us to reserve a place for you, please send an e-mail to [Support@SweatHelp.org](mailto:Support@SweatHelp.org)

\* The EADV recommends you make hotel reservations as soon as possible, as September is high season in Paris. For more information, visit [www.eadv2008.com](http://www.eadv2008.com).

For those healthcare professionals who can't go to Europe in September, check out our Continuing Medical Education page for other upcoming conferences.

And if you can't make any of these physical times and places, as always, please note that our cyberspace video library offers training videos in Botox injections for submammary, craniofacial, palmar and axillary sites.

## 100 Hopeful Patients Receive Free Treatment

We put out a call for hyperhidrosis sufferers who wanted to receive free medical treatment. And you responded! The result: More than 100 patients received Botox and iontophoresis treatment at our conferences in San Francisco and Miami this spring. It was such a success that we hope to make this an annual opportunity at various U.S. locations!

"These were very exciting sessions," said conference chair and St. Louis dermatologist, Dr. Dee Anna Glaser, an internationally recognized hyperhidrosis expert, a founding member of the IHHS, and one of the teaching physicians at the conferences.

"Not only did the physicians get the didactic part. But in the afternoon, we were able to add the hands-on, live patient treatments. The physician trainees were able to actually inject their own patients while faculty members stood right there, giving them tips, giving them little pearls for success."

The conferences, entitled "Effective and Efficient: The New Standard of Care for Hyperhidrosis," were so successful that the IHHS would like to sponsor a similar conference every year, offering more free treatment, and more hope, to more patients.

"I cannot stress enough the value of these events," said IHHS Executive Director Lisa Pieretti. "At these conferences, patients were treated – free – by dedicated physicians, who were being trained by the best hyperhidrosis physicians in the United States. And the physicians heard from the most highly regarded hyperhidrosis researchers in the world. These kinds of events are

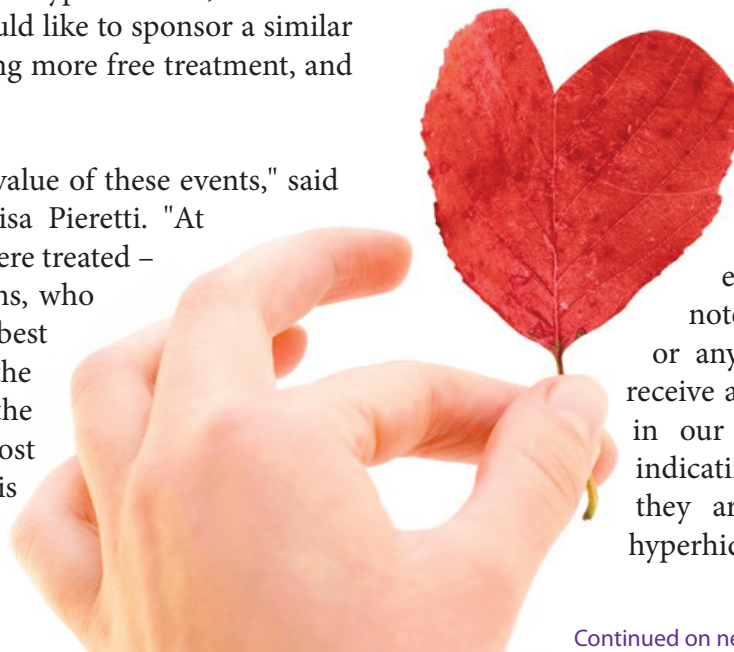
the heart and soul of the IHHS because they serve the entire community so beautifully, and they keep hyperhidrosis treatment and research moving forward. I am eager to begin preparing for next year."

A 2009 conference site has yet to be determined, as the IHHS seeks support and interest from treatment providers, physicians, sponsors, and SweatSolutions subscribers, Pieretti said. As the time draws near, the IHHS will issue an alert in SweatSolutions letting hyperhidrosis patients know the location of the conference and the names of the generous physicians who plan to attend.

"The physicians who teach give up a whole Saturday for this," said Pieretti. "Plus, other attending physicians watch and learn, and they usually travel from quite a distance – like Israel and Iran."

Among the folks receiving both Botox and iontophoresis treatment in California this past spring was one patient with a unique twist: Dr. Susan Davoodifar suffers from hyperhidrosis, even as she is a dermatologist who treats hyperhidrosis patients at her Irvine, Calif. office.

(For a complete list of doctors who attended the conferences, go to "Spring Training for Physicians = Free Treatment for Patients!" or see the list at the end of this story. A special note: Doctors who attended this or any IHHS educational training receive a gold star next to their name in our Physician Finder database, indicating to prospective patients that they are up-to-date on the latest hyperhidrosis treatment methods.)



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I wanted to have the Botox done myself, to see how it feels and how quickly and how long it lasts," said Dr. Davoodifar, who suffers from axillary, and to a lesser degree, palmar hyperhidrosis and who spoke to us six weeks after her treatment. "So far, it's been very, very good. Within a couple of days, I wasn't sweating at all."

Dr. Davoodifar, who treated five patients at the conference, said the fact that she has hyperhidrosis herself makes it easier on her patients. "Most patients don't like to talk about hyperhidrosis. It can be embarrassing for them. Because I have hyperhidrosis, it's easier for them to talk to me about it."

At the twin conferences, held April 12 in Coral Gables/Miami and May 3 in San Francisco, doctors had the opportunity to learn about hyperhidrosis from Dr. Glaser, Dr. Marina Peredo of Long Island, N.Y., and Norfolk, Va. dermatologist, Dr. David Pariser, who is IHHS president and president-elect of the American Academy of Dermatology.

Sessions were held on the epidemiology, diagnosis, treatment, follow-up and insurance requirements related to hyperhidrosis. Five doctors won free iontophoresis machines, compliments of R.A. Fischer, the maker of iontophoresis equipment. Other conference sponsors were the IHHS, Saint Louis University School of Medicine, and Allergan, makers of Botox.

But the true winners were the 100 patients who received treatment – many of them for the first time.

"The results were instant, and I still can't believe there is something that works against this condition," e-mailed Amanda, whose axillary hyperhidrosis was treated with Botox in San Francisco. "I can finally wear form-fitting shirts, and I look ten pounds thinner now!!! I could go on and on, but nothing I can write will express how happy, relieved and excited I am to know I will not have to live my life in embarrassment anymore." Eddie, whose palmar hyperhidrosis was treated with Botox in Miami, e-mailed this endorsement to the IHHS: "I have suffered with hyperhidrosis my whole life and have tried all the different remedies, including taking oral medications. Nothing in the past has worked for me until now. For the first time in my life I am able to shake hands without feeling embarrassed. Thank you for making me feel normal."

Meanwhile, doctors who received training at the spring conferences in Miami and San Francisco are listed below. The doctors with an \* beside their name won free iontophoresis machines, compliments of R.A. Fischer and the IHHS:

- |   |   |
|---|---|
| *Lynne Columbus, MD<br>Palm Harbor, FL<br>T: 727.789.0891                             | Michael MacDonald, MD<br>San Francisco, CA<br>T: 415.956.3223 |
| *Flor Mayoral, MD<br>Miami, FL<br>305.665.6411  | *Serena Mraz, MD<br>Vallejo, CA<br>T: 707.643.5785            |
| Scott Graham, MD and<br>Michael Stanford, MD<br>St. Petersburg, FL<br>T: 727.502.9000 | Ingrid Trenkle, MD<br>Redlands, CA<br>T: 909.798.9403         |
| Marina Peredo, MD<br>Smithtown, NY<br>T: 631.863.3223                                 | *Celedonia Yue, MD<br>Tujunga, CA<br>T: 818.353.8581          |
| *Susan Davoodifar, MD<br>Irvine, CA<br>T: 949.509.6503                                | Peter Helton, DO<br>Newport Beach, CA<br>T: 949.646.3376      |