ISSN: 2755-6204

Case Report

Journal of Sexual Health and Reproductive Medicine

Eradication of Long-Term Hidradenitis Suppurativa and Other Co-Morbidities Following Treatment with the Dopamine Agonist Dextroamphetamine Sulfate-Case Report

Jerome H Check[1,2*], Diane L Check BS[2]

[1]*Cooper Institute for Reproductive Hormonal Disorder, Melrose Park, PA, USA*
[2]*Cooper Institute for Reproductive Hormonal Disorders, Mt Laurel, NJ, USA*

[*]**Corresponding author**
Jerome H Check, MD, Ph D, Cooper Institute for Reproductive Hormonal Disorder, Melrose Park, PA, USA.

Received: November 05, 2026; **Accepted:** November 09, 2026; **Published:** November 17, 2026

ABSTRACT

Background: Hidradenitis suppurativa is a chronic autoimmune disorder presenting with large pustular lesions mostly in the axillae ad groin. At present there is not an effective safe conventional therapy.

Aim: To present a novel, safe, highly effective treatment to prevent recurrence of this chronic condition. Methods: The dopamine agonist dextroamphetamine sulfate was prescribed to a 35-year-old woman with frequent recurrences of hidradenitis suppurativa over a 20-year period.

Results: She has been in total remission for 2.5 years.

Conclusion: Hidradenitis suppurativa can be added to the long list of chronic disorders that quickly and effectively are ameliorated by the use of dextroamphetamine. Furthermore, dopamine agonists may also ameliorate other co-morbidities that occur with hidradenitis suppurativa.

Keywords: Hidradenitis Suppurativa, Dopamine Agonists, Inflammatory Bowel Disease, Increased Cellular Permeability Syndrome, Psoriasis, Tonsillar Abscess

Introduction

A prerequisite for a successful pregnancy is to create spiral arteries that have a cell wall only 1-cell thick derived from the extravillous trophoblast to allow nutrient exchange between mother and fetus [1]. During the first half of the menstrual cycle i.e., the proliferative phase, the uterine arteries predominately have thick walls. However, spiral arteries appear shortly after the secretion of progesterone (P) during the second half of the menstrual cycle i.e., the luteal phase. Thus, it would seem likely that P plays some role in the development of spiral arteries. One theoretical possibility is that P binds to the nuclear P receptor (nPR) and stimulates the de novo production of spiral arteries. However, genomic interactions generally yield a slow response, and these spiral arteries seem to develop too fast to be adequately explained by new vessel formation [1].

Hypothetically, it would seem more likely that there may be autoimmune remodeling of some of the thick walls of some of the uterine arteries leading to spiral artery formation [1]. Thus, one embryo implantation model proposes that P inhibits the action of dopamine, which normally functions to decrease cellular permeability. This leads to irritating elements crossing a mucosal barrier and attaching to certain thick-walled uterine arteries leading to autoimmune removal of the thick wall [1]. These inflammatory cells do invade the fetal-placental microenvironment (70% natural killer cells, 20% macrophages, and 10% cytotoxic T cells) [1].

They must be neutralized, or the cellular immune cells will attack the fetal semi-allograft. According to the model, the inhibition of the killing action of these cellular immune cells is achieved by progesterone interacting with fast acting membrane progesterone receptors (mPRs) that secrete certain immunosuppressive proteins e.g., the progesterone induced blocking factor (PIBF) [2-4].

Citation: Jerome H Check, Diane L Check. Eradication of Long-Term Hidradenitis Suppurativa and Other Co-Morbidities Following Treatment with the Dopamine Agonist Dextroamphetamine Sulfate-Case Report. J Sex Health Reprod Med. 2026. 2(4): 1-7. DOI: doi.org/10.61440/JSHRM.2026.v2.51

According to the hypothesized model, the normal inflammatory process, in general, is not associated with various types of pelvic pain. However, dysmenorrhea, mittelschmerz, dyspareunia, and chronic pelvic pain may be related to a permeability deficit in mucosal membranes in the pelvic tissues leading to various types of pelvic pain and even damage to the oocytes leading to diminished oocyte reserve (DOR) related to excessive infiltration of inflammatory elements [5-9].

Sometimes the increased cellular permeability defect is not restricted to the pelvis and may be associated with pain or organ dysfunction in other areas of the body, e.g., headaches, interstitial cystitis, or inflammatory bowel disease (IBD) [10-13]. Sometimes one may find evidence of inflammatory damage to the ovaries as manifested by DOR and the presence of IBD without pelvic pain [14,15]. Sometimes one may have a pathological state which may be related to a tissue permeability defect suspected because of a great response to dopamine agonists or dopamine itself, e.g., IBD without any evidence of pelvic pathology [16-18].

Related to the fact that there are so many different disorders involving every organ system of the body that greatly improve with dopamine agonists, even if refractory to standard therapy, or where standard therapy produces some improvement but still insufficient relief, and related to the hypothesis of a tissue permeability defect linking these various conditions, it has been named by our group (but not officially) as the increased cellular permeability syndrome [19]. Dopamine agonists e.g., dextroamphetamine sulfate, cabergoline, or carbidopa levodopa have been the main drugs used to correct the hypothesized cellular permeability defect in males as well as females [20, 21]. The most commonly used dopamine agonist has been dextroamphetamine sulfate, which not only causes an increased release of dopamine from sympathetic nerve fibers, but also epinephrine and norepinephrine. Thus, this drug is considered a sympathomimetic amine. However, with the demonstration of similar marked relief of various disorders with cabergoline or carbidopa levodopa alone or in combination with dextroamphetamine, it is reasonable to consider that the main mechanism of treating these disorders with dextroamphetamine is the release of dopamine, and it is then also considered a dopamine agonist [22-26].

The dopamine agonist cabergoline has also been found to improve treatment refractory hidradenitis suppurativa [27]. We report now the first case of successful eradication of hidradenitis suppurativa with dextroamphetamine plus amelioration of comorbidities as part of the increased cellular permeability syndrome.

Case Report

A 35-year-old woman sought medical treatment for hidradenitis suppurativa referred by a patient who we successfully treated this condition with cabergoline [27]. The hidradenitis suppurativa had been present for about 20 years around the same time as she was having frequent episodes of diarrhea and abdominal pain which was later diagnosed as Crohn's disease by colonoscopy.

The hidradenitis suppurativa effected both her groin and axillae. The episodes would occur 6-10 times per year and would last about 2-3 weeks. Initially, the Crohn's disease was treated with corticosteroids and mesalamine, but only high dosage corticosteroids provided partial relief. However, the prednisone was stopped because of side effects.

She was eventually treated with infliximab every 6 weeks which did give her moderate relief of the Crohn's disease, but not complete relief. Perhaps once or twice per year she would have exacerbations of the Crohn's disease despite the infliximab that led to brief hospitalizations. However, the infliximab did not decrease the frequency or duration of the hidradenitis suppurativa.

We advised her that in our experience we found dextroamphetamine sulfate can be more effective than cabergoline for hidradenitis suppurativa. We had seen over the years other cases of hidradenitis suppurativa respond well to dextroamphetamine sulfate, but these cases were never reported.

Furthermore, we thought that dextroamphetamine would be more effective for other comorbidities that she had, especially the symptoms of attention deficit disorder syndrome. We also have had much more experience in treating Crohn's disease with dextroamphetamine, and have not as yet treated IBD alone with and comorbidities other dopamine agonists, or her other comorbidities including abscesses on her tonsils every winter, inability to lose weight despite dieting, chronic fatigue, and a patch of psoriasis on the back of her scalp. She did not have pelvic pain. We initiated treatment at 15mg of amphetamine salts upon arising and at noon. This provides 9.4mg of dextroamphetamine in each 15mg tablet.

In the 2 1/2 years of treatment with dextroamphetamine sulfate, she has not had one episode of hidradenitis suppurativa. Her Crohn's disease has markedly improved to the point that she has no gastrointestinal symptoms at all. She had several colonoscopies while taking exclusively infliximab, and although signs of inflammation were improved, every colonoscopy showed some persistent inflammation. A colonoscopy performed one and a half years on the combination of infliximab and dextroamphetamine showed no signs of inflammation at all. Her energy markedly improved. The psoriasis of the scalp is no longer present. Her weight has been steadily decreasing over the years of the treatment with dextroamphetamine despite not dieting. Her initial weight was 148 pounds. She has lost 18 pounds without dieting.

The abscesses on her tonsils have not been present in the last two winters while adding treatment with the sympathomimetic amine dextroamphetamine. We have never before treated a patient with tonsil abscesses with any dopamine agonist in the past. The patch of psoriasis on the scalp has also been in total remission.

Discussion

Hidradenitis suppurativa is an enigmatic condition. Though it may be found in males, it is much more common in females [28,29]. It is a chronic inflammatory disorder, but not an infectious condition, that keeps recurring. It presents as large pustules or boil-like bumps involving hair follicles mostly in the axillae or groin. The lesions could be considered abscesses or even tunnels in the intertriginous regions. Thus, it does

not improve with antibiotics unless there is a superimposed infection [28,29]. Though we have seen marked improvement of hidradenitis suppurativa with dextroamphetamine sulfate we have never previously reported its use for this condition because, in the absence of a larger series or randomized controlled study, we prefer to report a case report that is very convincing. The previous aforementioned case report of hidradenitis suppurativa was published because of how long it had been present, i.e., 13 years, and how quickly the patient responded to the dopamine agonist cabergoline [27]. This other patient, still has had no more hidradenitis suppurativa after more than one year of cabergoline treatment. Reported here is the efficacy of dopamine agonist therapy in the form of dextroamphetamine noting that in this case she previously had very frequent episodes of hidradenitis for 20 years, and the condition has not returned for 2.5 years

The fact that flares of hidradenitis suppurativa are more common premenstrually and during pregnancy relates to data suggesting that progesterone blocks dopamine which increases cellular permeability allowing irritants to infuse into the endometrium which stimulates a cellular immune response resulting in stripping off of the thick walls of some of the uterine arteries found in the proliferative phase resulting in thin-walled spiral arteries during the secretory phase [1]. Extra-pelvic tissues may also be susceptible to increased cellular permeability following progesterone secretion.

Many of these disorders when they occur in women are present throughout the menstrual cycle, but may occur more premenstrually because of the effect of further increasing cellular permeability leading to the infusion of a critical amount of irritants into certain tissues. This innate permeability may be already more permeable related to genetic factors, infectious factors or traumatic factors [30, 31]. However, sometimes these disorders only exist premenstrually [12,32].

The marked improvement in her energy was not surprising since the chronic fatigue syndrome is well-known to markedly improve following dopamine agonist therapy [33-35]. In one series of 50 women whose main symptom was chronic fatigue, 48 of 50 reported marked improvement and 2 reported moderate improvement following treatment with dextroamphetamine [35].

We have seen many cases of psoriasis improve with dextroamphetamine, but we did not have a case so extreme that we thought it worthy of a case report. Indeed, this patient's improvement in the psoriasis would not have been reported if that was the only morbidity that dopamine agonist therapy improved. However, we have reported many treatment refractory dermatological disorders that were considered reportable based on their duration and coupled with quick long-lasting response to dopamine agonists, especially, but not limited to, dextroamphetamine [36-48]. In the case of pyoderma gangrenosum dextroamphetamine was not sufficient to treat this condition at 60mg amphetamine salts per day. However, the pyoderma gangrenosum did undergo remission with the addition of another dopamine drug carbidopa/levodopa 10/100mg twice daily [48].

Carbidopa levodopa is one of the 3 main dopamine agonists we have used either by itself or combined with dextroamphetamines to treat various manifestations of the increased cellular permeability syndrome [49]. Our experience is that these conditions are more likely to respond to dextroamphetamine or carbidopa/levodopa, as opposed to cabergoline, which may be needed in a dosage of 0.5 twice or three times per week to gain benefit [24].

Many oral pharyngeal conditions improve with dopamine agonists, but this is the first time reporting treating tonsillar abscesses. Sometimes there is an association of vulvar and oral mucosal disorders or painful facial dermatological lesions [13,50]. Recurrent aphthous stomatitis (RAS) responds very well to dopamine agonists [51,52]. One family with 4 siblings with varying degrees of RAS (from very severe to moderate) is interesting [52]. They all had RAS in common, but each had different comorbidities of the increased cellular permeability syndrome. The sibling with the most severe RAS had also unexplained weight gain and fatigue, and all these clinical entities responded to dextroamphetamine [33-35, 51,52]. Another sister had mild to moderate RAS but had severe dysmenorrhea and diminished oocyte reserve (DOR). They all markedly responded to dextroamphetamine which may have also contributed to her successful delivery following embryo transfer [53,54]. One brother had moderate to severe RAS but also had severe exacerbations of intense feeling of heat (where he felt that his whole body was on fire) and all these symptoms dissipated with dextroamphetamine [51]. Dopamine agonists have been used to treat vasomotor disorders in females with normal estrogen or estrogen deficiency [55,56]. Because the increased cellular permeability syndrome not uncommonly is associated with weight gain related to fluid retention, an old term that had been used for this condition is idiopathic orthostatic edema [19,36, 37,55]. Another brother with mild to moderate RAS had severe gastrocolic reflex and both responded to dextroamphetamine [21]. What is interesting, and confusing, is that their parents who are now 76 years old have had no manifestations of RAS or other aspects of the increased cellular permeability syndrome [52].

Dopamine agonists have also successfully treating burning mouth syndrome (stomatodynia) where there is severe oropharyngeal pain without identifiable lesions [57,58]. The marked improvement in pain from burning mouth syndrome have been demonstrated with treatment with dextroamphetamine sulfate, cabergoline, or combinations of these drugs [57,58].

There is evidence that weight loss without dieting is common with dopamine agonist therapy. The hypothetical mechanism is that release of dopamine to decrease cellular permanently is needed to prevent transudation of fluid from the intravascular to extravascular tissues. Normally there is an increase in hydrostatic pressure when a human assumes an orthostatic position. Some people (higher predominance in women) have a defect where there is a delay in the stimulation of sympathetic nerve fibers to release dopamine to prevent fluid leakage into interstitial spaces by decreasing capillary permeability [59,60]. Dopamine agonists correct the permeability defect inhibiting the weight gain related to fluid retention [59-61]. In the extreme condition of increased cellular permeability syndrome leading to severe postural orthostatic tachycardia syndrome (POTS), dextroamphetamine has proven to be a highly effective therapy [62].

Conclusion

There were a few purposes of writing this case report. One was to report the second case of successfully treating long standing hidradenitis suppurativa (which is usually refractory to other therapies) with a dopamine agonist. This is the first case of reporting success with dextroamphetamine sulfate supporting the contention that the ultimate etiologic factor in causing hidradenitis suppurativa is increased cellular permeability with infiltration of unwanted elements into sebaceous hair follicles causing an autoimmune response leading to these boil-like protruding lesions. This condition of hidradenitis suppurativa is even more often found in patients with other autoimmune disorders than as an isolated entity. Indeed, it may be more common in patients with Crohn's disease. Interestingly, despite the tumor necrosis factor alpha (TNF alpha) inhibitor infliximab, a mainstay of treatment of various autoimmune disorders, infliximab did improve the Crohn's disease to a tolerable level, but did not show any benefit for the hidradenitis suppurativa.

Nevertheless, the addition of dextroamphetamine sulfate to the infliximab therapy markedly improved her gastrointestinal symptoms. It is likely based on past experience that the dopamine agonist would provide the same marked relief of the Crohn's disease without infliximab, but we respected her wishes to continue both drugs [15,18].

One should note that infliximab did not relieve severe fatigue that is often associated with autoimmune disorders, e.g., Crohn's disease, and that is commonly the case even when TNF alpha inhibitor drugs are relieving pain and diarrhea.

We have an example of our decision of which case reports to publish and an example of chronic fatigue with autoimmune disorders. A case was reported of the progressive type of multiple sclerosis that was associated with frequent exacerbations so that the woman was wheelchair ridden by the age of 32. She was treated with dextroamphetamine, which not only markedly improved her relatively severe chronic fatigue syndrome, but she never had any more episodes of multiple sclerosis for 40 years. She actually reached a point where she could walk with the aid of a walker. She moved to another state, 1000 miles away. She consulted a neurologist who refused to continue the dextroamphetamine, but instead prescribed ocrelizumab. For the next 1.5 years, her multiple sclerosis remained in remission. However, she redeveloped moderate chronic fatigue syndrome.

She then developed severe bullous pemphigoid which did not respond to the addition of doxycycline. Not only did the bullous pemphigoid completely clear up within one week of treatment with dextroamphetamine (even though they had been present for more than 6 months), but furthermore, her energy markedly improved [43]. She has been fine for 2.5 years with no more skin lesions, good energy, and no exacerbations of multiple sclerosis. She continues ocrelizumab because without it her neurologist will not continue her monitoring.

For all of these years we never published her case because of the nature of multiple sclerosis one could not state for sure her lack of exacerbations was related to dopamine agonist therapy. Thus, her multiple sclerosis was only mentioned, but the case was reported based on her quick response in ameliorating her bullous pemphigoid [43]. We hypothesized that the improvement in fatigue is related to inhibiting unwanted elements from gaining access to mitochondria causing functional abnormalities [64].

The psoriasis, which is considered an autoimmune condition, in the patient reported here did not improve despite infliximab but did improve when a dopamine agonist was added. We have seen many cases of psoriasis improve with dopamine agonists, but there was not a case so convincing that we have written a specific case report.

We have hypothesized that the difference between dopamine agonist therapy versus immune suppression is that dopamine corrects the permeability defect leading occasionally to an inflammatory state which can be one of the autoimmune disorders. In contrast, the use of immunosuppressants, e.g., glucocorticoids, or tumor necrosis factor alpha inhibitors only treat the inflammation once it occurs. Thus, dopamine agonists prevent the inflammation in the first place.

An example of treating the cause rather than the symptoms as it occurs is exemplified by treating irritable bowel syndrome (IBS) which is not usually considered autoimmune. One would think that the cause of IBS with diarrhea (IBS-D) may differ from the cause of IBS with constipation (IBS-C). Certainly, the objective of standard treatments for IBS-D with hypermotility of the bowel is to slow bowel motility. However, the opposite type of standard therapy for IBS-C with hypomotility of the bowel is with therapy aimed to increase bowel motility. Unfortunately, frequently standard treatments have not been very effective. However, IBS-D, IBS-C, and IBS mixed (M) (seem to respond very well to one treatment, i.e., dopamine agonists) [65,66].

Not only are dopamine agonists frequently superior than immunosuppressants for treating autoimmune disorders e.g., hidradenitis suppurativa and Crohn's disease, but they are also more effective in treating other comorbidities frequently found in patients with autoimmune disorders yet in themselves not considered an autoimmune condition e.g., fluid retention and weight gain.

Furthermore, dopamine agonist drugs are much safer than immunosuppressants They are much less likely to cause as many immediate side effects [67]. They certainly are safer in preventing long term side effects e.g., diabetes mellitus, osteoporosis, poor skin healing, psychologic disorders (as seen with glucocorticoids) and long-term risks e.g., serious infections and cancer as seen with glucocorticoids, TNF alpha inhibitors, and other types of immunosuppressants biologicals aimed at blocking various interleukins.

Thus, another purpose of writing this case report was to familiarize physicians about this condition unofficially called the increased cellular permeability syndrome. Though it is quite common, it is not known by most healthcare workers since it does not have the support of any pharmaceutical company to promulgate the information. Since all of these dopaminergic drugs are available as inexpensive generic drugs, thus, another great advantage of dopaminergic drugs is that they are far less expensive than immunesuppressants especially the monoclonal antibody type of biological medications.

There has been a recent excellent review of hidradenitis suppurativa [68]. They discuss in detail the use of topical agents, local drug therapies, and systemic drug therapies. Most of these therapies have not been impressive [68]. However, the recent mode of therapy that is being proposed as the "treatment" of choice are the biologicals.

Adalimumab a drug that inhibits the bio-inflammatory cytokine tumor necrosis factor alpha was the first monoclonal antibody biological that was approved for hidradenitis suppurations [69,70]. Sometimes results with adalimumab may be improved by the addition of antibiotics [69,70].

Another biological that has been used is secukinumab [71]. This drug interferes with interleukin-17A protein [71]. The newest biological on the pharmaceutical market is bimekizumab [72]. Because adalimumab is a generic the cost would be only about $15,000 per year. The cost of dextroamphetamine amine, or carbidopa-levodopa or cabergoline costs only a tiny fraction of the cost of biologicals especially secukininumab and binekizumab where only the brand-named drugs are available. Furthermore, by suppressing the immune systems, the patient is at a higher risk of infection and cancer plus other side effects related to tumor necrosis alpha and IL-17A needed for physiological pathways combat infection and cance.

At present with inflation and the rising cost of new drugs health insurance is skyrocketing. Thus, though there are only a couple anecdotal cases reported with dopamine agonists for hidradenitis suppurativa vs large controlled trials for the aforementioned biologicals, based on the great efficacy in these 2 cases, plus many other anecdotal cases showing great long lasting success for comorbidities as demonstrated in the case reported here that also responds to dopamine agonists compared to biologicals, and the drastic lower cost of dopamine agonists vs biologicals, we think it would be reasonable to first try dopamine agonists for hidradenitis suppurativa and only use biologicals if dopamine agonists fail. Though this case shows that dopamine agonists can work if a biological agent is not successful, it is not clear that TNF alpha inhibitors or IL-17A inhibitors will show efficacy if dopamine agonists fail.

References

1. Check JH, Aly J, Chang E. Improving the chance of successful implantation - part I - embryo attachment to the endometrium and adequate trophoblast invasion. Clin Exp Obstet Gynecol. 2016. 43: 787-791.
2. Check JH, Aly J. Improving the chance of successful implantation - part 2 - Circumventing immune rejection and the fetal semi-allograft. Clin Exp Obstet Gynecol. 2018. 45: 9-13.
3. Check JH, Ganpo NN. The role of membrane progesterone receptor associated proteins in gynecological and reproductive disorders, and cancers: an editor's historical perspective, Part 1: Molecular Aspects. J Sex Health Reprod Med. 2026. 2: 1-6.
4. Check JH, Gampo NN. The role of membrane progesterone receptor associated proteins in gynecological and reproductive disorders, and cancers: an editor's historical perspective: Part 2: Clinical benefits of P supplementation post-ovulation. J Sex Health Reprod Med. 2026. 2: 1-8.
5. Check JH. Treating pelvic pain and endometriosis with the goal of correcting infertility and/or preventing miscarriage. J Reprod Med Gynecol Obstet. 2024. 9: 167.
6. Check JH. Increased Cellular Permeability Related to Relative Dopamine Deficiency May Play a Major Role in the Etiology of Dyspareunia by Causing Inflammation. J Sex Health Reprod Med. 2025. 1: 1-7.
7. Check JH, Jaffe A. Resolution of pelvic pain related to adenomyosis following treatment with dextroamphetamine sulfate. Clin Exp Obstet Gynecol 2015. 42: 671-672.
8. Check JH, Cohen R. Chronic pelvic pain – traditional and novel therapies: Part II medical therapy. Clin Exp Obstet Gynecol. 2011. 38: 113-118.
9. Check JH, Katsoff B, Citerone T, Bonnes E. A novel highly effective treatment of interstitial cystitis causing chronic pelvic pain of bladder origin: case reports. Clin Exp Obstet Gynecol. 2005. 32: 247-249.
10. Check JH. Increased tissue permeability and sympathetic nervous system hypofunctionmay be the common link between dysmenorrhea, chronic pelvic pain, Mittelschmerz, and Crohn's disease. Clin Exp Obstet Gynecol 2016. 43: 112-113.
11. Check JH, Ganpo Nkwenkwa N. Treating dysmenorrhea with dopamine agonists has the advantage of ameliorating other clinical pathologic entities that are frequently present at the same time. Int Gyn & Women's Health. 2026. 6: 1-7.
12. Check JH, Cohen R. The triad of luteal phase ocular migraines, interstitial cystitis, and dyspareunia as a result of sympathetic nervous system hypofunction. Clin Exp Obstet Gynecol. 2014. 41: 575-577.
13. Check JH, Neumann B, Check D. New Insight into the Etiology and Treatment of the Vulvostomatodynia and Review of Treating Pelvic Pain with Dopaminergic Drugs. Gynecol Reprod Health. 2024. 8: 1-8.
14. Check JH, Neumann B. Combined Dopaminergic Drugs with Supplemental Progesterone to Treat Recurrent Miscarriage and Ulcerative Colitis despite Diminished Egg Reserve. Gynecol Reprod Health. 2024. 8: 1-10.
15. Check JH, Check DL, Neumann B. A Novel Treatment of Crohn's Disease that is Not Only Safe in Pregnancy but Can Correct Infertility and Recurrent Miscarriages. Gynecol Reprod Health. 2024. 8: 1-9.
16. Check JH, Cohen R. Sympathomimetic amine therapy abrogates severe long-term unexplained abdominal pain and diarrhea (microscopic colitis) – possible infertility implications. Clin Exp Obstet Gynecol. 2019. 46: 489-491.
17. Check JH, Katsoff B, Cohen R. A case report showing that a woman with ulcerative colitis refractory to standard therapy responded well to the sympathomimetic amine dextroamphetamine sulfate. Inflam Bowel Dis. 2011. 17: 870-871.
18. Check JH, Katsoff B, Cohen R. A novel highly effective medical treatment of severe treatment refractory Crohn's disease using sympathomimetic amines – case report. Inflam Bowel Dis. 2010. 16: 1999-2000.
19. Check JH. Changing the name of a syndrome: Sympathetic neural hyperalgesia edema syndrome becomes – the increased cellular permeability syndrome. Clin Exp Obstet Gynecol. 2017. 44: 819-823.
20. Check JH. Sympathomimetic amines are a safe, highly effective therapy for several female chronic disorders that

do not respond well to conventional therapy. Clin Exp Obstet Gynecol. 2015. 42: 267-278
21. Check DL, Check JH. Various presentations of the increased cellular permeability syndrome in males responding very well to sympathomimetic amine therapy – possible treatment for endstage Covid-19 complications. J Med Clin Res & Rev. 2020. 4: 1-7.
22. Check JH, Check D. Improvement of severe chronic pelvic pain and dysmenorrhea following treating with cabergoline. Gynecol Reprod Health. 2023. 7: 1-6.
23. Check JH, Check DL, Neumann B. Marked improvement of severe treatment resistant migraine headaches with the dopaminergic drug cabergoline. J Med-Clin Res&Rev. 2024. 8: 1-5.
24. Check JH, Srivastava P, Kelley C. The relative efficacy of three different dopamine agonists in relieving symptoms of various manifestations of the increased cellular permeability syndrome. Case report. Int J Clin Med Case Stud. 2025. 2: 1039.
25. Check JH, Covolesky S. Marked relief of pain from burning mouth syndrome following treatment with the dopamine agonist cabergoline-Case Report. J Biomed Res Environ Sci. 2026. 7: 5.
26. Check JH, Check DL. Combined Dopaminergic Drugs to Treat Pyoderma Gangrenosum. J Biomed Res Environ Sci. 2026. 7: 8.
27. Check JH, Lombardi G. Amelioration of hidradenitis suppurativa by treating the patient with the dopamine agonist cabergoline. Int J Clin Med Case Stud. 2026. 3: 1046.
28. Sabat R, Alavi A, Wolk K, et al. Hidradenitis suppurativa. The Lancet. 2025. 405: 420-438.
29. McCarthy S. Hidradenitis Suppurative. Annual Review of Medicine. 2025. 76: 69-80.
30. Check DL, Check JH. Novel methods of improving fecundity and various pathological disorders based on a hypothetical model of embryo implantation. Gynecol Reprod Health. 2020. 4: 1-15.
31. Check JH. Studies of Mechanisms Involved in Successful Embryo Implantation Has Led to Novel Highly Effective Treatments for a Plethora of Chronic Illnesses and Advanced Cancer. Am J Biomed Sci & Res. 2025. 25.
32. Check JH, Dougherty MP. Use of sympathomimetic amines to correct premenstrual urticaria and anaphylaxis. Clin Exp Obstet Gynecol. 2019. 46: 309-312.
33. Check JH, Cohen RH. Sympathetic neural hyperalgesia edema syndrome, a frequent cause of pelvic pain in women, mistaken for Lyme disease with chronic fatigue. Clin Exp Obstet Gynecol. 2011. 38: 412-413.
34. Check DL, Check JH, Citerone T, Cremin N. Sympathomimetic amine therapy markedly improves severe fatigue that diminishes quality of life in patients with cancer – A case report. Cancer Sci Res. 2020. 3: 1-3.
35. Check DL, Check JH, Katsoff B. Dextroamphetamine sulfate therapy markedly improves the chronic fatigue syndrome. J Nurs Occup Health. 2020. 2: 146-148.
36. Check JH, Amadi C, Kaplan H, Katsoff D. The treatment of idiopathic edema, a cause of chronic pelvic pain in women: effectively controlled chronic refractory urticaria – case reports. Clin Exp Obstet Gynecol.2006. 33: 183-184.
37. JH Check, Cohen R, Check D. Idiopathic edema, a condition associated with pelvic pain and other symptoms in women, as a remedial cause of chronic cold induced urticaria. Clin Exp Obstet Gynecol. 2010. 37: 235-236.
38. Check JH, Gentlesk MJ, Falanga V. Sympathomimetic amines in the treatment of chronic urticaria: Two reports. Cutis. 1984. 34: 388-390.
39. Check JH, Chan S. Complete eradication of chronic long-standing eczema and keratosis pilaris following treatment with dextroamphetamine sulfate. Clin Exp Obstet Gynecol 2014. 41: 202-204.
40. Check JH, Cohen R. Amelioration of severe generalized idiopathic pruritus in an estrogen deficient woman taking an aromatase inhibitor for breast cancer following treatment with amphetamine salts. Clin Exp Obstet Gynecol. 2017. 44: 934-935.
41. Lombardi G, Check JH. A novel effective therapy for chronic generalized pruritus without presence of skin lesions. J Med Clin Res &Rev. 2024. 8: 1-4.
42. Check JH, Nkewnkwa NG, Srivastava P. The Dopamine Agonist Dextroamphetamine Sulfate as A Highly Effective Therapy for Dystrophic Epidermolysis Bullosa, Clinical Case Reports and Studies, BioRes Scientia Publishers. 2026. 12: 1-7.
43. Check JH, Neumann BA, Check DL. Dopaminergic drugs for the successful treatment of bullous pemphigoid (BP). J Med Clin Res&Rev. 2024. 8: 1-3.
44. Torikashvili JJ, Check JH, McDonald O'Neil M, Neulander M. A Case Presenting a Novel Treatment of Palmoplantar Eczema: Dopaminergic Drugs, International Journal of Clinical Case Reports and Reviews. 2025. 22.
45. Check JH. A second case of palmoplantar eczema effectively ameliorated following treatment with the dopamine agonist dextroamphetamine sulfate. Int J Clin Med Case Stud. 2025. 2: 1033.
46. Check JH, Dougherty MP, Check DL. Long standing post-herpetic neuralgia resistant to standard anti-neuropathy medication showing quick dramatic improvement following treatment with sympathomimetic amines. Clin Exp Obstet Gynecol. 2019. 46: 335-336.
47. Check JH, Check DL. Dopamine agonist therapy to treat erythromelalgia- Case Report. J Clinical Case Reports and Studies, BioRes Scientia Publishers. 12: 1-6.
48. Check JH, Check DL. Combined Dopaminergic Drugs to Treat Pyoderma Gangrenosum. J Biomed Res Environ Sci. 2026. 7: 8.
49. Check JH, Check DL. Combined dopamine agonists to ameliorate idiopathic treatment refractory gastroparesis. Am J Biomed Sci & Res. 2026. 31.
50. Check JH, Check DL. Eradication of long-term vaginismus type of genito-pelvic pain/penetration disorder by treating with dextroamphetamine sulfate. Gynecol Reprod Health. 2023. 7: 1-5.
51. Present SI, Check JH. Hypofunction of the sympathetic nervous system as a possible etiologic cause of recurrent aphthous stomatitis. Compendium 2016. 37: 381-385.
52. Check JH, Ganpo Nkwenkwa N. Strong multi-sibling presence of manifestations of the condition called the increased cellular permeability syndrome without paternal presence adds confusion to the mechanism of inheritance

in polygenic disorders. Int J Clin Med Case Stud. 2025. 2: 1021.
53. Check JH, Ganpo-Nkwenkea, Srivastava P. Besides abrogating an unusual case of eating induced mid-epigastric pain, treatment with dextroamphetamine may help to increase oocyte reserve in a young teenage girl possibly heading from premature menopause. J Sex Health Reprod Med. 2025. 1: 1-5.
54. Srivastava P, Srivastava M. Check JH. Protocol Details and Outcome Analysis of 5 Years of Continuous Infertility Treatment in A Patient with Premature Ovarian Insufficiency/ Failure and Complex Crohn's Disease Utilizing Her Own Oocytes and outcome of 3 pregnancies. J Sex Health Reprod Med. 2026. 2: 1-6.
55. Check JH, Katsoff D, Kaplan H. Idiopathic orthostatic cyclic edema as a unique etiology for vasomotor flushing in a normal estrogenic woman with normal day 3 follicle stimulating hormone – case report. Clin Exp Obstet Gynecol. 2006. 33: 125-126.
56. Check JH, Cohen R, Check D: A novel highly effective therapy for severe vasomotor symptoms in an estrogen deficient woman – case report. Clin Exp Obstet Gynecol. 2010. 37: 229230.
57. Check JH, Covolesky S. Marked relief of pain from burning mouth syndrome following treatment with the dopamine agonist cabergoline-Case Report. J Biomed Res Environ Sci. 2026. 7: 5.
58. Check JH, McDonald O'Neil M, Neulander M, Check DL. Dopaminergic drug Combination for Stomatodynia Eliminates Tardive Dyskinesia Resulting from Higher Dosages of Dextroamphetamine, J Clinical Research and Reports. 2025. 18.
59. Check JH, Shanis BS, Shapse D, Adelson HG. A randomized comparison of the effect of two diuretics, a converting enzyme inhibitor, and a sympathomimetic amine on weight loss in dietrefractory patients. Endoc Pract. 1995. 1: 323-326.
60. Streeten DHP. Idiopathic edema: pathogenesis, clinical features, and treatment. Metabolism. 1978. 27: 353-383.
61. Check JH, Check D, Liss JR. Effect of treatment with dextroamphetamine sulfate on weight loss up to 5 years in women unable to lose weight by dieting and its efficacy on some other unusual manifestations of the increased cellular permeability syndrome. J Med Clin Res & Rev. 2021. 5: 1-5.
62. Check JH, Check D, Neumann B. New insight into the understanding of the pathophysiology of the postural orthostatic tachycardia syndrome (POTS) and a description of a potential novel highly effective treatment. J Med Clin Res Rev. 2023. 7: 1-6.
63. Check JH, Check D, Neumann B: New insight into the understanding of the pathophysiology of the postural orthostatic tachycardia syndrome (POTS) and a description of a potential novel highly effective treatment. J Med Clin Res Rev. 2023. 7: 1-6.
64. Potestio CP, Check JH, Mitchell-Williams J. Improvement in symptoms of the syndrome of mitochondrial encephalopathy, lactic-acidosis, and stroke-like symptoms (MELAS) following treatment with sympathomimetic amines – possible implications for improving fecundity in women of advanced reproductive age. Clin Exp Obstet Gynecol. 2014. 41: 343-345.
65. Check JH. Lombardi G. Treating irritable bowel syndrome (IBS) with a dopamine agonist can effectively ameliorate this condition when refractory to standard therapy. Am J Biomed Sci & Res. 2026. 31.
66. Check JH. Long-term amelioration of severe mixed irritable bowel syndrome (IBS-M) and other clinical manifestations with treatment with the dopamine agonist dextroamphetamine sulfate. Int J Clin Med Case Stud. 2026. 3: 1043.
67. Check JH, Check DL. Infusions of infliximab for pyoderma gangrenosum leading to multi system thrombosis and death. Clinical Case Reports and Studies, BioRes Scientia Publishers. 2026. 12: 1-4.
68. Sabat R, Alavi A, Wolk K, Wortsman X, MCgrath B, Garg A, Szepietowski JC. Hidradenitis suppurativa. Lancet. 2025. 405: 420-438.
69. Sabat R, Gudjonsson JE, Brembilla NV, Van Straalen KR, Wolk K. Biology of interleuken-17 and novel therapies for hidradenitis suppurativa. J Interferon Cytokine Res. 2023. 43: 544546.
70. Kimball AB, Okum MM, Williams DA, Alice B Gottlieb, Kim A Papp, et al. Two phase 3 trials of adalimumab for hidradenitis suppurativa. N Engl J Med. 2016. 375: 422-434.
71. Kimball AB, Jemec GBE, Alavi A, Ziad Reguiai, Alice B Gottlieb, et al. Secukinumab in moderate to severe hidradenitis suppurativa (SUNSHINE and SUNRISE) week 16 and week 52 results of two identical, multicenter randomized, placebo-controlled, double-blind phase 3 trials. Lancet. 2023. 401: 747761.
72. Shams RB, Sayed CJ. Bimekizumab for the treatment of hidradenitis suppurativa. Immunotherapy. 2024. 16: 1005-1013.

Copyright: © 2026 Jerome H Check, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.