The best bet is to implement some general measures:

Firstly, avoid overheating your home or going to places which are likely to be overheated. If you can, avoid dealing with large temperature fluctuations.

Reduce your caffeine intake.

For menopausal symptoms, HRT can be successful.

- Bathe frequently, but avoid very hot baths/showers as this may well trigger a burst of sympathetic activity and thus profuse sweating.
- Shave underarm hair.
- Change clothes frequently.
- Wear loose-fitting clothes of natural fibers, such as cotton.
- Use underarm sweat shields.
- Use antiperspirants and deodorants.
- Use drying powders.
- Wear cotton socks.
- Wear leather shoes or sandals. Don't use man-made materials.
- Try to use pure cotton bedsheets and nightclothes
- Leave a window ajar at night to allow some air circulation

1. Topical: antiperspirants such as aluminium chloride(20-25% in 70-90% alcohol) applied in the evening 2-3 times a week. However, may become less effective over time (months) and there may be a high incidence of skin irritation. Anhydrol Forte, Driclor solution and ZeaSORB are some of the preparations available.
2. Drugs: no specific treatment, but anticholinergic drugs, which may have been prescribed for pain relief (amitriptyline for example) or bladder control (oxybutinin) may have this beneficial side effect (other less pleasant ones include dry mouth: ?cotton tongue', and difficulty in focussing).
3. Iontophoresis: low intensity electric current (15-18mA) applied to the palms or soles immersed into electrolyte solution. Initially requires several 20 minute sessions per week, gradually increasing the interval between treatments to 1-2 weeks. Results vary, patients with light-moderate sweating may have good results; some find the regime troublesome, time-consuming, and quite expensive. This method is difficult to apply to the armpit and cannot be used for facial sweating. Side effects include: burning, electric shock, discomfort, skin tingling, skin rash. Sweating will return if the treatment is discontinued.
4. Botulinum toxin injections: invasive so not recommended. (lasts 6 weeks-12 months then has to be repeated)
5. Laser therapy: has not been found to be beneficial.
6. Hypnosis: not been found effective.
7. Sympathectomy: surgical interruption of the nerve impulses from the thoracic ganglia (endoscopic thoracic symapthectomy) : reserved for severe, refractory cases. Although success rates of ETS are over 90% for hand hyperhidrosis and 75-80% for armpit hyperhidrosis, one of the commonest side effects (in around 50-60% of patients) is ?compensatory sweating': the body attempts to compensate for the artificially reduced sweating in the upper chest, back and arms by increasing sweat from face, abdomen, lower back, buttocks and feet; this can occur in around 20-50% of patients . A further 5-10% of patients may develop ?gustatory sweating' which is an increased sweat production when eating. Horner's syndrome may occur in about 1%.
8. Axillary sweat gland removal: z-plasty excision of the sweat glands under the arm; again, an invasive technique so not recommended except for severe cases.