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History of Botox (time line)

- 1. 1895:professor Emile Pierre Van Ermengem discovered(identified) bacterium bacillus botulinum. It was renamed later as clostridium botulinum).
- 2. 1920: Herman Sommer isolated botulinum toxin type A.(purified form as a stable acid)
- 3. 1946: Edward J Schantz purified the toxin in crystalline form. This provide more opportunities to study the molecule.
- 4. 1950: breakthrough point: Vernon Brooks discovered injecting the toxin blocks the release of Aetylecholine from the end plate of nerve. No signal no muscle activity or reduction of muscle activity.
- 5. 1960-1970: discovery of effectiveness of botulinum toxin in strabismus by Scott Smith Kettlewell. He formed later Oculinum (late 1970) to continue his research in human volunteers.

History of Botox (time line)

- 6.1988: allergen acquired the right to distribute oculunium.
- 7. 1989: FDA approval for oculunium for treatment of strabisnmus and blepharospasm . Allergen changed the name later to BOTOX:
- 8. 2000: FDA approved BOTOX for the treatment of Cervical Dystonia
- 9. 2002: breakthrough in cosmetic industry: FDA approved the same formulation for the improvement of the moderate to sever frown line. The product was named Botox Cosmetic (onabotulinumtoxinA)
- 10. 2004: FDA approved BOTOX for the treatment of sever hyperhidrosis.
- 11. 2010: BOTOX received the lisence to treat increase muscle stiffness in the elbow, wrist and finger (upper limb spasticity.

- Botulinum toxin, as monotherapy or in combination with other modalities, has revolutionized cosmetic procedures.
- Botulinum toxin is the only treatment that improves dynamic facial lines by targeting the underlying muscles.
- It is the only treatment which improves the dynamic facial line by relaxing the underlying muscle.
- Facial line have multiple a etiology like photo aging, genetic, smoking and gravity as well as muscular action. Aesthetic surgery, topical agent, fillers, laser and now botulinum toxinA.
- Botulinum toxin A optimize and maintain the upper and mid-face face lift(surgical and non-surgical), current and future evolution.

- It is called medico- surgical combination. This is the aesthetic evolution of the new millennium . BOTOX mono therapy or combine with other procedures has revolutionized the Aesthetic industry.
- Use of BOTOX in cosmetic industry and procedures doubled between 1999 and 2000 whereas the other procedures changed a little.
- Botox treatment is a minimally aesthetic procedure with no down time. Patients can go back to work and normal life.
- It's effect is reversible. The toxin has a high margin of safety.
- The effect of further injections last longer.
- Treatment of choice for glabellar line.
- It can be used in combination therapy with other procedures like microdermabrasion. (Michael Kane in IMACS 2000)

- It is effective in nasolabial fold, dimpled chin, depressor ANGULI ORIS and peri oral rhytides. Carruthers concluded BOTOX for aesthetic improvement in the mid and lower face and neck.
- The use of Botox in particular area like peri oral region in combination with other therapeutic modalities optimizes the results.
- BOTOX is useful in management of complication of aesthetic surgical
- Park et al. Described a large experience in the treatment of hypertrophy of masseters muscle in lower facial contouring.
- K gadhia et al. Reviewed 11 RCT in aesthetic use of Botox. They found efficacy of BOTOX over placebo in treating facial wrinkles. There was a 0-5.4% belpharoptosis in total 11 RCT since 1977 to 2009.

- International consensus recommendation on cosmetic usage of botulinum toxin type A (Speywood Unit) in mid and lower face are as following:
- 1. Lower eye lid wrinkle
- 2. Bunny lines
- 3. Drooping nasal dips
- 4. Perioral wrinkles
- 5. Masseter hypertrophy
- 6. Drooping mouth corners
- 7. Dimpled chino Platysmal bands
- 8. Décolleté wrinkles

COSMETIC

- Hyperkinetic (dynamic) Facial Lines FDA approval \odot for glabellar lines
- Eyebrow Lifting
- Frontalis muscle hyperactivity
- Dimpling of the chin from overactive muscles \odot
- Raise drooping of the corners of the mouth \bigcirc

FDA approved

- **Migraine Headaches** \odot
- Dystonia (Benign Essential Blepharospasm, Oromandibular \odot Dystonia, Cervical dystonias, Pharyngolaryngeal dystonias, Writer's cramp, Non-action induced limb dystonias,)
- Hemifacial Spasms \odot
- Strabismus or crossed eyes \bigcirc
- Exocrine gland hyperactivity \bigcirc

- Fine lines around the lips.
- Fine wrinkles under the eye.
- Masseter hypertrophy
- Bunny lines and drooping nasal tip
- Platysmal bands
- De´ collete´ wrinkles

Non-FDA approved conditions:

- Prostate Hyperplasia
- Smooth Muscle Disorder
- Overactive Bladder Syndrome with or without incontinence.
- D) Spastic Disorders associated with injury or disease of the central nervous system
- E) Anal Fissure, Diabetic neuropathy
- G) Wound healing, Excessive salivation
- I) Parkinson Disease, Depression

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