

The Cure for Cellulite?

Science supports it. Her dermatologist swears by it. But can a gizmo that looks like R2-D2 and feels like an Electrolux really sweep away cellulite? **VALERIE MONROE** gives it a go. (If you're more worried about splotches, stretch marks, acne, or veiny

IF YOUR MIND EVER STRAYS TO the subject of your thighs, you probably don't think of them without also thinking about cellulite, which, by many accounts, affects nearly 90 percent of women. Did you know that wasn't always so? Once upon a time—back in the mid-1900s, when I was a girl—there was no such thing as cellulite. It hadn't been invented yet. If our thighs were large, they were called heavy, but they weren't unfortunately saddled with a full-blown medical disorder, which is what dermatologist Howard Murad, MD, calls the condition in his book *The Cellulite Solution*. Once, full hips suggested a woman's strength, her powerful, awe-inspiring ability to procreate; the soft slice of thigh exposed between a panty girdle and the dark top of a stocking held

fast by a garter was delectable, not diseased; the natural padding on a woman's thighs was considered plush, luxurious, suggestive of a velvety capaciousness altogether female.

Somehow, in the past 40 years, we have learned to revile that padding; it has come to represent our body's recalcitrance to submit to our will, a weighty reminder that we will never achieve physical perfection. It wasn't until the early 1970s that the word *cellulite* was, if not invented, at least popularized by a French dietitian who offered treatments promising to reduce it. (Market-driven motive? You decide.) When short hemlines and snug blue jeans commanded pay closer attention to the shape of their bottom and thighs, the war against cellulite began in earnest, enlisting a militia of com-

batants: creams, devices, and special exercises (remember *Thin Thighs in 30 Days?*), surgical procedures, including liposuction, and, most recently, lasers. The war rages to this day. Cellulite products generated \$11.8 million in U.S. department stores last year, and the number of liposuction procedures performed on women increased 168.5 percent between 1997 and 2007.

You may know what it looks like and how you feel about it, but do you know what cellulite is? Here's a graphic way to think about it. Picture your body as a sofa. (Or perhaps, more kindly, a love seat.) The stuffing is fat, just below the skin. Bands of fibrous tissue run through the fat like threading. Due to genetics or hormones or inflammation—in other words, circumstances largely beyond your control—▶

Seriously?

like an Electrolux really sweep away cellulite? bits, we've got the latest fixes for those, too.)



SPOTLIGHT ON CELLULITE
The latest laser technologies are focused on smoothing away lumps, bumps, and bulges.

PHOTOGRAPHS BY GREY ZISSER

those bands can become inflexible and brittle, and the fat pushes up through them in a way that makes the skin look lumpy and dimpled. Your weight does not determine whether you have cellulite: You can be thin and have it. I know this because I am, and I do. I have made a point of not being bothered by it; it is not an affliction, I have told myself, it is simply a result of the way most of us are built. But several months ago in a presentation at the offices of New York City dermatologist Neil Sadick, MD, I became intrigued with the idea of getting rid of it. One of my favorite dermatologists, Cheryl Karcher, MD (one of Sadick's associates), was very excited about SmoothShapes, a new laser treatment that she believes can significantly reduce the appearance of cellulite. A clinical trial (funded by Elemé Medical, the company that owns SmoothShapes) has shown that the treatment is effective in reducing fat, which it liquefies through a combination of light and laser energy and then forces into the body's lymph system so that it can be eliminated. The treatment also remodels the collagen in the bands, which makes them more flexible.

Skeptical is not strong enough a word to describe what I thought of this enterprise, but Karcher said, "At this time, this is the only technology with a laser that's specifically designed to melt fat." I began to fantasize about what it might be like to have a really smooth bottom and thighs (a far more appealing fantasy than what it might be like to lose what little money I have left in the stock market). The treatment is noninvasive and painless; what harm could it do?

I went for it. A few months after the presentation, I had "before" photos taken of my butt and thighs, and then found myself in a thong, lying facedown on a table in the doctor's office. Twice a week for four weeks I submitted to the labors of a slight young woman who rolled a handpiece connected by a hose to a machine that looks like R2-D2 over my bottom and upper legs, ten minutes on each side. The handpiece, which resembles a kind of iron with rollers on the bottom, emits the light and laser energy at the same time that a vacuum between the rollers grabs the skin and sucks it up; the skin, underlying fat, and collagen are heated and zapped and then released by the vacuum. The procedure can feel like a strong deep-tissue massage—or, when I was in a less imaginative or more sensitive mood, like someone Hoovering my ass, an experience I wasn't especially eager to repeat. Nevertheless, with visions of a tighter, smoother bottom dancing in my head, I

kept up my appointments, till the day the technician congratulated me on completing the treatment. (Cost: \$2,100, though I didn't pay.)

The honest truth is, I wanted to look down at my butt on graduation day and see something that approximated a young Jennifer Lopez bottom. What I actually saw was my plain old regular everyday butt, completely unchanged, to my naked eye, at least.

Karcher pointed out to me that when a patient sees a difference almost immediately, it's because fat cells have been destroyed, so there is a tighter look to the skin. The other effect of SmoothShapes, breaking up the collagen bonds, takes months to occur; consequently, those results are not immediately apparent. This was the case with me, said Karcher. She speculated that because I didn't have a lot of cellulite in the first place, it might be harder to see a difference.

About a month and a half after my last treatment, I had a set of "after" photos taken. Looking at my butt in the mirror, I could still see no difference in my cellulite. But when I saw the before-and-after photos

side by side, I gasped: It was remarkable. The skin looked much smoother and tighter. (If you're thinking that the photos were doctored, they were not.)

"You got a pretty dramatic improvement," said Sadick, after examining the pictures, "about 50 percent in the topography and texture of your skin." It was obvious in the photos, but why couldn't I see it when I looked in the mirror? "Sometimes it's hard to assess improvement, especially to self-assess," Sadick told me. "We're developing other parameters like measuring body mass index and circumference of the areas treated to find more quantitative ways to determine results. You have to remember that technologies [like SmoothShapes] are evolving. The results are variable. But this is the best we have to offer."

So it all comes down, for me, to an existential question (especially fitting about a treatment for a condition that is neither an ailment nor even an abnormality): If the cellulite on my bottom and thighs is reduced but I can't see it in the mirror, is the treatment a success?

I wish I could tell you I thought it was. **Q**