

THE BEAUTY EXPERT

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MAY 2013

GET A *SEXY* BODY

- Shortcuts for Tighter Abs, Arms, and Butt
 - No-Joke Cellulite Cures
- PLUS:** Celebrities Pose Without Clothes

Summer Skin Starts Now
OUR EDITORS' VERY BEST TIPS

Total Goddess *HAIR*

Help It Grow, Make It Shine

Amanda Seyfried

On Her Exes, Her Body, Her Bare-All Sex Scenes

The Lazy Girl's Guide to Skin Care

Wash Your Face in Bed and 30 Other Time Savers

10
Hair, Makeup & Nail Trends To Try Today

Real-Life Looks From the Fashion Runways



Photographed by
Patrick Demarchelier

Cellulite Advances

The dimples and dents are undesirable and hard to eradicate. But several new treatments are finally making progress.

Cellulite may be the most democratic scourge of the beauty world: It can strike anyone, fat or thin. That's cold comfort, however, especially considering how notoriously difficult it is to tame. Today's most effective treatments put new high-tech spins on old remedies. With Cellulaze, the first minimally invasive laser treatment approved by the FDA, a doctor threads a tiny fiber through incisions on the buttocks or thighs, where the energy from the laser severs connective tissue, liquefies fat, and stimulates elastin to tighten the skin. The one- to three-hour procedure is expensive—between \$3,000 and \$8,000, depending on the area of the body—and painful: Patients often need drugs for pain and anxiety. But after wearing an elastic garment for three weeks, the patient's thighs or butt look smoother. Results can be long lasting, says Barry DiBernardo, a plastic surgeon in Montclair, New Jersey, who has per-

formed Cellulaze more than 500 times. "One early patient's results lasted almost four years," he says. Other devices break up cellulite without breaking the skin, either with sound waves (Cellfactor) or radio frequency (TruSculpt). After multiple treatments, the skin depressions become smoother, but fat deposits can return within months of both of these procedures.

There are at least three more treatments on the horizon. One named Cabochon (the word describes the polished cut of a gemstone) requires small incisions followed by heat applied to the skin's surface. The other two are injections of chemicals currently in testing—Halozyme's HTI-501 and Auxilium's Xiaflex—that dissolve the collagen bands around fat cells that cause dimpling, says Neil Sadick, a New York City dermatologist. "This is a good time for cellulite research," he says, predicting that the best treatments in the future will be combinations of topical approaches (lasers, radio frequency, or sound-wave devices) and injectable agents for optimal results. —JOAN KRON

"I speak two languages, English and body."
—Mae West

The Fat Freezer

CoolSculpting, a noninvasive alternative to liposuction, is one of the hottest treatments right now. The question is: How well does it actually work?

It's rare when a fat-fighting technology fulfills early promises, which is why doctors across the country are talking about CoolSculpting. Approved by the FDA in 2010, the device (sometimes called Zeltiq, the name of the manufacturer) uses freezing temperatures to kill fat cells for results comparable to liposuction—but with no incisions, anesthesia, or painful recovery. "Until now,

we couldn't perform permanent fat reduction without surgery," says Arielle Kauvar, a New York City dermatologist and a clinical professor of dermatology at New York University School of Medicine. "This procedure doesn't just shrink fat cells; it kills them so they cannot return." CoolSculpting was developed not for obese people but for those with small problem areas, such as love handles, midriff rolls, and excess abdominal fat. A doctor or

technician isolates the area in the vice-like grip of a U-shaped appliance that acts as a heat extractor. Once the skin is protected with an antifreeze gel pad, the cooling begins, lasting up to an hour until the fat underneath freezes. The first five minutes can be uncomfortable ("It feels like sitting next to a block of ice," says Kauvar), but numbness gradually sets in. "We never give pain medication," she says. Within three months, the dead fat cells flush out of

the body. Some patients report pain or small twinges during the first weeks and mild numbness, but there is no actual nerve damage. Currently, no appliances exist for the neck, arms, and thighs, limiting treatments (which cost \$750 to \$1,500 each) to the trunk of the body. That hasn't slowed demand, says Kauvar. "We don't need to show before and afters. Patients come in knowing from friends that they can lose a full size." —J.K.