

The battle for beauty

War wounds and facelifts: it would be easy to think the two could not be further apart. But of all areas of medicine, they share far more common than many realise.

The benefits felt in the most velveteen corners of Harley St often began in a dusty, dirty field far away – and as a result of some of the most horrific injuries imaginable.

Often born on foreign battlefields or the bloody streets of inner cities, developments in plastic and reconstructive surgery have always pushed the most comfortable areas of cosmetic and aesthetic medicine to the forefront of surgical innovation. The demands of the skin and the soul are the same – and sometimes it is even the same doctors.

Just occasionally, it works the other way. For instance, the hyaluronic-acid dermal filler Sculptra, developed to fill

The industry has expanded with the times and now includes everything from pills to peels. "Cosmetic medicine" today describes everything on offer for rejuvenating and reviving, from laser therapy to chemical peels, facials featuring an hour of massage and infra-red light, injectable fillers, embryonic stem-cell work and hormone therapy, as well as the surgeon's knife.

And it is growing at a rapacious pace: the market research group Mintel predicts that by 2010 the British cosmetic industry will be worth more than £1 billion – almost double its current value.

It can even be holistic, treating the whole body; it can be from the

or in salons and spas.

Some carry more risk than others. Dr Patrick Bowler, a leading cosmetic doctor and former chair of the British Association of Cosmetic Doctors, says that when approaching a professional in this field it is more important than ever to be on guard – and informed.

According to Dr Bowler, European Union regulations state that the use of procedures and potions is legitimate if they can be shown to be safe – it is not necessary to prove that they work. In the UK, the Healthcare Commission, which regulates some areas of cosmetic medicine, has guidelines on what to look for – and on what is not regulated by them.

While cosmetic medicine as a whole is expanding, the field of minimally invasive treatments is enjoying particularly spectacular growth. In straitened economic times it is the area that is considered to suffer least – on the basis that the big stuff can wait but the maintenance needs to continue.

Of course, one person's "maintenance" is another's excess; but at the end of last year a survey of patients' spending habits in cosmetic medicine by the American Society of Plastic Surgeons found that 73 per cent of the doctors they spoke to saw an increase in demand for procedures such as Botox, chemical peels and hyaluronic-acid or similar dermal fillers.

"It appears more consumers are choosing the less invasive cosmetic procedures, both to give them a boost or to buy time if they need to postpone a more costly invasive surgical procedure because of the



economic downturn," says Dr Richard D'Amico, president of the ASPS.

For women in the UK, the top cosmetic surgery is breast augmentation, followed by liposuction. Men, increasingly exposed to the "top-down" acceptability effect of celebrity endorsement, are not immune to the vagaries of vanity either. Male-specific procedures and their high-profile fans include Dysport, the "male Botox", and Simon Cowell; undereye-bag lifting and Silvio Berlusconi and jowls removal, Diego Maradona.

No area is left untouched by the rosy-tinted reach of cosmetic medicine. In the more pampered parts of Manhattan and Los Angeles, even toes are redefined and restructured (accompanied by the plumping of soles with collagen, all the better to withstand the ache of high heels).

But whatever your procedure or potion of choice, redefining yourself certainly does not have to be dramatic – or painful – to be successful.

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and plump facial lines, is also used to give the appearance of volume to the depleted muscles in AIDS victims.

Cosmetic medicine might seem a paradoxical term. Certainly, it is often assumed to have a darker side that lives in Hollywood back streets, in clichés and some truths.

Indeed, Dorian Gray Syndrome was first described by the German doctor Burkhard Brosig in a paper published in the *International Journal of Clinical Pharmacology and Therapeutics* in 2001 – "Dorian Gray Syndrome and other fountains of youth" – in which he estimated that three per cent of Germany's total population suffered from a problematic "search for eternal beauty".

inside out, using supplements and Chinese medicine – the line between the professional and the amateur was blurred long ago.

The shelves of Boots, beauty boutiques and department stores are overrun with dermatologist-labelled brands: Dr Lowe, Dr Lens, Dr Brandt, Dr Gross, introducing to bathrooms the same kind of skincare previously confined to their offices, albeit at a reduced potency, in line with prescription laws, and a commensurately reduced price.

Developments in skincare science now mean that many treatments previously available only from the dermatologist or the cosmetic surgeon are now available at home,