

# the medical-beauty convergence

BY LINDA DYETT

Spa treatments are crossing over into the medical world, as doctors themselves have begun offering them.

Recently, at the start of a no-frills but thorough facial at a midtown New York day spa, I told the esthetician that I use Retin-A as well as glycolic acid for my complexion. "Stop with the Retin-A," she warned. "It's drying out your skin."

Afterwards, I relayed this information to my dermatologist, who was more than slightly annoyed at an esthetician invading his turf. Not only is my skin in great condition, he said, but who is she to advise me on Retin-A, which, after all, is a prescription medication? The doctor had his own warning: "Instrumentwielding, white-coat wearing spa technicians can be taken too seriously, especially when they give their clients far more one-on-one treatment-room time than a doctor can offer. And who's to judge how much experience they have in dealing with complexion problems?"

When it comes to skincare, conflicts are without a doubt commonplace in the spa versus medical-office arenas, both of which I've been covering as a writer and editor for the past 10 years. Spa estheticians tell of stressed-out patients who come to them for relief from overly aggressive chemical peels and laser resurfacing. Some even claim that doctors, trained to cure diseases, simply don't know skin beauty the way facialists do—and in fact are stepping in on their turf. The medics counter that certain spa treatments can be damaging to the skin, while others, such as lymphatic drainage, oxygen and collagen facials, and skin detoxing treatments, have no proven value. And, for the record, several doctors have pointed out to me that encouraging clients to go off prescription medications is illegal as well as inappropriate.

Adding a further wrinkle to this already complex issue, at least one practitioner of alternative medicine has complained to me that the cosmetic aspects of skincare are being overpromoted at spas. "Spas would do well to put a greater emphasis on health," says the New York-based Phyllis Shapiro, a licensed acupuncturist and practitioner of Oriental medicine who offers treatments at the Equinox Fitness Clubs. While clashes may be inevitable in this age of cosmeceuticals,

managed care, and lucrative alternative health remedies, one thing is sure: There's no going back to the old days when doctors limited their practice to curing illness, and salons and spas (American spas, at least) were strictly pampering dens. Instead, we're in the early days of a medical-beauty convergence, with a lot of doctors offering spa and salon treatments, such as Endermologie and hair removal, while an increasing number of spas now have microdermabrasion and chemical peels on their menus.

Maybe the ideal is for doctors to be consulted for heavy-duty, fine-tuned rejuvenation, acne, psoriasis, rosacea, and eczema treatments, while spas should concentrate on relaxation and preventive care. But all of us, whatever our viewpoint, have become aware, as the New Haven dermatologist David J. Leffell puts it, of "the close relation between the body and the mind and the skin."

So not surprisingly, gray areas have arisen, and everyone's capitalizing on them. While plastic surgeons and dermatologists all over the country now employ in-house estheticians to give auxiliary treatments, many spas and salons have doctors on their staff or regularly consult and share referrals with them. At the Barbizon Hotel branch of New York's Equinox Fitness Clubs, for instance, a plastic surgeon is in attendance twice a week, giving Botox shots, collagen injections, and medium-depth chemical peels in an office not far from the studios where yoga classes are in progress. At the Claremont Resort and Spa in Berkeley, CA, many clients who have had a heavy-duty peel with their doctor follow it up with regular spa facials. "It's all a matter of consumer awareness," says Nancy Cauthorn, spa director. Back east in East Hampton, New York, meanwhile, the Naturopathica Holistic Health Spa has set aside space for an esthetician to perform high-tech alpha-beta peels developed by Dennis Gross, a New York City dermatologist. As Naturopathica's owner Barbara Close puts it, "Why not combine the best of allopathic with homeopathic to expedite the healing process?" > -

These crossovers and spillovers mark a healthy new direction in the merging of the high-tech and the high-touch. But how about accelerating the merger with local, regional, and national conferences where the medical and spa establishments can get together, try to resolve (or at least define) their differences, and discover what they have to offer each other? My suspicion is plenty. The real issue shouldn't be the differences between medical offices and spas, but rather what each side can bring to the medical-beauty convergence.

Doctors have the authority of Western scientific rigor behind them, but spas offer easy accessibility, sybaritic surroundings, and personnel trained to pamper and soothe. It's in relaxed circumstances such as these that most of us make the kind of lifestyle changes that will keep us feeling and looking healthy and fit. There's a lot the two sides can learn from each other.

Here, for starters, is a pro-and-con rundown of spa treatments, from the medical point of view.

## BOTANICALS

Mainstream doctors (particularly the younger generation) have begun taking herbal treatments seriously. Says Randal Haworth a Beverly Hills plastic surgeon, "we try to employ whatever we can from traditional and Eastern medicine to promote rapid healing, recovery, and well-being." Does he believe in these treatments? "At the very least, they seem to have a placebo effect," he says. On a similar note, the New York City plastic surgeon Thomas Loeb tells me he doesn't object to his cosmetic surgery patients taking herbs "because they want to feel they're doing everything they can to get fast results."

Still, Western medicine will fully embrace botanical and other alternative treatments only if and when they pass scientific muster. And as it happens, the National Institutes of Health's National Center for Complementary and Alternative Medicine is currently putting acupuncture, herbs, homeopathy, therapeutic

massage, and traditional Oriental medicine under scrutiny to see if, under rigorous scientific testing standards, they truly improve health conditions.

## FACIALS

Medics are thumbs-up when it comes to spa and salon facials. Many doctors say that mud-based masks, in particular, may

be beneficial in unclogging pores and refining the skin. To avoid compromising the skin's sterility, Haworth, for one, refers his pre and post-op face-lift and rhinoplasty patients to estheticians for extraction facials.

But facials can have drawbacks. In his 19 years of practice, the Los Angeles dermatologist Ronald Moy says facials account for more medical complications than any other spa procedure. He recommends gentle exfoliation and avoidance of heavy-duty pressing and squeezing, which can result in stubborn skin lesions.

## CHEMICAL PEELS

Peels have become medical mainstays for resurfacing the skin, so doctors feel proprietary about them. Salon peels, they say, while not as potent as the medical variety, have value too—particularly when they're done in a series.

Be cautious, however, when performing chemical peels on African-

Americans, Hispanics, Asians, or anyone with darkly pigmented skin, says Moy. Glycolic acid peels, in particular, can cause discoloration.

## SCRUBS

Scrubs are good, says the Berkeley, CA, dermatologist Katie Rodan. "I'm a big fan of exfoliation, which is what scrubs are all about," she says. "Not only do they get rid of rough, dead skin, but they can improve conditions such as folliculitis, seen as bumps on the backs of the arms.

Just don't perform scrubs on areas of skin that show infection or rosacea, cautions the New York facial plastic surgeon Robert Guida ([www.drguida.com](http://www.drguida.com)). And for the overzealous scrubs, "they can cause microspots of bleeding."



## MICRODERMABRASION

This skin resurfacing treatment definitely works and may be even more effective than a glycolic acid peel, says Guida. Even the lighter salon variety "appears to have some effect in the dermis-but it has to be repeated every couple of weeks" adds Rodan. Like most doctors I've spoken with, she recommends a minimum of six treatments to see smoother, more radiant skin. For fine wrinkles and scarring, up to 20 sessions may be necessary.

## MASSAGE

Massage gets the go-ahead from many doctors. Stressed-out M.D.s are ardent devotees. But even this legendary laying-on of hands comes with a few caveats: Before embarking on the deep-muscle or sports varieties, clients should be screened for orthopedic and general health problems.

## ENDERMOLOGIE

While the FDA approved the procedure for the temporary improvement of the appearance of cellulite, Endermologie has its non-believers. Something definitely happens to the skin with this improvement of the appearance of cellulite,

Endermologie has anti-cellulite treatment, allows Guida. But he suspects it's a temporary swelling effect. "Remember that a cell is composed of 99 percent water," he says. However, New York dermatologist Bruce Katz has had success with clients who combine treatments with a weight-loss and exercise program. "It's not a 100 percent guarantee, but it's the only treatment shown to be effective for cellulite," Katz says.

## AROMATHERAPY

While approving of the relaxation benefits, dermatologists are cautious about occasional irritant reactions caused by certain herbs and essential oils among those with skin sensitivities. Clients should be screened for allergies.

## SELF-TANNING APPLICATIONS

Doctors have no quarrel with artificial bottle- or tube-tans. But they recommend reminding clients that their new darker skin does not confer added sun protection. Unless the tanner contains its own built-in SPF, additional sunscreen should be applied over it during daylight hours spent outdoors.

## Medically Related Questions to Ask Your Clients

### ARE THEY USING RETIN-A OR ANY OTHER TOPICAL, PRESCRIPTION-GRADE RETINOID (INCLUDING RENOVA, RETIN-A MICRO, DIFFERIN, OR AVITA)?

"A retinized face will take to any procedure much more rapidly than otherwise," says Rodan. The same applies for skin that's recently been resurfaced with AHA and BHA products and chemical peels. With its epidermis thinned out, such skin is subject to irritation from glycolic acid, papaya enzymes, and other brightening and refreshing treatments. Even the preservatives or fragrances found in normally soothing products may give a sting, adds Rodan.

### DO THEY HAVE ALLERGIES TO SUBSTANCES THAT ARE LIKELY TO TRIGGER SKIN IRRITATIONS?

If so, avoid using essential oils or herbal preparations that are likely to trigger irritation. Essential oils in the proximity of sensitive skin can produce a poison ivy-like condition.

### DO THEY HAVE A CONDITION, SUCH AS ACNE OR ROSACEA, THAT MAY REACT UNFAVORABLY TO CERTAIN CHEMICALS OR HERBS?

If so, have them check with their doctor about spa treatment options.

### HOW EASILY DO THEY BURN OR TAN?

Inquire discreetly about their skin color. Among those who are dark-skinned or who carry genes for dark skin, regardless of ethnic background, there is always a risk of hyperpigmentation (producing scar tissue) or hypopigmentation (losing pigmentation) as a result of certain procedures such as AHA peels and most methods of laser hair removal. If such a procedure is in the offing and you are concerned about your client's potential for gaining, or losing pigment, ask her to check with her doctor first.