

Is This the End of Cellulite?

New treatments claim to offer fixes for a longstanding beauty gripe, but do they really work? And, as our attitudes toward cellulite change, do we really care?



Supermodel and activist Ashley Graham recently posted an Instagram slideshow showing a spectrum of women, herself among them, joyfully baring their skin, with its bumps and dimples and rolls and stretch marks and, yes, cellulite. Her accompanying text read “Beautiful. End of Discussion.” Graham’s counterpoint to the traditional beach-body pictures comes when we are at a cellulite crossroads. There is finally innovation to report in the cellulite treatment category, but it comes at a time when perceptions of this supposed imperfection are changing.

Cellulite shows up in approximately 90 percent of adult women across ethnicities, and a report by Grand View Research projected that by 2026 the market for methods of dealing with it may reach \$2.8 billion. But beyond invasive surgical procedures, the supply of products and treatments to address it has thus far not lived up to

its lofty promises. While the beauty market is full of topical cellulite products claiming to tighten and smooth, New York dermatologist Paul Jarrod Frank sees them as all content and no value. “There’s nothing topically that’s going to work for cellulite, period,” he says. “All that these products tend to be is hope in a jar.” While common ingredients like retinol and caffeine can make subtle improvements in skin texture and firmness, the effect is ephemeral. That’s because **cellulite, besides being pervasive and persistent, is also complicated. Cellulite is the product of three main issues, changes in skin elasticity; irregular and uneven deposits of fat; and the fibrous bands connecting through the fat to the muscle that can create dimples.** There’s no known cause of cellulite, but it predominantly affects women, and the view of the medical community is that both genetics as well as hormonal and weight fluctuations can be to blame.

Until now, the most successful treatments to address minimizing—not eliminating—cellulite have been invasive: One is Cellulaze, a thermal laser inserted via a tiny cannula into an anesthetized area of skin, and the other is Cellfina, a microblade inserted below the skin under local anesthesia; both aim to improve the orange-peel texture associated with cellulite by releasing the fibrous bands that pull down on the skin.

The release this spring of Qwo, the first FDA-approved injectable treatment for cellulite, aims to offer a more accessible option. Made from an enzyme called collagenase, other versions of which have been used in the past for scarring, Qwo seems to work by releasing fibrous bands, redistributing fat cells and stimulating the growth of new collagen, says Patrick Barry, executive vice president and president of global commercial operations at Endo, the parent company of the treatment’s manufacturer. Qwo, which requires three treatments over the course of six weeks, has been studied by the company for compatibility on a wide breadth of skin types. Barry thinks that people’s increasing comfort levels with injectables like Botox will be key to Qwo’s success.

It’s somewhat ironic that this new generation of treatments is coming at a time of peak body acceptance, where stretch marks are emphasized with glitter (see artist Sara Shakeel), cellulite is proudly bared and hashtagged on Instagram, and upstart lingerie brands are dramatically expanding size ranges and eschewing Photoshop. So, is it the end of cellulite? Not quite, but as our self-regard begins to evolve, that may be OK. As Graham wrote in her recent post: “It’s hot out there, and so are you.”