



ESLAS

WAVELENGTHS

The Newsletter of the EUROPEAN SOCIETY FOR LASER AESTHETIC SURGERY

Welcome from the President

Welcome to this second edition of the first volume of your newsletter, and the first in the new format. We have decided on the name '*Wavelengths*' for our ESLA newsletter, not only because of its connotations with laser applications, but also because of the second meaning of the word, as in being 'on the same wavelength': in other words, the sharing of common aims and goals. This is something which we must do in order to see real advances in the status of our Society. The number of members is important, of course, and we must all continuously strive to introduce new members to the Society, but more important than that is the common goal which we must share as ESLAS members. This is, just to remind you, to serve as a medium for practical instruction, research and exchange of scientific knowledge related to the use of light for application in plastic and aesthetic surgery. As part of this, we have taken on the task of creating and maintaining standards of surgical and cutaneous treatments in the area of European plastic and surgery. Despite the Society's having been founded by plastic surgeons, I firmly believe that a sub-aim should also be to unite all of the specialities involved in aesthetic and plastic surgery in the one society, so we can truly say that our ESLAS basically offers a multitalented



Dr Mario A Trelles

and a varied multispeciality community of 'Medicine without frontiers.' Accordingly, membership of the society is currently open to qualified laser cognizant individuals from the fields of plastic and reconstructive surgery, dermatology, ENT, oral maxillofacial general surgery, biophysics and biomedical engineering. As part of this effort, we have established the ESLAS web site, which you can find at www.eslas.com and which you are encouraged to visit, browse and

then add your comments to this interesting site.

ESLAS 2000, TARRAGONA

It was my honour to host the 3rd international meeting of ESLAS in Tarragona, March 24th – 26th of this year. A summary of the meeting appears elsewhere in this edition of *Wavelengths*, but the weather, as the congress itself, was warm and brilliant, and surely must inspire us to proceed in the same vein. As I write, the first ESLAS Board Meeting is about to take place, and I am sure that the meeting will bear fruit for you all, as we of the Board thrash out our strategy to carry ESLAS forward in the new Millenium (although some may argue that it does not actually begin until 2001!). Whenever, the second Millenium is surely an opportune time to advance together, for

the common good of our Society, its members and their patients.

CONTRIBUTE NOW!!

This newsletter is for us all, and so I would like to ask you to become part of it. With newsletters of this type, it is often too easy just to sit back and read the work of others, but what makes a good newsletter into a great one is the participation of all the members. The editors of *Wavelengths* invite you to send us your articles! We will happily consider publication of whatever you can be troubled to write and send us. It does not have to be a formal journal-style article, indeed these should be published in the indexed peer-reviewed press, but almost anything else will do: a full abstract; a collection of tips and tricks for facial rejuvenation; a review of a book or an article which has interested you; announcements of meetings of interest in your locality; and of course items of 'social interest' the list is as long as you want to make it!

Wavelengths is not a peer-reviewed publication, but this does not mean that we will accept any substandard articles of a clinical or experimental nature which have been rejected by the indexed literature! So please, ESLAS members, support your newsletter and let us have your contributions! There is no limit to the size of your contribution, but I am sure we will eventually arrive at a happy compromise between content and length. Please send your articles (by 'snail mail') in the first instance to me, Mario A Trelles MD PhD, Instituto Médico Vilafortuny /ANTONI DE GIMBERNAT FOUNDATION, Av. Vilafortuny 31, E-43850 CAMBRILS, Spain, and I will pass them on to the editorial group. The editors would like articles typed single spaced in a clear font

(not, please, all italics!!!), and if possible also saved on a 3.5 inch floppy diskette, formatted for MS DOS (Windows 95 – 2000) and in a common word processing program (MS Word, WordPerfect). Illustrations and photographs can be sent as they are, or can be scanned and included on the diskette. If possible, you can preferable send articles via E-mail (inv@tinet.fut.es) with illustrations as attached files.

Our original plan was to produce two issues per volume, and with this issue we have fulfilled that plan for this year. With your support, we hope to have *three* issues per volume starting with Volume 2.1, which should be popping through your letterbox about April of next year. If the amount of articles submitted subsequently permits, then we may go up to a quarterly rate. An important function of the newsletter is to keep us all informed of interesting developments in our field in a timely manner, rather than having to wait for the annual congress to come round. *Wavelengths* is not meant in any way to replace the congress: indeed, articles published in this newsletter may well be presented at the congress, but sometimes it is good to have a sounding board before committing oneself to a particular clinical or research strategy: here is the sounding board.

So, dear friends, as we gear up for the year end and whatever holiday season we enjoy, I would like to thank you for your support during 2000, and let's embark upon an exciting 2001. On behalf of the Board of Directors, may I wish you all the very best for the holiday season, and a fruitful and ESLAS-filled New Year!

Cambrils, November 2000

Mario A Trelles MD PhD

CONGRESS SUMMARY and REPORT:

3rd International ESLAS Congress 2000, Tarragona, Spain

Under the auspices and encouragement of the Organising Committee, about 200 ESLAS members and meeting attendees converged on Tarragona for the 3rd International Congress of the European Society for Laser Aesthetic Surgery, held from the 24th to the 26th of March, 2000. The golden sunshine, which gives the Costa Dorada its name, shone brilliantly on us for our meeting, just as it shone on generations of Roman generals, centurions and their legionnaires.

The three days of the meeting was packed with a very full academic programme, complemented by an equally full programme of social events. We believe that Dr Trelles is a strong proponent of the old adage; 'Work hard, play hard!'

The meeting was constructed around round table sessions interspersed with free paper presentations, and opportunities for question, answer and discussion. Nine round table sessions, each dealing with a particular aspect of laser application in aesthetic surgery, hosted a total of 31 papers. The round table sessions covered topics on combined surgical procedures, laser blepharoplasty, vascular lesions, cutaneous resurfacing and its pre-and post-operative care procedures, pigmented lesions, hair removal, and the complementary use of peeling in laser rejuvenation. A total of twenty-seven papers were presented in the 6 free paper sessions, covering a wide range of relevant topics. Interest was high, and the discussion/Q&A sessions were occasionally heated, while always exciting. For a

pleasant change, (*as some budding congress organisers should please note*), the time limits of the paper presentations were strictly adhered to, and this if anything increased the intensity of the discussion while enabling the organisers to keep to their very full timetable. On the Friday, at lunchtime we were guests of the Municipality of Tarragona, and were able to enjoy cocktails and a very pleasant lunch following a welcome address from the His Honour, the Mayor of Tarragona. The county council authorities, not to be outdone, invited us to the Town Hall on the Saturday for a very relaxing and delightful reception, where in addition to enjoying fine cocktails and local sparkling *cava*, as unique to Catalunya as champagne is to the region of the same name in France, we could learn some of the ancient history of this most important Roman colonial bastion.

On the third day, we moved en masse to the charming village of Vilafortuny, some 25 km south of Tarragona, for the Instructional Course. After a welcoming speech from the Mayor of Cambrils, Instructional Course started, during which a series of selected representative surgeries were performed at the ***Instituto Médico Vilafortuny***, which houses the ANTONI DE GIMBERNAT FOUNDATION, one of the main supporting groups under whose auspices the ESLAS meeting was held. The surgeries were broadcast by live satellite and a two-way radio link to a conference room in the nearby Hotel Mas Gallau, where we could all watch in comfort. This was followed by the concluding remarks of the meeting, and a very enjoyable presentation by Dr Benjamin



One of the sights we all enjoyed: the harbour at Cambrils. If you had been present, you could have enjoyed it too!

Ascher on ESLAS 2001, the 4th ESLAS congress which will be held in Marseilles in May of 2001. The meeting was then officially closed by the Minister of Health of the Autonomous Government of Catalunya.

On the social side, there was an excellent programme for those accompanying congress participants including

visits to the historical city of Tarragona and its harbour, and the ancient 15th century Romanesque monastery in Poblet. The social programme for all participants commenced with the welcoming party on the Thursday evening, progressed through a typical Tarragona dinner on the Friday night, and the marvelous Gala Dinner on the Saturday night, and was delightfully rounded off by the *Adios Amigo* Lunch on the Sunday.

It was a well-organised and well-balanced meeting, and we are extremely grateful to The City and County Councils of Tarragona, the City Council of Cambrils, the Antoni Gimbernat Foundation and the Official Medical School of Tarragona, under whose auspices this excellent meeting was held. We are also very grateful to the congress's main financial sponsors, Candela Ibérica and ESC Sharplan, and all the Exhibitors, without whose financial support holding the congress would have been impossible. A final word of special thanks must go to the Organising committee whose hard work, generosity and unending hospitality put the final glittering touch to an excellent meeting.

ESLAS MEMBERSHIP REPORT

Since my last report in the March issue of the Newsletter, there has not been much change in the membership status, although I have received a growing number of inquiries regarding ESLAS. Despite my reminder in the last Newsletter, there are still some members that need to send further documentation in order for me to finalise their membership application. A continuing point of great importance is that physi-

cian members need to update continuously their standing in their own professional association as far as their laser surgery accreditation is concerned so that the Executive Board can proceed to grant full membership if provisional membership is already enjoyed by the member concerned.

Full membership depends on the degree of the member's activity in the laser surgical accreditation or proctor-

ship process, attendance at recognized workshops, research, publications in literature, and of course their active participation in ESLAS (not to mention contributing to this new look newsletter, 'Wavelengths'). This is the only way to keep our society updated and strong as well as to provide justified membership to all our members. Any updates in accreditation or status can be sent by mail, fax or e-mail to the Membership Secretary. Another very important issue is that the annual fees for any given year must be in the Membership Secretary's hands by the end of March of that year, so if you have not yet paid for 2000, you had better get a move on!

We have many plans to bring benefits to our members, including this newsletter, our web-site, the application of specially discounted congress fees for members, mailings, contact with members and so on. All of these involve funding requirements, particularly the cost of mailing, administering the web site and production and printing of the newsletter and other mailings. Apart from the income generated by the annual congress, the Society's annual fees are the only real income that ESLAS can get.

I would kindly ask all our members to proceed on time with payment of

their fees by bank transfer to the account that is stated on their letter of approval (Royal Bank of Scotland, bank sort code :16-10-15, account :ESLAS USDA), and while I am on the subject, now would be a good time to start thinking about getting your membership dues for 2001 into my hands. Further information can be obtained from me at the address below.

A Society certificate/diploma will soon be awarded to members that are eligible to receive one, that is to say Full members in good standing. The list of the current full members appears below. If you think you should be on it, or if there is any doubt or query regarding your status, please do not hesitate to contact me, the Membership Secretary, Dr P. Kontoes for further information. (Fax number, 0030-1-72.20.825; e-mail, vakont@tee.gr)

I will be in touch soon in the near future, with the reminders for your 2001 membership! In the meantime, as we approach the end of 200, may I add my wishes to those of the Board for a very happy holiday season, and an exciting and ESLAS-filled New Year.

P.P. Kontoes MD PhD,
Membership Secretary.

Full members

Brychta, Pavel	Konstantaras, Pavlos	Percival, Nicholas
Calderhead, R Glen	Lehou, Joanna	Sandris, Panagiotis
Chamorro, Hernandez Juan-Jose	Mene, Romulo	Spendel, Stephan
Dasiou, Dimitra	Manolakou, Haramidopoulou P.	Stambos, Michael
Finkel, Bernando	Mantas, Nickos	Stuffer, Manfred
Fellas, Andreas	Meersman, Paul	Ting, Jack Chang
Garcia-Solana, Luisa	Mandl, Angelica	Tan, King Hoen
Gilis, Valdis	Michaelidis, Christos	Ulman, Claudius
Giler, Shamai	Nikolaou, Artemis	Van Schalkwyk, Cornelis Rudolf
Kubota, Junichiro	Ornstein, Arie	Velia, Lemel
Klartansson, Jens	Onnebrink, Gerhard	Vaciunas, Renaldas

STUMP THE EXPERTS!

In each issue we will present a few problems (in a multiple choice format) submitted by a reader. How capable do you think you are of answering the following? Please send your 'tricky questions' (with the answers, please!!) to the address given in the President's Welcome. Your name will appear by the questions unless you tell us otherwise. Read the questions below, then circle the best answer (Answers on page x).

1: Permanent depilation using pulsed ruby laser cannot be performed on

- (1) patients with a high value skin type
- (2) suntanned patients
- (3) patients on hormone replacement therapy (HRT)
- (4) patients with a disease or abnormality of the thyroid
- (a) All answers are correct
- (b) All but (4)
- (c) All but (3)

2: Photoepilation is more efficient

- (1) during the anagen phase, when the hair is actively growing
- (2) during the catagen phase, when the hair is very fine
- (3) during the telogen phase, when the dermal papilla is near the surface
- (4) during all three stages of hair growth
- (a) The last answer (4)
- (b) The first answer (1)
- (c) Answers (1) and (2)

3: The symptom of mycotic, bacterial or viral infection after resurfacing is

- (1) erythema
- (2) deterioration in skin quality
- (3) exudation
- (4) pruritis
- (a) All are correct
- (b) The last one (4) is correct
- (c) Answers (1) and (4) are correct

4: Which of the following periorbital complications can be solved with laser resurfacing?

- (1) scleral show
- (2) excess skin on the upper eyelid
- (3) fat bags
- (4) sagging lower eyelids
- (a) All answers are correct
- (b) (3) and (2) are correct
- (c) (4) is correct

Laser Resurfacing and the 'Cupid's Bow' Lip

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The upper lip in general and at its best resembles a 'Cupid's bow' of harmonious shape, a characteristic of youth. The lip is, however, prone to wrinkling with age, and any treatment of these wrinkles must take into account the restoration of the whole 'bow' configuration. This study follows 236 patients treated for wrinkles of the upper lip with either the Coherent® 5000C pulsed CO₂ technology (300 mJ, density 6) or with the Flashscanning continuous wave emission also CO₂ technology (Sharplan FeatherTouch™ 36 W). Three passes having been performed over the whole upper white lip, a further three passes were performed over the filtrum to induce the shape of the bow. Results proved to be about the same when using the Coherent or the Sharplan laser. Over all the results were very good, with 'very good' and 'good' scoring statistically more than 'fair'. No 'bad' results were scored. The oris orbicularis, the main muscle surrounding the mouth, is attached to the dermis with a very thin layer of subdermal fat. Laser influence on the muscle will thus almost directly exert a moment on the overlying skin, particularly the mirtiform muscle which lies under the filtrum and exerts a particular influence on it. Any form of tightening of the mirtiform muscle

will result in reshaping the anatomical and aesthetic lip configuration, especially the *filtrum*. Laser resurfacing offers possibilities of enhancing the results of lip rejuvenation by improving the vermilion appearance and the aesthetic pattern with little risk of complications.

INTRODUCTION

The lips are responsible for the aesthetic balance of the lower third of the face, and are far more than a simple muscular sphincter. Not only are they concerned with eating and salivary continence, with breathing and with speech, but they have prime aesthetic implications in the lower third of the face, as well as their mimic expression function.

Currently, laser resurfacing is used in the treatment of lip wrinkles⁽¹⁾. However in treating the wrinkles it is important to include a technique which will restore a youthful harmony to the lips.

The lips are two musculo-membranous moveable folds, which form the lower wall of the oral cavity and surround the oral orifice⁽²⁾. Each lip consists of a cutaneous portion or white lip and a mucous part known as the vermilion, or red lip. The cutaneous covering of the white lip is thick, resistant and very adherent to the underlying muscle with minimal subdermal fat. The upper white lip has a depression in the middle called the *filtrum* bordered by crests on each side. In the middle region there is a more or less accentuated curved called the bow's grip, which corresponds to a slight inverse curve of the lower lip.

There are a large variety of lip morphologies depending on the individual, and there are also ethnic differences⁽³⁾. The upper lip resembles a bow and its harmonious shape is called the Cupid's bow.

The oral sphincter consists of numerous muscles of which the internal and external orbicular of the lip represent the most important dynamic unit. Grouped with this unit is the *mirtiform* muscle (which lies outside the *filtrum*), going from the nasal-mucosa junction to the nasal ala subseptum which creates the *filtrum* and its *foseta*.

The superficial muscle plane of the mouth consists of numerous muscles of which the external orbicular of the lip, located in the centre, is the most important. This muscle is attached to the deep dermis

and to the rest of the skin muscles, which converge towards the lips, principally towards the oral commissures, and thus give the lip its youthful appearance.

MATERIALS AND METHODS

Laser resurfacing of the perioral region was carried out on 236 women. Patients were between 38 and 76 years old (mean age of 58). After anesthesia of the lip using Mepivancaine 2% with 1/100.000 Epinephrin, CO₂ laser was passed 3 times over the whole upper lip. The Sharplan CO₂ laser (FeatherTouch™ mode) was used in the circular pattern, 11 mm, approximately 10% overlap. The Coherent Ultrapulse 5000C laser was used with the Computer Pattern Generator (CPG) and the following parameters: 300 mJ, 60 Watts, design #4, density 6 to treat the skin with the same number of passes as previously described.

After treatment was completed, two to three extra laser passes on the *filtrum* were performed, avoiding the crest of the vertical lines. Placing the laser beam laterally, the treatment was then performed with the same number of passes outside the vertical crest of the *filtrum*. This area of treatment corresponds anatomically to the location of the *mirtiform* muscle. Gradually, the laser passes were reduced as the treatment extended outwards, feathering the action created on the tissue. Care should be taken when it comes to cleaning the debris of the vaporized skin after each pass using vigorous cleansing with a saline-soaked gauze pad.

Immediately before and after resurfacing and again at two months postoperatively, 1 mm punch biopsies were taken in 7 patients each in the two laser groups. Biopsies were taken at the *filtrum*, outside the vertical crests.

No dressing was applied and only flupametasone-gentamycin ointment was prescribed to be applied to the resurfaced area three times per day. Oral prednisolone 3 mg 3 times a day for 4 days and Acyclovir for local application only on the vermilion 3 times a day, for 15 days were prescribed.

Antibiotics were not prescribed. From the 5th day, the flupametasone-gentamycin ointment was stopped and *Tt1 Cosmética Activa*⁽⁴⁾ was recommended to treat the surface several times a day until the scabs dropped.

Patients were randomly assigned patient numbers starting from 1 upwards, and were then assigned to two groups depending on the laser: patients with even numbers were assigned to the Sharplan group and odd numbers to the Coherent group. There were no statistical differences between the pretreatment condition of the patients in either group. Laser resurfacing using one laser or the other was always done by the same surgeon, so that the technique of treatment was the same.

Evaluation was done two months after treatment. Selection of results was divided into two groups according to the laser used. Scores were given as Bad, Fair, Good or Very good, according to the estimation of results agreed upon by the doctor and the patient. Results were defined according to percentage of clinical improvement: Very Good being greater than or equal to 80%; Good being between 60 and 79%; Fair being between 40 and 59% and Bad being below 40%.

RESULTS

Biopsies of wrinkled upper lip tissue, stained with Hematoxylin/Eosin (H/E), before laser treatment showed extensive solar damage with poor collagen and elastosis. Muscle tissue appeared isolated deep inside, in the vicinity of anexa glands. Immediately after laser resurfacing, a loss of tissue pattern, due to extensive heat effect was seen. Tissue coagulation and oedema were present up to the level of the reticular dermis. Inflammatory infiltration was seen. Two months later, the tissue showed a rich broad band of collagen. Fibres looked well compacted immediately below the epidermis/dermis junction, forming a horizontal band. New collagen was well distinguished from that previous to laser resurfacing which showed signs of elastosis. Rich cellularity was noticed at the epidermis

At two months, results scores were very similar, independent of the laser used. As shown in Table I, the results show a higher percentage of Very Good and Good

Table 1: Upper lip resurfacing of wrinkles: results of laser resurfacing

SHARPLAN		COHERENT	
Very Good	62	Very Good	47
Good	42	Good	59
Fair	14	Fair	12
Bad	0	Bad	0
TOTAL	118	TOTAL	118

Note: Average of patients suffering from different degrees of wrinkles were similar in the number treated by each laser

scores than Fair scores. No bad results were scored. Analysis of results gave, in case of Sharplan laser, an outcome of 52% very good, 35% good and 12% fair. For Coherent, 40% of patients were rated very good while 50% were good and 10% fair.

The remodeling and reshaping of the *filtrum* (as well as re-establishing the youthful form of cupid's bow shape which is present in youthful lips), proved very advantageous with a high degree of patient satisfaction.

DISCUSSION

There are many techniques which have been described for correcting aesthetic problems of the lip, including injections with synthetic and natural materials, lipofilling, tattooing, anionic surfactants, chemical peels, and so on. There are equally many problems associated with these techniques, not the least of which is total or partial reabsorption of injected materials, cyst formation, lip asymmetry and permanent loss of feeling in the vermilion.

The mirtiform muscle located below the nostril is well attached by radial fibres at the *filtrum* fosea, and will at the time of resurfacing, play an important role in recovering the *filtrum* shape due to the stretching suffered by this portion of tissue due to the enhanced amount of collagen formed.

In fact, the recovery of the aesthetic and/or anatomical shape of the *filtrum* in lip resurfacing is an observation which we had already witnessed a few years ago and

which we had communicated orally⁽⁵⁾ and in the medical literature⁽⁶⁾, as well as in several workshops, demonstrating this in a practical way in patient interventions^(7,8). We conclude that laser resurfacing offers possibilities of enhancing the results of lip rejuvenation by improving the vermilion appearance and the aesthetic pattern of the 'Cupid's bow' with little risk of complications, and that this return to the lip of youth complements the removal of perioral wrinkles to give an over-all youthful appearance to this anatomically and visually extremely important region of the face.

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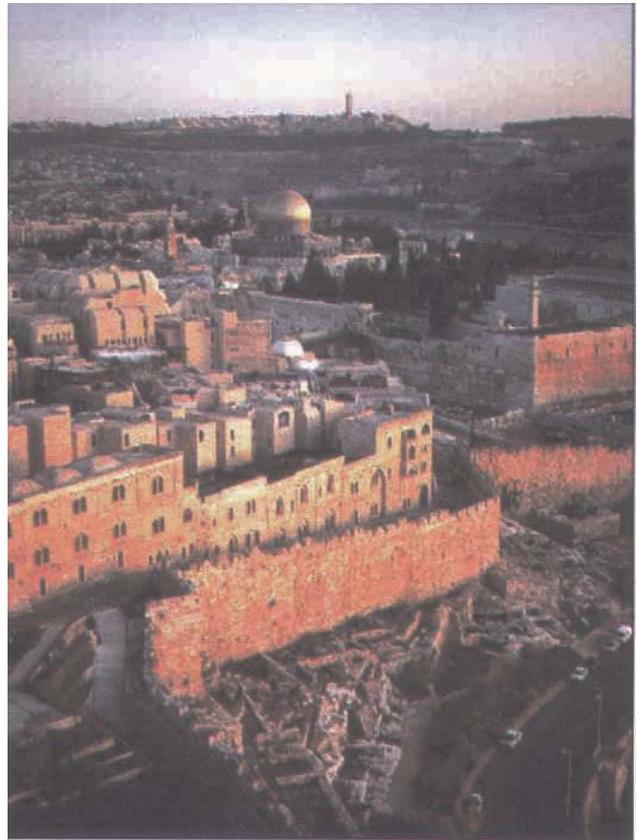
IT'S OFFICIAL: ESLAS 2003 IN ISRAEL

The ESLAS Board is pleased to confirm that the ESLAS 2003 meeting will take place in Tel Aviv, Israel, under the Presidency of Dr Michael Scheflan, a plastic surgeon and Director of the Atidim Medigroup in Tel Aviv. Here are some of the reasons Dr Scheflan gave which carried the vote in his favour.

In The Spirit of the Times

The Spirit of Israel and the Israel of Spirit will be the background of the International Congress of the European Society for Aesthetic Surgery in the year 2003. Israel offers the visitor everything from the aetherial to the earthly – the spiritual heights of Jerusalem and the lowest point on earth at the Dead Sea. Excavated centres of the Ancients and gleaming, modern cities. The sources of faith and their shrines, from the Temple wall to mystical Safed from the Via Dolorosa to the Galilee Hills the Dome of the Rock the Bahai Shrine in Haifa modern resorts on the shores of legendary seas and luxurious shrines near ancient Roman baths. A microcosm of diverse terrains for desert safaris and mountain climbs or challenging cycling, hikes and treks. Bistros and boutiques in ancient market places tantalizing cuisine and a diversity of entertainment and culture. For a religious pilgrimage or a winter-sun getaway to discover the world of the Bible or enjoy the relaxation of a full resort vacation for pampering and healing at the natural spas or participating in international meetings – perhaps to sample a taste of each. However the spirit moves you, you'll find it in Israel.

One would have to travel endless hours in most parts of the world to en-



The Old City of Jerusalem basks in the sun. You will be there in 2003!

counter the remarkable physical contrasts that exist in Israel, where a one-hour drive takes the visitor from city to desert, from plane to mountain. In half an hour, domestic flights take the visitor from Tel Aviv to the Galilee; from Tel Aviv or Jerusalem to Eliat. Barely an hour's drive separates the Red Sea and Jerusalem, Jerusalem and the Dead Sea, Tel Aviv and Haifa, Haifa and the heart of the Galilee, Tel Aviv and Beer Sheva. Every road leads to the sites and the artifacts of the Bible, and the early history of Western civilization.

Thanks to these short distances, the visitor encounters an incomparable variety of sights and sites. For the same

reason, a number of different locations, whether urban centres or resorts, can serve as convenient touring bases for the rest of the country.

Each area has a broad range of accommodation, from popular-priced hostels or bed-and-breakfast facilities to fully appointed modern hotels in every price range, many of them well-known, international names. Thousands of hotel rooms in every location serve the expectations and needs of every visitor: vacationers and religious pilgrims, back-packers and culture-seekers, business travellers and participants in the hundreds of annual international meetings.

With Israelis coming from every continent, 'native' cuisine can be anything from the cordon blue of Europe to

the Exotica of the Far East, Latin America and even American fast food. However, Mediterranean cookery, complemented by year-round bounties of fresh fruits and vegetables, and myriad dairy products, is the backbone of the Israeli kitchen. Accompanied by an excellent domestic beer or wine, every meal can be a delightful experience. Outdoor cafes and restaurants dot even the smallest towns, while world-class restaurants can be found in the furthest reaches. Little can beat sitting at the water's edge and enjoying the freshly grilled catch of the day, while a pita bun filled to the brim with felafel and fresh salads provides a perfect meal on the run.

So, along with food for the soul, Israel has something to satisfy every appetite – however the spirit moves you.



Sun, sea and sand call us to Tel Aviv, with every kind of restaurant you can imagine. An image to sustain us through our European winter!

LET'S CELEBRATE!!!!



With **Dr Benjamin Ascher**
in **Marseilles, France**
2001

With **Dr Rolf Munker**
in **Stuttgart, Germany**
2002

With **Dr Michael Scheflan**
in **Israel**
2003