They say that the eyes are the windows to the soul, and, indeed, our eyes have the ability to communicate emotion and sentiment without uttering so much as a syllable. But what do your eyes say about you when you lose the arch in your eyebrow and the brow begins to fall?

Despite the effects of aging on our facial features, in the cosmetic surgery world, there’s always a solution. It just depends on how much of an investment you’re willing to make. These days, with an ever-growing list of everyday personal, professional and financial demands, less is definitely more — less downtime, less cost, less pain. While the traditional surgical browlift requires both time and money, a nonsurgical option is growing in demand: the Botox browlift.

**Eyes wide open**

Commonly referred to as the Botox (onabotulinumtoxinA, Allergan) browlift — but certainly possible with Dysport (abobotulinumtoxinA, Medicis), the only other neurotoxin approved by the Food and Drug Administration that is found in doctors’ offices — this procedure is technically not a brow “lift” at all, according to Joe Niamtu III, D.M.D., a board-certified maxillofacial surgeon based in Richmond, Va., with a practice focused on cosmetic facial surgery.

“The brow doesn’t actually change,” Dr. Niamtu says. “It’s a combination of the muscles that work and those that don’t work that makes a difference.”

Of course, when we think of Botox, we equate it with the “frozen” look — the dead giveaway that someone has recently been to his or her cosmetic surgeon’s office. And while having zero muscle movement was once in popular demand, today’s woman (or man) has something else in mind. “There’s been a huge change in the ‘frozen face syndrome,’” Dr. Niamtu says. “When this (neurotoxin) stuff first came out, if patients had one little twitch, they were mad. They wanted the ‘frozen’ face.”

What today’s patient wants is what Dr. Niamtu calls “creative animation.” Why? “For two reasons,” he says. “First, people know what they like, and second, people are trying to save more, so they will dictate the treatment.”

Efforts to be wiser about spending in a tough economy have shown that we can have the benefits of Botox or Dysport and a more natural look at the same time. “You can use neurotoxins to amplify a patient’s positive features and draw attention from their negative features,” Dr. Niamtu says.

One such way? Getting a little lift to the brow. “When you animate (the brow muscles) in combination, the middle of the brow is pulled down,” he says. “What happens is we selectively treat the depressors (the muscle that pushes the brow down) and not the elevators (the muscle that pushes the brow up).” The result: A brow that appears to be more elevated.

**How it works**

The position of the eyebrows is primarily determined by a balance between the muscles that elevate them — the elevators — and the muscles that pull them down — the depressors. What’s responsible for a furrowed brow? The elevator. And those pesky crow’s feet? The depressors. By putting the right amount of a neurotoxin into the depressors, the elevators lose the downward pull of the depressors and the brow goes up.

“Anatomically, the muscles that raise the brow stop at the side (end) of the eyebrow. Past the tail of the eyebrow are the depressors. When you squint, these pull the eyebrow down. When you turn off the depressor muscle that pulls the brow down, it makes the brow look higher,” Dr. Niamtu says. “In patients under 50, it’s more reliable, but there’s potentially a benefit for any patient when done right. It’s just an adjustment of the muscles that gives the illusion or ‘look’ that the brow is higher.”