VISAGISM AND FACIAL HARMONIZATION: INTEGRATED APPROACHES TO FACIAL AESTHETICS

Jéssica Alessandra Bastos[1], Rodrigo Cé[1]
[1]Centro Universitário Avantis – UNIAVAN - Balneário Camboriú – SC – Brazil.
email: rodrigoce@uniavan.edu.br

Recepção: 30 de setembro de 2024
Aprovação: 26 de novembro de 2024

Abstract - This study aims to explore the concept of visagisme and its application in facial harmonization, examining its effectiveness in creating a personalized image and highlighting the importance of facial proportions in aesthetics. A detailed bibliographic review was conducted, including the analysis of books, scientific articles, and dissertations. The sources were selected based on the relevance of the topic, publication period, and authors' authority. Visagisme integrates principles from visual arts with psychology, neurobiology, and anthropology to create an image that reflects personal identity. Facial harmony and symmetry, based on the golden ratio, are essential to aesthetics. Facial analysis is used to personalize aesthetic treatments, considering patients' individuality and self-esteem. The research revealed a scarcity of specific studies on visagisme and facial harmonization, indicating the need for further investigation. The combination of aesthetic and scientific principles allows for a personalized and effective approach. Facial aesthetics is subjective and can significantly impact self-esteem and quality of life. Visagisme presents an innovative approach to personal image building, integrating various disciplines to reflect each individual's unique identity.

Keywords - Visagisme; facial harmonization; personalized aesthetics; facial symmetry.

Resumo - Este estudo visa explorar o conceito de visagismo e sua aplicação na harmonização facial, examinando sua eficácia na criação de uma imagem personalizada e destacando a importância das proporções faciais na estética. Foi realizada uma revisão bibliográfica detalhada, que incluiu a análise de livros, artigos científicos e dissertações. As fontes foram selecionadas com base na relevância do tema, no período de publicação e na autoridade dos autores. O visagismo integra princípios das artes visuais com psicologia, neurobiologia e antropologia para criar uma imagem que reflete a identidade pessoal. A harmonia e simetria facial, baseadas na proporção áurea, são essenciais para a estética. A análise facial é empregada para personalizar tratamentos estéticos, levando em consideração a individualidade e a autoestima dos pacientes. A pesquisa revelou uma escassez de estudos específicos sobre visagismo e harmonização facial, indicando a necessidade de mais investigações. A combinação de princípios estéticos e científicos permite uma abordagem personalizada e eficaz. A estética facial é subjetiva e pode impactar significativamente a autoestima e a qualidade de vida. O visagismo apresenta uma abordagem inovadora para a construção da imagem pessoal, integrando diversas disciplinas para refletir a identidade única de cada indivíduo.

Palavras-Chaves - Visagismo; harmonização facial; proporção áurea estética personalizada; simetria facial.

I. INTRODUCTION

According to the Greek concept, beauty is expressed through harmony and proportion between parts, as well as measure, symmetry, and virtue. These principles, which also encompass the golden ratio, have been utilized since ancient Greece in various disciplines and later during the Renaissance [1]. The term "visagism" was first coined in 1936 by the renowned hairstylist and makeup artist Fernand Aubry (1907-1976), derived from the French word "visage," meaning "face" [2,3]. Furthermore, visagism constitutes an interdisciplinary tool grounded in sociological, psychological, anthropological, and neurobiological data [4], resulting in a harmonious and aesthetically pleasing appearance.

In this context, beauty and symmetry are two interconnected elements that unite to achieve aesthetic idealization. Plato described ideal beauty as any object that presents harmony or unity in its composition, while Socrates defined it as something orderly and symmetrical [4,5]. The human mind tends to associate perfection with symmetry, considering unbalanced proportions as something exotic [6]. Additionally, anatomovisagism, derived from visagism, establishes a set of techniques that promote harmony, symmetry, and functionality of male and female morphological features, using anthropometric measurements of the face and body of each individual [4]. This approach is based on in-depth knowledge of human anatomy, allowing the

personalization of the image according to each person's clinical needs, preferences, and personality [4,6].

Moreover, facial aesthetic procedures significantly influence individuals and their perception of life. Variations in facial appearance contribute to individuality and are easily noticeable. The growing interest in facial volume and advances in tissue techniques have enabled the innovation and dissemination of fillers, driving the evolution of filling techniques and others [7,8]. This appreciation and refinement of facial aesthetic procedures reflect a contemporary trend in the pursuit of aesthetic improvement. These advancements not only provide visible results but also significantly impact patients' self-esteem and quality of life [9,10].

In this regard, the use of Facial/Body Harmonization combined with visagism represents an approach that encompasses a variety of aesthetic procedures, including invasive, minimally invasive, and non-invasive treatments, combined with the prescription of topical compounds and nutraceuticals, aiming to comprehensively and personally treat the body [11]. This approach addresses multiple aesthetic concerns in an integrated manner, promoting fat elimination without resulting in irregular contours, sagging, stretch marks, cellulite, skin blemishes, dryness, or acne lesions, while respecting individual anatomical and bodily characteristics (anatomovisagism) [11,12].

Beauty and symmetry are fundamental concepts in aesthetics, influencing individuals' perception of life and self-esteem. In this context, the main techniques and procedures used include plastic surgery, mesotherapy and advanced intradermal therapy, dermal fillers and collagen biostimulators, PDO threads, Plasma Gel, and PRP, as well as therapies such as ultrasound, radiofrequency, carboxytherapy, hydrolipoclasia, and aesthetic prescriptions that may encompass nutraceuticals/herbal supplements, cosmeceuticals, and nutricosmetics, among others. This literature review study aims to investigate the importance of visagism in facial harmonization, analyzing the application of individualized treatment protocols based on facial proportions, focusing on their practical implementation in aesthetics and facial harmonization.

II. METHODOLOGY

This study on visagism and the harmonization of personal image was conducted using a qualitative approach, based on a comprehensive literature review. The objective was to investigate and synthesize the concept of visagism, originally developed by Fernand Aubry and expanded by Philip Hallawell, examining its application in the current context, where the personalization of the image has become a core value. Data sources included books, scientific articles, dissertations, and theses published in specialized journals, as well as materials accessible through academic databases such as Scielo, PubMed, and Google Scholar. The selection of sources was guided by their relevance and the contribution of the authors to the understanding of visagism and related concepts in aesthetics, image psychology, and facial anthropology. The inclusion criteria for the review were: 1) Thematic Relevance; 2) Publication Period; and 3) Author Authority. Data analysis was conducted in an interpretative and descriptive manner, aiming to identify and discuss the main theoretical and practical approaches related to visagism.

III. THEORETICAL FRAMEWORK

A. Visagism

Fernand Aubry was one of the pioneers in the pursuit of creating a unique image for his clients. Through statements and photographs of his work, it is clear that his approach consists of harmonizing haircut, hairstyle, and makeup coherently, challenging the standardization of image, beauty ideals, and fashion trends. Since ancient times, humans have sought to create ideals of beauty. These ideals are influenced by various factors, such as social, political, economic, and cultural aspects. Among these, the influence of the media stands out, playing a fundamental role in changing sociocultural paradigms. Consequently, the definition of beauty and attractiveness has become more complex over time, as they can be interpreted in various ways [13,14]. For Aubry, each project was regarded as unique and singular, rejecting preconceived solutions while engaging in dialogue with each client to better understand their needs, preferences, lifestyle, physical traits, and personality, following the principles of integrated visagism [13].

Originating from the French term "visage," meaning "face," the concept of visagism was not clearly defined until it was expanded and developed by the artist Philip Hallawell. Visagism aims to create a personalized image that reflects a person's identity. Its application derives from the combination of visual arts principles with disciplines such as psychology, neurobiology, anthropology, and sociology [15]. In this interdisciplinary context, visagism allows for the identification of emotions and personality traits that individuals wish to express through their appearance, including their smile. This facilitates personalized and predictable planning [4].

Renowned painter Wassily Kandinsky observed that every image can evoke an emotion before it is understood logically. He made important observations about the essence of the image, recognizing that each image, whether intentionally or not, carries an archetypal symbol. This characteristic is present in personal images as well as in natural elements, such as the face. Different physical shapes, expressions, and

even teeth carry pre-established symbolic meanings. Thus, the face is not merely an inevitable feature, but rather a target of social, cultural, and individual construction, developing into a genuine "facial anthropology," which conceives the face as a fictional representation of social performance [16,17].

In 1936, Carl Jung suggested that these archetypal symbols are rooted in the subconscious and collective unconscious, encompassing not only geometric shapes but also the lines that compose them. The lines presented in visual representations interact with the geometric shapes, and the ability to decipher the meaning of these lines and shapes enables the understanding of revelations about a person's personality and temperament through their face [16]. Visagism represents a contemporary approach and a true artistic expression that challenges rigid models. Its application is effective in today's society, which values personalization, defined values, and clear purposes. By exploring lesser-known concepts, visagism delves directly into the field of image psychology, making specialized consultation essential and distinguishing itself from traditional image consulting services [18].

B. Definition of the Concept of Body Harmonization (BHA)

Body Harmonization (BHA) is a holistic approach that integrates a variety of aesthetic procedures, from the least invasive to the most intensive, combined with the use of topical products and nutraceuticals to treat various dysfunctions in a personalized way. Currently, Facial Harmonization has become an increasingly adopted technique by Aesthetic Biomedicine professionals. Utilizing innovative methods, its purpose is to achieve the natural harmony of the face, with subtle results that consider the biotype, age, and facial anatomy of each patient. In this way, expectations are met while reducing the effects of aging caused by time [19,20]. This meticulous method addresses concerns such as contour irregularities, sagging, stretch marks, cellulite, blemishes, dry skin, and acne lesions while addressing the specific clinical needs of each patient. This allows for the creation of individualized treatments, avoiding social comparisons and promoting a healthier and more realistic body image [19].

In terms of facial aesthetics, a wide range of procedures is available to improve the appearance and health of the skin and physical structures. The selection of the most appropriate procedure is based on the patient's concerns and goals, as well as professional recommendations assessed after a detailed evaluation. Among the most popular procedures are botulinum toxin application, hyaluronic acid fillers, chemical peels, PDO threads, and microneedling [21]. While the structural changes associated with aging are a natural part of the process, they are often seen as undesirable, driving the pursuit of ways to reduce, delay, or minimize them. With the growing demand for non-surgical options for skin rejuvenation, the concept of facial harmonization, also known as volumetric rejuvenation, has emerged. This method focuses on the use of dermal fillers to restore volume, contour the face, and promote symmetrical balance, providing a youthful and natural appearance [22].

C. Aging

Skin aging is influenced by various factors, both internal and external. The internal aging process is natural, resulting in characteristics such as thinner, drier skin, prone to fine wrinkles, and a loss of fat in the dermis. Intrinsic or chronological aging is linked to a person's age and genetics, being predictable and inevitable. These factors result in normal changes in the appearance and function of the skin due to the passage of time and the body's natural wear (cells, organs, and skin). Meanwhile, external aging is triggered by environmental elements such as air pollution, smoking, poor diet, and sun exposure, causing deeper wrinkles, decreased elasticity, sagging, and rough texture. Prolonged exposure to ultraviolet (UV) radiation from the sun is particularly harmful and is considered the main cause of external skin aging, known as photoaging [23,24].

UV radiation is responsible for up to 80% of the skin aging process, playing a crucial role in cutaneous aging, especially in premature aging. Both UVB and UVA rays affect changes in the skin caused by UV radiation, with varying effects depending on the type of skin exposed to the sun [25]. Clinically, chronologically aging skin tends to become thin, dry, and develop fine wrinkles. On the other hand, photoaged skin typically exhibits a rough texture, sagging, more pronounced wrinkles, dilated blood vessels (telangiectasias), and irregular pigmentation with brown spots (lentigines) [26].

These signs of facial aging can have negative impacts on self-esteem and social interactions, influencing others' perceptions of a person's personality and feelings, potentially causing anxiety, fatigue, or sadness that do not always reflect the individual's true emotional states. Women's concern about aging with health and beauty has driven the growing demand for rejuvenating aesthetic procedures, prompting companies to launch a variety of products, techniques, and equipment aimed primarily at women as an alternative to regain youth. Rejuvenation practices are associated with greater independence and functional capacity, also seeking improvements in health and well-being, thus demonstrating a focus on self-care [25,27].

A youthful face with harmonious, symmetrical, and balanced features generally conveys more positive feelings. Thus, it is evident that facial aging significantly impacts self-image and how individuals are perceived in

their social interactions [26]. The changes caused by the facial aging process can lead to dissatisfaction with appearance, insecurity, and even depression. Therefore, it is crucial that orofacial harmonization specialists address not only aesthetic concerns but also patients' emotional health. By helping to improve facial appearance, these professionals can contribute to increased self-confidence and self-esteem, which can have a positive impact on individuals' quality of life [28].

D. Injectable Pharmacotherapy

The aging of the human face results from complex volume changes at both microscopic and macroscopic levels. These changes can occur due to bone resorption, the influence of gravity, redistribution of subcutaneous fat, and skin damage. The aesthetics market focuses primarily on the physiological process of aging and its visual manifestations on the skin, aiming to treat classic signs such as wrinkles, expression lines, sagging, and blemishes [29,30]. In recent years, facial and body aesthetic procedures have become widely popular across various fields related to health, body aesthetics, and enhancing human appearance. A growing number of patients are opting for less invasive aesthetic procedures [31]. Among these are injectable, perforating, or scarifying procedures that penetrate the epidermis, dermis, and subcutaneous layer, and are considered non-surgical. Injectables are formulated with active ingredients dissolved or dispersed in a suitable vehicle and can be administered subcutaneously, intramuscularly, intravenously, intraspinally, or via other parenteral routes [32].

Among these procedures, Botulinum Toxin Type A (BTA) treatment is one of the most requested, recognized for its effectiveness in facial rejuvenation and harmonization, providing significant improvements with rapid action and long-lasting results [31]. The application of botulinum toxin can be a considerable therapeutic alternative in certain scenarios, as it is currently widely used via various routes, including intramuscular and intradermal injections. The use of botulinum toxin is directly related to the indication and complaint of each patient, as well as to the therapeutic objectives that guide the choice of its application site [33]. Fillers, on the other hand, are used to enhance facial volume according to aesthetic beauty standards, which determine certain curves, contours, sizes, and proportions needed to create an attractive face or to restore volumetric dimensions and, consequently, facial youthfulness. Facial rejuvenation with non-permanent biodegradable fillers offers an accessible and relatively safe procedure compared to more invasive interventions available on the market [29].

E. Clinical Guidelines: Main Aesthetic Dysfunctions Treated in BHA

The use of injectable treatments is increasingly common for reducing wrinkles and restoring soft tissue volume in aging skin. Among them, hyaluronic acid (HA) stands out for its compatibility with the body, practicality, and reversibility. When applied, HA stretches the dermis and reinforces the structural support of the extracellular matrix (ECM), activating dermal fibroblasts and stimulating the production of type I collagen [34]. Hyaluronic acid proves to be a crucial ally in smoothing fine lines and wrinkles, improving skin sagging, and restoring lost facial volume. Procedures to treat facial aging should address sagging, reposition and restore fat volume, influence the musculature, and reverse bone loss according to each patient's needs. The variety of hyaluronic acid fillers available today has revolutionized the approach to aging signs in all areas of the face, offering different specific properties for application in various anatomical layers of the skin [35].

Botulinum toxin, in turn, is commonly used to treat the upper part of the face, aiming to smooth or eliminate expression lines such as forehead wrinkles, frown lines, and crow's feet around the eyes [36]. In addition to reducing expression wrinkles, botulinum toxin improves skin flexibility, increases hydration of the outer layer, and reduces redness [34]. Additionally, it has shown efficacy in treatments such as the reduction of hypertrophic scars, rejuvenation of the male genital area, neck, and gummy smile, and can even be used to treat masseter muscle hypertrophy [37]. The appropriate combination of fillers and toxins requires an individual patient assessment and a functional understanding of the observations made. Previously, toxins were considered the main treatment for the upper face, while fillers had more relevance in the central and lower parts. However, there is now a growing belief that fillers enhance the effects of toxins, especially in older patients. The combination of these two treatments is beneficial for all facial areas [38].

F. Anthropometric Analysis

Achieving facial symmetry requires balancing the size, shape, and arrangement of anatomical features on both sides of the face. One approach to this is the use of anthropometric measurements; 47 craniofacial points are described in the anthropometric literature. Initially, these measurements were most commonly applied in cases of congenital alterations and post-traumatic scenarios, where it was crucial to know standardized measurements based on population studies. These serve as references for treatment plans, helping professionals achieve more harmonious and balanced aesthetic results [39, 40].

Anthropometric evaluation can be performed using a caliper directly on the patient's face. This assessment allows not only for the measurement of surface

dimensions but also for determining the facial type. One method used for this purpose is the morphological facial index, which is based on the measurement of the face's width and anterior height. This quantitative approach has been extensively applied, especially in recent years, due to its simplicity, non-invasiveness, low cost, and ease of interpretation [41].

Therefore, anthropometry can be characterized as a technique of vertical and linear measurement of the angular face, based on predefined points that allow the collection of important data to characterize facial growth, which can be performed directly on the patient [42]. Facial typology is a crucial aspect to consider in studies involving anthropometry since measurement values can vary according to the type of face. There are three basic types: long or dolichocephalic, medium or mesofacial, and short or brachycephalic. Facial typology is directly related to craniofacial growth patterns, orofacial structure configuration, musculature, stomatognathic functions, and occlusion [43].

G. Lip Measurements/Symmetry/Golden Ratio

Lips play a crucial role in facial aesthetics and expression, and when symmetrical and well-defined, they have the potential to boost confidence and highlight an individual's intrinsic beauty. Several elements, such as dimensions, contours, and balance in relation to the face, influence lip harmony. Thus, this is a highly sought-after procedure in the pursuit of a more youthful appearance. There are three categories of patients seeking lip enhancements: those who desire more volume despite already having an attractive lip shape, those with naturally thin lips or lacking definition in the vermillion border, and those with atrophic lips due to aging [44,45].

Volume reduction, wrinkles around the mouth, and chin folds can be caused by various factors, including sun exposure, smoking, and hereditary elements. To revitalize the area around the mouth and correct inequalities and naturally thin lips, the use of fillers and advanced technologies is recommended. Hyaluronic acid is considered the safest and most effective dermal filler for treating lip and facial aging, with the most satisfying results in restoring lip volume and elevating the corners of the mouth [46].

Lip size and projection are also important for overall facial aesthetics and harmony. Additionally, the relative vertical length of the upper "red" lips compared to the philtrum is crucial, known as the "white" upper lips. From the front view, the upper lips should be smaller than the lower lips, while in profile, the upper lips should project about 2 mm beyond the lower lips [47]. The Golden Ratio, also called Phi (approximately 1.618), is a marker of facial beauty observed in nature, art, and architecture. This ratio has been applied to various structural features, such as the relationship between the mouth's width and the nose's width. These studies investigate the potential of this number in relation to perceptions of beauty. In the Greek Empire, the value of 1.6 was considered perfect and applied in buildings and pantheons. This ratio was also applied to facial beauty, comparing proportions to the value of 1.6. Despite debates about the subjectivity of facial attractiveness, recent evidence suggests that attractiveness is measurable and objective, supported by cross-cultural studies, brain activity, and cognitive psychology [4,48].

Perfect bilateral symmetry is a theoretical concept presented in nature. Humans often exhibit functional and morphological asymmetries, such as being right- or left-handed, and some are genetically determined [49]. Facial symmetry refers to the complete correspondence between facial components on both sides of the face, while asymmetry refers to bilateral differences between these components. Although the lack of symmetry can influence perceptions of attractiveness, it is important to note that exact bilateral symmetry is extremely rare in the human body [50].

H. Measurements: Facial Lines and Facial Points

The face can be divided into three parts on the horizontal plane: the upper, middle, and lower thirds. The upper third of the face is located between the trichion and the glabella, the middle third between the glabella and the subnasale, and the lower third between the subnasale and the menton. In many cases, these three parts do not have equal dimensions. Studies indicate that only half of people have equal thirds [51]. It is crucial to follow standardized measurements for an accurate analysis of proportions.

Facial height is the distance between the glabella (GL) and the soft tissue of the menton (ME), while facial width is determined by the distance between the outermost points of the malar prominences (zygomatic width). Zygomatic width represents the broadest dimension of the face, with the bigonial width being approximately 30% smaller than the bizygomatic dimension. The pupillary width corresponds to about 50% of the facial width, while the nasal width is approximately 70% of the nasal height (GlPr) [52].

The photometric points used include:

- Zi' – Right (Zid) and left (Zie) Zygion: located at the most lateral points of the zygomatic arch.

- Tr' – Trichion: the highest point on the sagittal plane of the forehead.

- Gl' – Tegumentary Glabella: located anteriorly on the sagittal plane of the forehead.

- Sn - Subnasal: specifically between the lower margin of the nasal columella and the upper lips.

- Me' – Soft Mentonian: the lowest point of the menton contour.

- Es – Stomion: junction between the upper and lower lips.

- Pg' – Soft Tissue Pogonion: the most prominent point of the soft menton contour.

- C (cervical): the intersection between the lower base of the jaw and the neck.

- Line C: touches the most anterior region of the external ear, parallel to the true vertical line [53].

In lateral evaluation, horizontal lines indicate the upper third (passing through the glabella), the middle third (passing through the anterior nasal spine), and the lower third (passing through the menton area), dividing the face into three geographic proportions [54]. Various shapes and measurements are used to analyze facial beauty in relation to soft tissues, such as the Holdaway line, Ricketts' aesthetic plane, and Burstone's soft tissue analysis. The Holdaway line is established by connecting the soft pogonion to the most prominent upper lips, with an ideal angle between 7º and 15º. Ricketts' aesthetic plane, represented by line E (soft pogonion - tip of the nose), positions the lower plane two millimeters behind line E for an ideal aesthetic, relating it to mathematics and the divine proportion [51].

I. Interpretation of Facial Proportions

Identifying beauty and facial attractiveness is relatively simple; however, quantifying them represents a complex task. Despite its subjective nature, it is possible to attempt to define, measure, and describe facial beauty numerically and geometrically. Over the past two millennia, the evaluation of aesthetically determined characteristics in both animate and inanimate elements has led to the discovery of the Golden Ratio, widely considered a measure of beauty. In the 5th century BC, the philosopher Pythagoras explained the essence of beauty and its relationship to mathematical proportions by correlating it with the Golden Ratio [55,56]. Various studies have evidenced a link between attractiveness and geometric proportions that approximate the Golden Ratio, showing that faces with these characteristics are perceived as more aesthetically appealing [55].

It is known that, geometrically, a segment can be divided in infinite ways; however, there is a division that is perceived as more harmonious to the eye, following a specific ratio known as the Golden Ratio [57]. However, beauty cannot be reduced to a single principle; instead, a combination of physical traits plays a key role in the perception of beauty. Among these traits, proportion stands out as one of the key elements. Therefore, analyzing familiar structures, their uniqueness, and variations is crucial for understanding the nuances that shape individual aesthetics. This is the essential starting point for those wishing to perform surgical procedures [58].

A face with adequate proportions can be considered acceptable, even if it is not necessarily considered beautiful. In the 16th century, Albrecht Dürer argued that while the perception of facial beauty is essentially subjective, the evaluation of geometric proportions can be performed objectively. Greater facial harmony is attributed to the proper balance between anatomical subunits and adherence to the proportions of the face's thirds, which should be similar [58,59]. People can vary significantly concerning social norms of beauty; however, with knowledge of average proportions, a professional can easily identify differences and devise the best treatment plan [58]. Thus, it is feasible to assess the face through frontal and lateral evaluation. Individuals are categorized as Class I, II, or III, or they may have a long or short face [54].

J. Facial Analysis and Planning

Facial evaluation is not subject to rigid rules but rather guidelines based on classical, Renaissance, and neoclassical principles of proportion, as well as anthropometric and cephalometric data, and studies on the perception of attractiveness. These guidelines help professionals understand the morphological and structural characteristics of the patient's craniofacial complex. A thorough clinical analysis, combining observation and palpation of the craniofacial region, together with a detailed analysis of the diagnostic records of various patients, is essential for this evaluation [60]. Facial evaluation is a tool used to analyze the patient's auditory characteristics, seeking to determine proportions, volume, appearance, symmetry, and possible visible deformities, conducted through photographs and, optionally, imaging tests [60].

This analysis can be conducted objectively, with markings of points, lines, and angles for comparison with normality standards, or subjectively during a clinical and photographic evaluation, allowing the professional to make the diagnosis and treatment plan during the same consultation [54]. When performing facial harmonization procedures, it is crucial to evaluate each patient individually, considering their age, gender, race, culture, and other factors. Even if a patient does not fit the ideal standards of visual measurements, they can still have a harmonious face. Currently, profiles with straighter lines and prominent lips are considered

aesthetically attractive, and the facial profile should be valued as much as tooth alignment [61].
The clinical evaluation should follow sequential steps to ensure an accurate and relevant diagnosis, considering elements such as facial type, bone proportions, facial symmetry and asymmetry, and a detailed analysis of the cranio-dentofacial complex [58]. Cozer developed a practical eight-step guide for effective face planning and analysis:

1. Identification of the main anthropometric points used in Orofacial Harmonization (OFH).

2. Use of the natural head position as a reference for relevance, defining the facial midline by points G' and Ls.

3. Calculation of ratios 1 and 2, comparing them with suggested references, and determining the interpupillary measurement.

4. Calculation of the Tr-Me height ratios in each third to obtain items 4, 5, and 6.

5. Measurement of the lower third of the face, including upper and lower lips, chin, and red lip height.

6. Measurement of the widths of the nasal base and mouth, with the nasal base width equivalent to the distance between the inner corners of the eyes and the mouth width aligned with the innermost point of the eye during a transverse evaluation.

7. Evaluation of upper incisor exposure in privacy, considered normal when between 2 and 4 mm.

8. Evaluation of upper incisor exposure during a smile, considered normal when approximately 3/4 of the tooth crown is visible, with about 2 mm of gum visible.

Following these steps and principles of proportion and measurement, it is possible to develop a fully individualized treatment plan [58].

K. Relationship between Measurements
After a detailed facial analysis and the establishment of lines, measurements, and moderate proportions, data interpretation can proceed in two ways: absolute or relative. This analysis aims to identify the proportions between measurements, which are compared to references frequently found in the literature, allowing for a more detailed facial evaluation. It is essential to understand that each type of assessment holds its relevance, whether evaluating the facial structure, which includes the sagittal position of the jaws and face, or balanced vertical and horizontal relationships [58,60].

The scientific and educational significance of establishing normal standards for various measurements of form, size, and proportion assessed in facial images has often distanced orthodontists from individualized patient approaches, which are fundamental to diagnosis. Consequently, this has frequently led to errors in treatment selection, with often poorly defined goals [62]. The analysis of facial symmetry or asymmetry through cephalometry and photography, or the analysis of the overall craniofacial configuration using anthropometric and cephalometric techniques compared to population data, attractiveness studies, and classical, Renaissance, and normative standards, as well as numerical proportion indices related to various anthropometric measurements, are also of significant importance in evaluation [60].

With this, it is possible to categorize individuals into three different types:

- Dolichofacial: Characterized by an elongated face, oval-shaped head, long and narrow, with a tendency for a retruded mandible. The elevator muscles of the mandible are less robust, and open bite of skeletal origin is more common.

- Brachyfacial: Features a short face, with a more rounded, short, and wide head, with the nasomaxillary complex positioned further back. The elevator muscles of the mandible are more developed, with a broader insertion on the body of the mandible, resulting in a tendency towards deep bite.

- Mesofacial: Has a medium-sized face, with balanced and adequate growth in the relationship between the jaws, often presenting an oval or medium-sized arch [63].

Additionally, it is possible to classify different facial types based on each face's clinical characteristics, considering the overall craniofacial growth pattern. Facial classification refers to variations in craniofacial structure, encompassing bones and muscles. Identifying the facial type is crucial since each type has specific characteristics related to dental occlusion, facial harmony, oral musculature, and craniofacial shape. These elements directly influence chewing, swallowing, voice, breathing, and speech functions [43]. From this perspective, individuals can be classified as Pattern I, II, III, long face, or short face, each with distinct characteristics. It is also important to consider whether the facial appearance is pleasant, acceptable, or unpleasant to achieve more attractive aesthetic outcomes [43].

L. Set of Techniques

With prolonged radiographic cephalometric studies in the United States and Germany, it is possible to study soft and hard tissues, their contours, and their relationships with greater precision. This led to the development of evaluation methods such as those of Holdaway, Ricketts, Merrifield, and Steiner, aiming to determine the harmonious facial profile [64]. In 1957, Ricketts postulated that one of the primary goals of orthodontic treatment should be aesthetic balance and facial harmony. He converted a study using photographs of models and actors with excellent facial contours, resulting in the creation of the "E" line, an attempt to quantify facial beauty [64]. Ricketts determined the chin's location in space using a basal and cranial reference. He aligned the maxilla (point A) perfectly within the profile, harmonizing it with each individual's unique characteristics, and created a new A-pogonion plane, which served as a guide for arch positioning. Another measure used to analyze soft tissues is the convex angle, created by Legan and Burstone, formed by the soft tissue glabella, subnasal muscle, and pre-mental soft tissue [64,65].

According to the characteristics of external lines, profiles can be classified into three types: straight – in Class I patients; concave – in Class II patients; and convex – in Class III patients [54]. Based on these classes, general patterns and types, and with the knowledge of facial anatomy and patient evaluation, it is possible to determine the most suitable treatment type for each facial profile:

- Pattern I Brachyfacial: Aims to reduce facial width, often increased in this facial type, reducing volume in the gonial region through the application of botulinum toxin, resulting in muscle hypotrophy and volume reduction, and increasing chin height. Additionally, enhancing malar projection may be beneficial, providing shadow areas that give the impression of a more sculpted and less rounded profile.

- Pattern I Dolichofacial: Seeks to increase bizygomatic width using fillers.

- Pattern II: Mandibular defects can be corrected along the entire facial contour, mandibular border, and chin. Jawline definition can be improved by removing fat from the submandibular area.

- Pattern III: Fillers can be used in the malar region, zygomatic arch, and malar protrusion. It's essential to analyze the need for tear trough filler and observe whether the repositioning of the structure is sufficient to alter the incidence of the tear trough in the under-eye area. Upper lip filler can positively affect since the lower lips are usually larger.

- Long Face: Request a detailed analysis, often performed by a dental surgeon, as this face type is often associated with dental malocclusion with an open bite, possibly requiring surgery in some cases. After this evaluation, the patient may benefit from fillers in the malar region and zygomatic arch, mandibular contour, gonial angle filler, and botulinum toxin application to improve the gummy smile.

- Short Face: Fillers can be used in the chin to add height to the face, as well as in the gonial angle and ascending and descending mandibular borders, and increased malar projection. Botulinum toxin application in the masseter region may also be beneficial for this face type [54].

In general, shorter faces require less volumization in the zygomatic region than medium or longer faces. Facial width is measured by the distance between the anthropometric points Go-R and Go-L; this width is measured from the soft tissue covering the most lateral point of each mandibular angle. In classical literature, values between 70-75% of the bizygomatic width suggest a trapezoidal face shape, with the bizygomatic width greater than the bigonial width [58].

IV. RESULTS AND DISCUSSIONS

Based on the research results and the keywords searched on scientific platforms, few articles were found that address the topic of visagism together with facial harmonization, indicating a gap in this field. Phillip Hallawell suggests that the goal of visagism is to create a personalized image that reflects the individual's identity by combining principles of visual arts with psychology, neurobiology, anthropology, and sociology [15]. Another author argues that by exploring less-known concepts, visagism delves into the field of image psychology, making it essential to seek specialized consulting instead of traditional advising [18]. Thus, visagism becomes a crucial tool for analyzing the patient holistically.

To boost self-esteem, following fashion trends is not always the solution. Each person has a unique personality and opinions, and trends do not apply uniformly to everyone. Therefore, it is essential for each individual to get to know themselves better to discover what truly matches their style, personality, and body type [66]. The same author states that visagism is based on the idea that what is considered ugly reflects something negative that manifests externally, while true beauty emerges when the client's inner qualities are expressed harmoniously and aesthetically. Therefore, it is essential to highlight and value individual differences,

emphasizing each person's strengths and involving the client in the decision-making process, making them more aware of their own aesthetics [66].

The concept of beauty evolves every decade, adopting different characteristics each time but always with the common goal of achieving balance, manifested in the symmetry and harmony of facial features [64]. Beauty is subjective; what is considered beautiful by some may not be for others. Facial analysis aims to evaluate the patient's characteristics, such as facial proportions, volume, appearance, symmetry, and asymmetry. This process can be subjective, requiring experience and sensitivity, or objective, based on precise records. These evaluations help improve the prognosis and forecast of treatments [60]. With the growing demand for aesthetic procedures and individuals' expectations, facial analysis plays a crucial role in planning, execution, and communication between the professional and the patient [67]. The choice of the appropriate procedure is made based on the patient's concerns and goals, as well as professional recommendations analyzed after a thorough evaluation [21].

While there is debate about the subjectivity of facial attractiveness, recent evidence suggests it can be measurable and objective, with cross-cultural studies, brain activity, and cognitive psychology supporting this idea. The golden ratio, also known as Phi (approximately 1.618), is a marker of facial beauty observed in nature, art, and architecture. This ratio has been applied to various structures, such as the relationship between the width of the mouth and the width of the nose, investigating the potential of this number concerning perceptions of beauty [4,48]. However, it is important to remember that divine proportions are not absolute determinants of facial attractiveness. The unique aesthetic character of facial features, not just their proportions, plays a crucial role in the evaluation of beauty and facial attractiveness [68].

The facial aging process can lead to feelings of dissatisfaction with appearance, insecurity, and even depression. Therefore, orofacial harmonization specialists must address not only aesthetic issues but also the emotional health of patients. Improving facial appearance can help boost self-confidence and self-esteem, positively impacting quality of life [28]. Studies show that self-esteem directly influences women's emotional, physical, social, and personal well-being. They seek ways to feel happier with themselves, and aesthetic procedures are often used for this purpose. After such procedures, women frequently report improved self-esteem, creating an increasing need to continue undergoing these treatments [69].

Aesthetic health professionals, media, and society must collaborate to promote a positive image of natural beauty and raise awareness of the risks associated with aesthetic interventions. The safety and well-being of patients should be the top priority when performing aesthetic procedures [70]. It is important to emphasize that the relentless pursuit of youth is deeply linked to the personal and social fulfillment of each individual during the aging process. This highlights the importance of aesthetic treatments and the growth of the cosmetics industries, which help promote social acceptance according to established standards [71].

The pursuit of aesthetics is a response to the structural changes caused by aging, such as changes in muscle activity, sagging, loss of bone support, atrophy, and redistribution of fat areas. For this reason, hyaluronic acid is widely used in facial harmonization and filling treatments due to its ability to promote symmetry and aesthetics. The practice of facial harmonization must be carried out ethically, respecting each patient's unique identity and valuing the diversity of facial characteristics. Procedures such as filling, facial contouring, and modeling should be done discreetly, aiming for natural results. It is crucial to choose a qualified professional who understands ethnic diversity, ensuring safe and personalized treatment to meet individual needs [72,73].

V. CONCLUSION

Visagism, as developed by Fernand Aubry and later expanded by Philip Hallawell, represents an innovative and personalized approach to crafting individual images. By integrating visual arts with psychological and sociological disciplines, visagism seeks to reflect each person's unique identity, rejecting standardization and fleeting trends. Anthropometric analysis and the application of the golden ratio provide valuable tools for achieving aesthetic harmony, but the true essence of visagism lies in its ability to capture and express each individual's uniqueness and emotions. This concept stands out by promoting a personalized and genuine aesthetic, challenging rigid models and proposing a more holistic and subjective approach to beauty, which is essential for contemporary practice in aesthetics and personal image.

REFERENCES

1. PAOLUCCI, B. **Visagismo - A arte de personalizar o desenho do sorriso**. São Paulo: VM Cultural Edition, 2011. 250 p.

2. FERARU, M.; MUSELLA, V.; BICHACHO, N. Individualizing A Smile Makeover: Current strategies for predictable results. **Journal of Cosmetic Dentistry,** v. 32, n.1, p. 109-119**,** mar. 2016.

3. SHARMA, A.; LUTHRA, R.; KAUR, P.;. A Photographic Study On Visagism**. Indian Journal Of Oral Sciences**, v.6, n.3, p. 122-127, set-dez. 2015.

4. DE CAMPOS, J. H. . Visagismo, dimorfismo sexual, proporção áurea e simetria como bases sólidas para alterações imagéticas. **Aesthetic Orofacial Science**, [S. l.], v. 2, n. 2, 2021.

5. DUARTE, Carlos, Eduardo, de Oliveira. **Percepção de vaidade e beleza em adultos, idosos e longevos**. 2020. 43 f. Dissertação (Mestrado em Envelhecimento Humano) - Universidade de Passo Fundo, Passo Fundo, RS, 2020.

6. HALLAWEL, P. Visagismo: Harmonia e Estética. 6 ed São Paulo: **Senac**; 2010, 290p.

7. Marten, T. J.; Elyassnia, D. Fat grafting in facial rejuvenation. **Clinics in plasctic surgery**, v. 42, n.2, p.219-252, 2015.

8. American Society of Plastic Surgeons (2017) National Clearinghouse of plastic surgery statistics. 2010 report of the 2009statistics. Accessed 10th July 2017

9. American Society of Plastic Surgeons (2017) National Clearinghouse of plastic surgery statistics. 2016 report of the 2016 statistics. Accessed 1st July 2017.

10. FAURE, J. C.; RIEFFE, C.; MALTHA, J. C. The influence of different facial components on facial aesthetics. **European journal of orthodontics,** v. 24, n.1, p.1-7, 2002.

11. MAMMUCARI, M. et al. Mesotherapy: from historical notes to scientific evidence and future prospects. **The Scientific World Journal**, [S. l.], p.1-9, 2020

12. STACHOWSKI, J. et al. Mesotherapy: cosmetic applications. **International journal of pharmaceutical compounding**, v. 10, n. 5, p, 331-334, 2006.

13. HALLAWEL. P. Visagismo Integrado: identidade, estilo e beleza. 2 ed. São Paulo: **Senac**. 2017.

14. ORESTES-CARDOSO, S.; PASSOS K. K. M. Preferências estéticas e avaliação da beleza facial por cirurgiões-dentistas. **Full Dentistryin Science**, v. 6, n23, p.200-209, 2015.

15. PAOLUCCI, B. et al Visagism: The Art of Dental Composition. [S. l.], p.187-200, 2012.

16. DE Campos, J. H.; STORRODUMOF, P. DE Souza. Visagismo, fisiognomia e análise facial fundamenta da no cruzamento de ferramentas diagnósticas. **Simmetria Orofacial Harmonization in Science**, v. 1, n.1. p.08-19, 2019.

17. BARRETO, A. G.; OLIVEIRA, M. C. F.; ESPÍNDOLA, C. R. Aspectos relacionados à estética do sorriso. **Saúde Soc**., v. 18, n. 3, p. 577-582, 2009.

18. ALMEIDA. R. Visagismo como Ferramenta de Branding Pessoal: Desconstruindo Padrões
de Beleza Femininos na Sociedade Contemporânea**. Revista de Investigação e Ensino das Artes**, v. XIV, n. 27, p. 1-7, 2021.

19. BARBOSA, A. P., et al. Body Harmonization: The Definition of a New Concept. Clinical**, Cosmetic and Investigational Dermatology**, 16, p.3753-3766, 2023.

20. SABOIA, T. P. S. .; CABRAL, M. R. L. .; NERES, L. L. F. G. . The use of hyaluronic acid in facial matching. **Research, Society and Development**, [S. l.], v. 10, n. 14, p. e94101421731, 2021.

21. DE ARAUJO, D. G. Harmonização Facial – Atuação do profissional biomédico na estética facial. v. 22 n. 3 (2021): **Revista Uniandrade**, 2023.

22. MAIA, Ilma, E. F. SALVI, J. de Oliveira. o uso do ácido hialurônico na harmonização facial: uma breve. **Brazilian Journal of Surgery and Clinical Research**, v.28, n.4,p.92-96, set–nov. 2019.

23. ZHANG, S., DUAN, E. Fighting against Skin Aging: The Way from Bench to Bedside. **Cell transplantation**, v.27, n.5, p.729–738. 2018

24. TESTON, A. P.; NARDINO, D.; PIVATO, L. Envelhecimento cutâneo: teoria dos radicais livres e tratamentos visando a prevenção e o rejuvenescimento. **Uningá Review** , [S. l.], v. 1, n. 1, 2010.

25. PUIZINA-IVIĆ, N.. Skin aging. **Acta dermatovenerologica Alpina, Pannonica, et Adriatica**, v. 17. n. 2, p. 47–54., 2008.

26. SWIFT, A., et al. The Facial Aging Process From the "Inside Out". **Aesthetic surgery jornal, v.** 41, n.10, p.1107–1119, 2021.

27. CARRARA, F. F.; DE Matos Vinagre, G. C.; PEREIRA, L. L.; Percepção do envelhecimento: mulheres de meia idade e idosasque buscam por procedimentos estéticos, **Revista Multidisciplinar e de Psicologia,** v.14, n 49, p. 38-50, fev.2020.

28. SUMODJO, P. R. P. A.; SUGUIHARA, R. T. .; MUKNICKA, D. P. . Facial aging and orofacial harmonization – a narrative literature review. **Research,**

Society and Development, [S. l.], v. 12, n. 5, p. e15312541591, 2023.

29. WONGPRASERT, P., DREISS, C. A., MURRAY, G. Evaluating hyaluronic acid dermal fillers: A critique of current characterization methods. **Dermatologic therapy**, v.35, n. 6, 1-9, 2022.

30. CARVALHO, F. F. C. Rodrigues de. **Análise da percepção do envelhecimento em mulheres de meia idade idosas que buscam por procedimentos estéticos**. São Paulo. 118 f.: il. Dissertação (Ciencias da Saúde) – Universidade Santo Amaro, 2018.

31. GOUVEIA, B. N. .; FERREIRA, L. de L. P. .; ROCHA SOBRINHO, H. M. O uso da toxina botulínica em procedimentos estéticos. **REVISTA BRASILEIRA MILITAR DE CIÊNCIAS**, [S. l.], v. 6, n. 16, 2020.

32. VIEIRA, A. A. R. **Procedimentos injetáveis na biomedicina estética**. 2021. 26 f. Trabalho de Conclusão de Curso (Graduação em Biomedicina) – Anhanguera Educacional, Taubaté, 2021.

33. PAUTZ E.Toxina Botulínica Tipo A: Ações Farmacológicas e Uso na Estética Facial. **Revista Saúde Multidisciplinar**, v. 9. n.1, p42-51, mar. 2021.

34. Shin, S. H.; Lee, Y. H.; Rho, N. K.; Park, K. Y. Skin aging from mechanisms to interventions: focusing on dermal aging. **Frontiers in physiology**, v.14, p.1-10,.2023.

35. Kapoor K.M., et al. Treating Aging Changes of Facial Anatomical Layers with Hyaluronic Acid Fillers. **Clinical, cosmetic and investigational dermatology**, v.14, p. 1105-1118, 2021.

36. LI, Kelun, et al. Application of Nonsurgical Modalities in Improving Facial Aging. **International Journal of Dentistry**, 2022. https://doi.org/10.1155/2022/8332631

37. GOUVEIA, B. N. .; FERREIRA, L. de L. P. .; ROCHA SOBRINHO, H. M. O uso da toxina botulínica em procedimentos estéticos. **REVISTA BRASILEIRA MILITAR DE CIÊNCIAS**, [S. l.], v. 6, n. 16, 2020.

38. Sundaram, H., et al. Global Aesthetics Consensus: Hyaluronic Acid Fillers and Botulinum Toxin Type A-Recommendations for Combined Treatment and Optimizing Outcomes in Diverse Patient Populations. **Plastic and reconstructive surgery**, v.137, n. 5, p. 1410–1423.

39. Fraiz C. **Avaliação das medidas antropométricas 3D da face em pacientes simétricos e assimétricos** [Dissertação de Mestrado]. Curitiba: Universidade Positivo; 2020.

40. DAENECKE, S.; BIANCHINI, E. M. G.; SILVA, A. P. B. V. da. Medidas antropométricas de comprimento de lábio superior e filtro. **Pró-Fono Revista de Atualização Científica**, Barueri (SP), v. 18, n. 3, p.249-258, set.-dez. 2006.

41. El, Minawi, et al. Facial Anthropometry and Analysis in Egyptian Women. **Plastic and Reconstructive Surgery - Global Open, v.**10, n.5, p.1-7, mai. 2022.

42. MACENA, M. C. B.; FONSECA, F. R. A.; HENRIQUES, P. D. S.; XAVIER, M. A.; UCHÔA, C. P.; LEITE, A. K. C.; LEMOS, A. D. Análise da tipologia facial através do Índice Vert de Ricketts e do Índice Morfológico Facial. **Archives of health investigation**, [S. l.], v. 10, n. 6, p. 965–969, 2021.

43. Ramires R.R., et. Medidas faciais antropométricas de adultos segundo tipo facial e sexo **Revista CEFAC**, v.13, n.2, p.245-252, mar-abr. 2011.

44. MACHADO, Andre, NASCIMENTO, Ana, FERREIRA, Paula, BITTENCOURT, Marcos. Os lábios no contexto da estética facial: uma revisão de literatura, **Revista da Faculdade de Odontologia da Universidade Federal da Bahia**, v.42, n. 3, p. 53-5, 2012.

45. Nikolis, Andreas, et al. An Objective, Quantitative Assessment of Flexible Hyaluronic Acid Fillers in Lip and Perioral Enhancement. **Dermatologic Surgery, v.** 47, n.5, p.168-173, mai. 2021.

46. ONTADOR, E. B. .; SUGUIHARA, R. T. .; MUKNICKA, D. P. . Lip Volumination in HOF: A Narrative Literature Review. **Research, Society and Development**, [S. l.], v. 12, n. 5, p. e12112541610, 2023.

47. KAR, M.; MULUK, N. B.;BAFAQEEH, S. A.; CINGI, C. Is it possible to define the ideal lips?. **Acta otorhinolaryngologica Italica**, v.38, n.1, p. 67–72, 2018.

48. J Iyer, T., et al. Machine Learning-Based Facial Beauty Prediction and Analysis of Frontal Facial Images Using Facial Landmarks and Traditional Image Descriptors. **Computational intelligence and neuroscience**, p. 1-14, 2021.

49. CHEONG You-Wei, LO, Lun-Jou. Facial Asymmetry: Etiology, Evaluation, and Management.

Chang Gung medical jornal, v.34, n.4, p.341-351, jul-ago. 2011.

50. CHOI. K. Y. Analysis of Facial Asymmetry. **Archives of Craniofacial Surgery**, v.16. n.1. p. 1-10, 2015.

51. KAIA, K. S. Assessment of facial analysis measurements by golden proportion, **Brazilian Journal of Otorhinolaryngology**, v.85, n.4, p.494-501, 2019.

52. SUGUINO, et al. Análise Facial. **Revista Dental Press de Ortodontia e Ortopedia Maxilar**, v.1, n.1, p.86-107, set-out. 1996.

53. CÂMARA, C. A. L. P. Estética em Ortodontia: Diagramas de Referências Estéticas Dentárias (DRED) e Faciais (DREF). **R Dental Press Ortodon Ortop Facial Maringá**, v. 11, n. 6, p. 130-156, nov./dez. 2006.

54. NASCIMENTO. A. N. **Harmonização orofacial e sua inter-relação com o padrão facial**, Monografia (Curso de Especialização Lato Sensu). Belo Horizonte: FACULDADE SETE LAGOAS – FACSETE. 2022.

55. ANAND, S., et al. Vertical and horizontal proportions of the face and their correlation to phi among Indians in Moradabad population: **A survey. Journal of Indian Prosthodontic Society**, v.15, n.2, p.125–130, 2015.

56. Bertollo R.M. et al. Avaliação da Harmonia Facial em Relação às Proporções Divinas de Fibonacci**. Revista Portuguesa de Estomatologia, Medicina Dentária e Cirurgia Maxilofacial**, v.49, n.4. p. 213-219, 2008.

57. HORTA, D. A.; GONÇALVES, T. F.; DE ABREU, I. C.; DE SOUZA, B. B. O número de ouro e a proporção áurea: harmonia e beleza na matemática da vida. **Brazilian Journal of Development**,v. 6, n.5, p.30834-30858 mai.2020.

58. Cozer, T. B. et al. Faciometrics: A Practical Guide for Orofacial Harmonization**. M J Derm**. v. 4, n.1, p.1-8, 2020.

59. DE Lima, G. E. et al. Embelezamento facial com injetáveis e principais diferenças entre os gêneros. **Rev. Bras. Cir. Plást**, v.36, n.1, p.100-107, 2021.

60. CELANO, L. S.; LABUTO, M. M. A importância da análise facial no planejamento da harmonização orofacial. **Cadernos de odontologia do unifeso,** v. 4, n.2, p.110-119, 2022.

61. M. D. MARINHO. estudo das alterações ocorridas no perfil facial, linha h e ângulo nasolabial dos pacientes tratados ortodonticamente. **RGO**, Porto Alegre, v. 54, n.3, p. 213-220, jul-set. 2006.

62. REIS, S. A. B. Análise Facial Subjetiva. **R Dental Press Ortodon Ortop Facial**, v. 11, n. 5, p. 159-172, set-out. 2006.

63. VARANDA, R. A. V. **Caracterização do Biótipo Facial segundo AGIHF**. Dissertação (Medicina Dentária). Universidade Fernando Pessoa – Faculdade de Ciências da Saúde Porto, 2014.

64. Costa L.A. L. et al. Análise facial – uma revisão de literatura. **J Bras Ortodon Ortop Facial**, v. 9 n.50, p.171-176, 2004.

65. NOBUYASU, M. et al. Padrões cefalométricos de Ricketts aplicados a indivíduos brasileiros com oclusão excelente. **Dental Press Ortodon Ortop Facial**, v. 12, n. 1, p. 125-156, jan-fev. 2007.

66. FISCHER, Ana Flavia; PHILLIPI, Karine; MACEDO, C. A. **A importância do visagismo para a construção da imagem pessoal**. Balneário Camboriú, Brasil, 2010.

67. De CARVALHO, F. C. M. M.; DOMINGOS, V. B. T. C. A importância da análise facial na HOF: Revisão da Literatura. **Aesthetic Orofacial Science.** v. 01, n. 01, p. 1-5, 2024.

68. Anand, S., Tripathi, S., Chopra, A., Khaneja, K., & Agarwal, S. (2015). Vertical and horizontal proportions of the face and their correlation to phi among Indians in Moradabad population: A survey**.** ***Journal of Indian Prosthodontic Society***, *15*(2), 125–130.

69. TORRES, L. O. .; DUTRA, B. S. S. .; REIS, L. A. dos . Benefit of aesthetic procedures that delay skin aging on women's self-esteem. **Research, Society and Development**, *[S. l.]*, v. 11, n. 16, p. e312111638446, 2022. DOI: 10.33448/rsd-v11i16.38446. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/38446. Acesso em: 16 aug. 2024.

70. MARTINS, Arienne de Souza; PEREIRA, Layane Araújo; AMORIM, Raquel Cristina Leal de Carvalho; SOUZA, Nara Rúbia; ANDRADE, Hudson Holanda de. OS EFEITOS DA BUSCA PELA PERFEIÇÃO ESTÉTICA E OS RISCOS QUE PODEM CAUSAR À SAÚDE: REVISÃO DE LITERATURA. **Revista Ibero-Americana de Humanidades, Ciências e Educação**, *[S. l.]*, v. 9, n. 9, p. 4085–4097, 2023. DOI: 10.51891/rease.v9i9.11379. Disponível em:

https://periodicorease.pro.br/rease/article/view/11379. Acesso em: 16 ago. 2024.
71 . I BARRETO, G. S.; CHAVES, L. V. de F. Congresso Brasileiro Multidisciplinar Sobre O Envelhecimento Saudável**. Revista Saúde e Ciência online**, v. 9, n. 2, (Suplemento, maio a agosto de 2020), p 150-307.

72. OLIVEIRA DE FREITAS, S. K.; SANTOS GUIMARÃES , E. .; DOS SANTOS RODRIGUES , R. .; RODRIGUES DO NASCIMENTO CHAVES, K. As principais intercorrências na harmonização facial com o uso do ácido hialurônico. **Revista Científica de Estética e Cosmetologia**, *[S. l.]*, v. 3, n. 1, p. E1312023 – 1, 2023. DOI: 10.48051/rcec.v3i1.131. Disponível em: https://rcec.com.br/journal/index.php/rcec/article/view/131. Acesso em: 16 ago. 2024.

73. BILIBIO, F. G. **A padronização da harmonização facial e o desaparecimento de traços étnicos**, 2023. 44 folhas. Monografia de Conclusão de Curso- FASIPE-Faculdade de Cuiabá.