

## OROFACIAL HARMONIZATION: A PROTOCOL MODEL FOR AESTHETIC PERSONALIZATION SUSTAINED BY SCIENCE

**Author:** Antônio Fernando Gentil

**Corresponding author:** [odontdodc@gmail.com](mailto:odontdodc@gmail.com)

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### ABSTRACT

**Objective:** To present and validate, through an integrative literature review, an authorial orofacial harmonization protocol that integrates health, personalization, and science-based aesthetics. **Methods:** An integrative review was conducted in the PubMed/MEDLINE, Scopus, Web of Science, SciELO, and ScienceDirect databases, covering the period from January 2015 to June 2025. DeCS/MeSH descriptors related to orofacial harmonization, visagism, facial proportions, anti-aging medicine, botulinum toxin, dermal fillers, skin phototypes, microbiome, and pollution were used. From 137 initially identified studies, 20 met the inclusion criteria and were analyzed qualitatively and through descriptive meta-analysis. **Results:** The literature confirmed the relevance of the integrated axes of the protocol: anamnesis, psychological assessment, anti-aging medicine, visagism, skin phototype analysis, beauty concepts and facial proportions, environmental impact, skin preparation, and personalized clinical procedures. The findings highlight that, although techniques such as botulinum toxin and hyaluronic acid are already well established, their application achieves greater predictability and safety when combined with clinical, psychological, and environmental factors. The authorial protocol stood out for its originality in uniting science and personalization in a structured flow. **Conclusion:** The orofacial harmonization protocol developed by Dr. Antônio Fernando Gentil represents a significant advance in clinical practice, offering an innovative, safe, and replicable model. Its integration of scientific evidence and clinical practice places orofacial harmonization at a higher level of academic and professional recognition.

**Keywords:** Orofacial Harmonization; Visagism; Facial Proportions; Anti-Aging Medicine; Botulinum Toxin.

### INTRODUCTION

Orofacial harmonization has emerged over the last decade as one of the most innovative and multidisciplinary fields within aesthetics and orofacial surgery. Advances in techniques and the incorporation of scientific concepts related to visagism, facial proportions, skin aging, and environmental factors have enabled the development of safer, more personalized, and sustainable protocols for patients with different clinical needs and aesthetic expectations. The creation of structured and scientifically grounded protocols is essential to validate and expand the credibility of clinical practice within the scientific and professional community.

Facial proportions, traditionally studied under the perspective of the golden ratio, remain a central reference in defining aesthetic balance. Although critical reviews indicate that the concept of the “perfect proportion” should not be applied in an absolute manner (10,20), evidence confirms that cephalometric analysis and the evaluation of facial measurements present important correlations with the perception of beauty and symmetry (1,4). Visagism, in turn, assumes an essential role, as it allows facial aesthetics to be integrated with the personal and psychological characteristics of each individual, thereby expanding the notion of personalization (6).

Another relevant axis is anti-aging medicine, which underpins the prevention of aging based on strategies such as hormonal balance, nutraceutical supplementation, stress modulation, and lifestyle interventions. Recent clinical trials have demonstrated that antioxidant compounds and nutraceuticals rich in polyphenols reduce markers of skin aging and improve skin health (5). In parallel, the use of probiotics and microbiome modulators has proven to be an innovative therapeutic resource, with potential to delay cellular aging (18).

In addition to intrinsic factors, the environmental impact on skin aging is widely recognized. Atmospheric pollution, particularly particulate matter (PM<sub>2.5</sub> and PM<sub>10</sub>), induces inflammatory changes, modifies the skin microbiota, and accelerates cellular senescence processes (2,3,9). In this scenario, preparatory interventions, such as cleansing protocols, detox treatments, and chemical peels, become relevant to prepare the skin for subsequent aesthetic procedures (7,8,19).

Scientific literature also confirms the safety and efficacy of procedures such as botulinum toxin application and hyaluronic acid fillers, especially when performed using personalized and integrated approaches (11–14). Beyond aesthetic outcomes, such procedures exert a positive impact on patients’ quality of life, self-esteem, and psychological health, as evidenced in multicenter studies and recent reviews (15–17).

Based on these foundations, I present a protocol model for orofacial harmonization that combines anamnesis, psychological assessment, anti-aging medicine, visagism, skin phototype analysis, and skin preparation. This protocol is organized into a flow that prioritizes health, personalization, and aesthetics sustained by science.

## METHODOLOGY

I adopted the integrative literature review method, considered appropriate for gathering and synthesizing scientific evidence from different study designs, allowing for a broad and critical understanding of orofacial harmonization. The bibliographic search was conducted between July and September 2025 in the PubMed/MEDLINE, Scopus, Web of Science, SciELO, and ScienceDirect databases. For the search, controlled descriptors from DeCS and MeSH were used, as well as free keywords directly related to the theme, including: orofacial harmonization, visagism, facial proportions, botulinum

toxin, dermal fillers, anti-aging, nutraceuticals, skin microbiome, and pollution. The combination of descriptors was carried out using the Boolean operators AND, OR, and NOT, ensuring greater sensitivity and specificity in the selection of studies.

Articles included were those published between January 2015 and June 2025, written in Portuguese or English, available in full text, and addressing aspects related to orofacial harmonization, aesthetic personalization protocols, visagism, anti-aging medicine, the skin microbiome, or environmental impact on facial aesthetics. Excluded were duplicate articles, publications prior to 2015, isolated case reports without scientific foundation, and studies that did not fit the scope of the theme under investigation.

The selection of studies occurred in two stages: initially, titles and abstracts were screened, followed by full-text reading of the eligible articles. After screening 137 publications, 20 met all inclusion criteria and were incorporated into the review. From each article, data were extracted regarding authors, year of publication, study type, methods used, main results, and direct relation to orofacial harmonization.

The analysis of the findings was conducted in a narrative and critical format, integrating results from different areas of study, such as facial proportions, visagism, anti-aging medicine, the skin microbiome, and clinical interventions with botulinum toxin and dermal fillers. In addition to qualitative analysis, I performed a descriptive meta-analysis based on clinical trials and systematic reviews, which made it possible to identify convergences regarding the efficacy, safety, and applicability of the studied aesthetic procedures, including nutraceutical compounds and skin microbiome modulators (5,11–14,18). This methodological strategy allowed me to gather the best available level of evidence to scientifically support the orofacial harmonization protocol presented herein.

## RESULTS

The integrative literature review made it possible to gather recent and consistent evidence on orofacial harmonization, encompassing clinical, psychological, aesthetic, environmental, and social aspects. The articles included in this analysis provided scientific support to validate strategies widely used in clinical practice which, when organized into a structured model, gain greater relevance and applicability. In this context, the orofacial harmonization protocol presented here was constructed based on the integration of science and clinical practice, with the objective of offering a step-by-step flow that prioritizes health, personalization, and evidence-based aesthetics.

The following is a detailed description of each stage of the protocol, accompanied by the scientific foundation that supports its application:

### 1. Anamnesis

The first stage of the protocol is a detailed anamnesis, conducted with the purpose of understanding the patient's overall health, medical history, lifestyle habits, and expectations. This initial approach ensures clinical safety and enables the development of an individualized treatment plan. Scientific literature emphasizes the importance of prior evaluation as an indispensable criterion for reducing risks and increasing the predictability of aesthetic outcomes, particularly when involving injectable applications and biomaterials (11–14).

## **2. Psychological Assessment**

In addition to clinical aspects, the protocol includes psychological assessment, carried out through structured interviews and techniques for analyzing the patient's emotional profile. This step is considered fundamental, as motivation and the subjective perception of beauty directly influence final satisfaction. Multicenter studies demonstrate that aesthetic perception and self-esteem have a significant positive impact on the quality of life of patients undergoing facial procedures (13,15–17). Incorporating this axis into the protocol differentiates the practice by broadening the focus not only to physical aspects but also to psychological well-being.

## **3. Anti-Aging Medicine**

The protocol incorporates the principles of anti-aging medicine, which seek to optimize health and delay the signs of aging through preventive and restorative strategies. This stage includes hormonal balance, nutraceutical supplementation, stress modulation, regular physical activity, and healthy eating. Recent evidence confirms that nutraceuticals rich in antioxidants, such as polyphenols, reduce oxidative stress and improve skin firmness (5), while probiotic agents are being investigated as potential modulators of cellular aging and aesthetic longevity (18). Literature also indicates that lifestyle modulation is decisive in maintaining long-term aesthetic results, reinforcing the need for protocols that integrate health and aesthetics into a single approach (2,9).

## **4. Visagism**

Visagism is one of the central differentials of the protocol, conceived as the art of creating a personalized image from the patient's facial characteristics and identity. This analysis goes beyond mathematical measurements and incorporates personality, temperament, and individual psychological traits. The protocol applies four main aesthetic archetypes: sanguine beauty (energy, dynamism, and creativity), choleric beauty (strength, leadership, and power), phlegmatic beauty (serenity, diplomacy, and receptivity), and melancholic beauty (sensitivity, sophistication, and elegance). These

profiles allow the aesthetic outcome to be aligned with the essence of each patient, reinforcing personalization.

In parallel, the protocol contemplates the analysis of **facial shapes** (oval, round, square, rectangular, triangular, inverted triangular, and hexagonal), which serve as technical guides for the harmonic distribution of volumes and for the choice of filler and repositioning techniques. Literature supports this practice by demonstrating that assessing facial form and proportions contributes to greater aesthetic and functional predictability (1,4,6,10,20). Thus, visagism in the protocol combines artistic and scientific foundations, distinguishing it from standardized and less individualized approaches.

## 5. Classification of Skin Phototypes

The analysis of different skin types is another essential stage of the protocol. The classification ranges from very fair skin, highly sensitive to the sun, to dark skin, more resistant and less prone to sunburn. This evaluation is crucial to adapt techniques and prevent complications, since each phototype presents specific vulnerabilities, such as increased risk of photodamage, greater predisposition to hyperpigmentation, or inflammatory sensitivity. Evidence reinforces that individualization based on skin phototype contributes to greater safety in aesthetic procedures and better clinical outcomes (2,3,9).

## 6. Concepts of Beauty and Facial Proportions

The protocol also incorporates classical concepts of beauty, including the golden ratio as a historical metric of proportion and harmony. Although some authors highlight the limits of its universal application, studies confirm its relevance as an auxiliary parameter in symmetry analysis and aesthetic planning (1,10,20). In addition, the protocol emphasizes the eyes and eyebrows as central points of facial expression, fundamental elements for social recognition and beauty perception, supported by literature as essential markers of attractiveness (4,6,10). This integration of mathematical proportions and aesthetic expressiveness contributes to a more comprehensive and scientific approach to orofacial harmonization.

## 7. Environmental Impact and Pollution

The protocol acknowledges the influence of environmental factors on skin aging, particularly atmospheric pollution. Particulate matter (PM<sub>2.5</sub> and PM<sub>10</sub>) has been identified as responsible for altering the skin microbiota, inducing inflammatory processes, and accelerating cellular senescence (2,3,9). These findings justify the

inclusion of preventive and preparatory strategies, reinforcing the importance of considering the external environment as a variable with direct impact on facial aesthetics.

## 8. Skin Preparation

Before performing clinical procedures, the protocol establishes a skin preparation stage, which involves deep cleansing, chemical peeling, and skin detox. The goal is to restore skin vitality, remove impurities, and provide a healthy substrate for subsequent aesthetic interventions. Literature confirms that prior skin preparation improves response to procedures and enhances outcomes, in addition to reducing the risk of complications (7,8,19). This phase, often neglected in traditional approaches, ensures greater longevity of the achieved aesthetic effects.

## 9. Personalized Clinical Procedures

The final stage of the protocol consists of the application of botulinum toxin and hyaluronic acid-based dermal fillers, adapted to each patient's individual characteristics. Literature confirms the efficacy of these techniques in restoring volume, correcting asymmetries, and promoting natural results (11–14). Beyond the aesthetic benefits, studies demonstrate significant improvements in self-esteem, psychological well-being, and patient satisfaction (15–17). In this protocol, such procedures are applied in an integrated manner with the preceding stages, which distinguishes the proposal by transforming it into a model of harmonization sustained by science and guided by personalization.

## DISCUSSION

Although orofacial harmonization has been consolidated as an aesthetic practice in recent years, it still lacks structured protocols that integrate science, personalization, and safety into a single, replicable model. The analyzed literature confirms the effectiveness of well-established techniques, such as the use of botulinum toxin and dermal fillers, but demonstrates that when these procedures are performed in isolation and disconnected from clinical, psychological, and environmental factors, they do not achieve the same level of predictability and patient satisfaction (11–14,15–17). In this regard, the protocol presented here stands out by organizing clinical practice into progressive and complementary stages, all supported by scientific evidence.

The integration of anamnesis and psychological assessment as the starting point ensures that aesthetic interventions are applied only under safe conditions and after proper alignment of expectations. Studies reinforce that the subjective analysis of self-image and patient motivation is decisive for satisfaction and the prevention of frustration (13,15–

17). While many traditional clinical protocols relegate this process to a secondary role, the proposed model positions biopsychosocial assessment as a central axis of aesthetic practice.

Another aspect that enhances the originality of the protocol is the inclusion of anti-aging medicine. The reviewed literature highlights significant advances in the field of nutraceuticals, antioxidants, and microbiome modulators (5,18). Although these resources are still underexplored in orofacial harmonization, incorporating preventive strategies in the management of skin aging gives the protocol an innovative character, shifting the focus from immediate aesthetics to the longevity of results.

Visagism is another distinguishing feature that strengthens the practical applicability of the model. While the literature emphasizes the relevance of facial proportions and the golden ratio as aesthetic references (1,4,10,20), few protocols combine these objective parameters with the subjective analysis of personality and beauty archetypes. The proposal to associate sanguine, choleric, phlegmatic, and melancholic profiles with facial shapes expands personalization, bringing science and art together in the same process. This approach goes beyond aesthetic standardization and places the patient at the center of constructing their own image.

The emphasis on analyzing skin phototypes and preparing the skin prior to procedures also represents progress compared to other models described in the literature. Research confirms that environmental factors, such as atmospheric pollution, induce inflammation and accelerate cellular aging (2,3,9). Nevertheless, such factors are often neglected in clinical practice. By incorporating cleansing, peeling, and detoxification as mandatory stages, the protocol enhances the predictability of results and strengthens the durability of interventions.

In the field of personalized clinical procedures, the literature is already solid in confirming the efficacy and safety of botulinum toxin and hyaluronic acid (11–14). However, the innovation of the protocol lies not only in the use of these techniques but in the way they are applied within a pre-structured flow supported by multiple axes of assessment. In this way, the protocol transforms already well-established procedures into part of an integrated model capable of delivering results that go beyond immediate aesthetics, reaching dimensions of health, well-being, and self-esteem.

Therefore, the critical analysis of the findings demonstrates that the orofacial harmonization protocol described herein represents an original and distinctive proposal in the literature. By articulating science, clinical practice, and personalization, the model not only validates already recognized stages but also expands their application by integrating factors often neglected, such as psychological, environmental, and lifestyle aspects. This combination positions it as a significant advance in the field of orofacial aesthetics, capable of contributing to the evolution of clinical practice and the consolidation of science-based aesthetic protocols.

## CONCLUSION

By its multidisciplinary nature, orofacial harmonization requires protocols that go beyond the isolated application of techniques and move toward integrated models, supported by science and centered on the patient. The protocol presented here is organized into stages that range from anamnesis and psychological assessment to the application of personalized clinical procedures, while also incorporating principles of anti-aging medicine, visagism, skin phototype analysis, concepts of beauty and facial proportions, environmental impact, and skin preparation.

The robustness of this model lies in the fact that each stage is grounded in recent scientific evidence (1–20), which ensures greater safety, predictability, and sustainability of results. By integrating clinical, psychological, environmental, and aesthetic factors into a single flow, the protocol distinguishes itself from conventional practices, which often reduce orofacial harmonization to isolated and decontextualized techniques.

Thus, the proposal contributes not only to clinical practice but also to the scientific advancement of the field, offering an innovative and replicable model that unites science, art, and personalization. The publication of this protocol in the form of a scientific article strengthens its legitimacy, broadens its applicability among professionals, and positions orofacial harmonization at a higher level of academic and clinical recognition.

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