THE COMPLETE LOOKSMAXXING GUIDE

Real-World Attractiveness · Physical Optimization · Appearance Science

Contents

SECTION 01

Foundations of Attractiveness

Most people jump to specific fixes without understanding the underlying system. That is backwards. This section is the foundation.

What Actually Determines Attractiveness

Attractiveness is not random and it is not purely genetic. Research consistently points to the same variables across cultures and contexts:

- **Bone structure and facial geometry** — mostly genetic, limited control without medical intervention
- **Body composition** — muscle mass and body fat percentage, highly controllable
- **Skin quality and clarity** — highly controllable with the right routine
- **Hair** — style, health, and density, mostly controllable
- **Grooming and presentation** — entirely controllable, immediate results
- **Posture and movement** — entirely controllable, high impact on perceived attractiveness
- **Voice and expression** — trainable over time

The common mistake is overestimating genetics and underestimating the modifiers. Most people are nowhere near their genetic ceiling on the controllable factors.

The Base vs. Modifiers Framework

Think of your appearance in two layers. Your base is bone structure — skull shape, jaw size, eye socket position, height. This is mostly fixed without surgical intervention. Your modifiers are everything else — body fat, muscle, skin, hair, grooming, style, posture.

A strong base with poor modifiers looks bad. An average base with excellent modifiers looks significantly above average. Studies on makeovers, weight loss transformations, and skincare consistently demonstrate that the same bone structure can present very differently depending on the modifiers surrounding it.

Facial Harmony: The Most Important Concept

Attractiveness is not about having perfect eyes or a perfect jaw. It is about how every feature fits together. A face that reads as balanced and harmonious will consistently outperform a face with one extreme feature surrounded by average ones. This is called facial harmony, and it is the single most important concept in facial aesthetics.

This is also why the internet's obsession with individual features misses the point. Chasing 'hunter eyes' or a 'model jaw' in isolation, while ignoring skin, posture, body fat, and grooming, is a massive misallocation of effort.

The Halo Effect

The halo effect is the well-documented psychological phenomenon where attractiveness causes people to assume positive traits automatically. Studies show attractive people are perceived as more competent, more trustworthy, and more socially skilled, and are treated better across employment,

legal, and social contexts. This means improving your appearance does not just change how you look — it changes how people treat you in every area of life.

Softmaxxing vs. Hardmaxxing

Type	Definition	Share of Results
Softmaxxing	All improvements requiring no permanent changes — skincare, grooming, diet, training, style, posture. Where 90% of results come from.	~90%
Hardmaxxing	Permanent or semi-permanent interventions: surgery, braces/Invisalign, long-term medication. For after softmaxxing is maxed.	~10%

The 80/20 Rule of Appearance

About 80% of your results come from four things: body fat control, basic skincare, a haircut that fits your face, and decent posture. These are free or nearly free, low-risk, and high-impact. Everything else is refinement on top of this foundation. Most people never master the basics before chasing advanced techniques — do not make that mistake.

SECTION 02

Facial Aesthetics — Theory

Most of what gets discussed in looksmaxxing spaces about facial aesthetics is wrong or incomplete. Here is what the actual research shows.

What the Research Actually Says

The most reliable finding across attractiveness research is that facial harmony and averageness predict attractiveness better than any single feature. 'Averageness' does not mean boring — it means proportionate and genetically stable. Faces close to the population average in proportions tend to be rated as more attractive because the brain processes them more easily and reads them as healthy.

The golden ratio gets a lot of attention online but the science does not support it as a universal beauty formula. Attractive faces frequently deviate from 1.618, and attractiveness is better predicted by proximity to the average face than by any ratio.

Sexual dimorphism matters, but not linearly. Research consistently finds a threshold effect: moderate masculinity is preferred, and extreme masculinity can actually reduce attractiveness ratings. The sweet spot is a face that reads as clearly male without being aggressively harsh.

Feature-by-Feature Breakdown

Jawline and Chin

For males, the jaw and chin are among the most noticed features because they define the lower third of the face. What weakens jaw appearance most commonly is not bone structure — it is body fat covering the jawline, poor chin-neck posture blurring the angle, and forward head posture pulling the head away from the shoulders. These are all fixable without surgery.

Cheekbones

Attractive male cheekbones are present and create midface structure without making the face look hollow or skeletal. Moderate cheekbone projection combined with lower body fat reads as attractive. Extremely prominent cheekbones with no facial fat often reads as gaunt rather than chiseled.

Eye Area

The eye area is where people look first and longest during social interaction. What matters is not the specific shape of the eye but the overall impression: alert, healthy, and balanced. Dark circles, puffiness, and bloodshot eyes all detract significantly regardless of eye shape. The internet concept of 'hunter eyes' is not a clinical category and should not be obsessed over.

Nose

The best nose for any face is the one that fits it. A straight bridge, a tip that is neither too bulky nor too pinched, and width proportionate to the facial frame matter more than any specific ratio. For most people, reducing facial fat and improving skin makes the nose look proportionally better without changing it.

Skin Texture, Color, and Clarity

Research on male attractiveness found that skin condition was a stronger predictor of attractiveness ratings than facial masculinity. Clear, even, healthy-looking skin improves the entire face

simultaneously. Acne, redness, uneven tone, and poor texture all reduce attractiveness regardless of underlying bone structure — and unlike bone structure, skin is almost entirely controllable.

Static Photos vs. Real Life

A face in a still photo is not judged the same way as a face in motion and in person. Expression, movement, voice, posture, and eye contact all contribute to how attractive someone comes across. Someone can look average in a photo and noticeably better in person. This is why grooming, posture, voice, and social confidence often matter more in real life than photo-based rating culture suggests.

SECTION 03

Mewing & Facial Bone Remodeling

What Mewing Is

Mewing is the practice of maintaining correct tongue posture — keeping the entire tongue pressed against the roof of the mouth (palate), lips sealed, and breathing through the nose. The core theory is that correct tongue posture creates upward and forward pressure on the palate during development, supporting more forward facial growth (stronger, more defined jaw and midface), while poor posture allows downward facial growth (longer face, weaker jaw, narrower palate).

What the Science Supports

Bone adapts to mechanical load over time. This is not theory — it is the same mechanism behind orthodontic treatment, palatal expansion, and increased bone density from resistance training.

For children and younger teenagers, there is reasonable evidence that oral posture and breathing patterns influence facial development. Chronic mouth breathing is consistently linked to longer face shape, narrower palate, and weaker jaw development in longitudinal studies.

For adults, meaningful structural bone change without medical intervention is unlikely. For those still in their teens, the potential is highest — bones are still developing and responsive. Consistent correct oral posture over years can support better facial development, even if the dramatic transformation claims online are exaggerated.

Correct Technique

Step	Instruction
1. Tongue Placement	Entire tongue presses against roof of the mouth. Tip rests just behind the front teeth without touching. The back third is most important — it creates the most palatal contact.
2. Suction Hold	Light suction rather than forceful pushing. Imagine the tongue sticking to the palate naturally — sustainable and low-effort.
3. Teeth Position	Lightly touching or very slightly apart. Do not clench — this causes TMJ tension over time.
4. Lips	Lips closed, no tension or force. Mewing should be invisible from the outside.
5. Breathing	Always through the nose. If you cannot breathe comfortably through your nose, address that first.

Hard Mewing Warning

Hard mewing — aggressively forcing the tongue upward — is not recommended and has no evidence of producing better results. It can cause TMJ pain, headaches, and uneven pressure that may cause asymmetry. Soft, consistent mewing is the correct approach.

Chewing for Jaw Development

The masseter is the main jaw muscle. Like any muscle, it can be trained. A more developed masseter creates a wider, more defined lower face. The safest approach is regular chewing of harder foods or chewing gum.

- **Mastic gum** — natural resin, moderate hardness, sustainable for longer sessions. Best overall choice.
- **Falim gum** — very hard, cheap, but can overstrain the jaw with excessive use.
- **Regular hard foods** — raw vegetables, tough meats. Naturally develops the masseter with no extra product.

Safe limit: 10–30 minutes of dedicated chewing per day, alternating sides evenly. Stop immediately if you experience clicking, pain, or tightness.

Realistic Results by Age

Age Group	Structural Potential	What's Realistic
13–17	Highest	Can support better facial development direction, wider palate, stronger jaw over years of consistent habits.
18–25	Low	Mostly posture, muscle tone, and fat distribution changes. Minimal structural change.
25+	Essentially none	Benefits are purely postural and muscle-related. No meaningful bone change.

SECTION 04

Body & Frame

Your body frame is visible from across a room before anyone has seen your face clearly. It shapes how you move, how clothes fit, and how your overall presence reads. For real-world attractiveness, frame is often as important as facial features.

Ideal Male Proportions

The most attractive male body proportion is a high shoulder-to-waist ratio — the V-taper or X-frame. Research on male body attractiveness consistently identifies this ratio as the primary driver of body-based attractiveness ratings.

- **Shoulder-to-waist ratio:** ideally around 1.6:1. Wide shoulders with a tight midsection.
- **Body fat 12–15%:** the sweet spot. Jawline visible, muscles defined, looks athletic without gaunt.
- **Above 18% body fat:** jaw definition significantly reduced, face looks softer, chest underdeveloped.
- **Below 10% body fat:** face can look gaunt, energy is low, hard to sustain. Not recommended.

Priority Muscles for Aesthetics

Training for visual impact, not powerlifting. The muscles that create the most visual change:

- **Lateral deltoids (side shoulders):** the single highest-impact muscle for aesthetics. Wide shoulders make everything else look better.
- **Lats (back width):** create the V-taper from behind and the front. Pull-ups and lat pulldowns are your main tools.
- **Upper chest:** fills out the shirt, improves posture appearance, adds to masculine silhouette.
- **Neck:** a thicker neck makes the jaw look sharper and adds a masculine appearance. Extremely underrated.
- **Traps:** add thickness between neck and shoulders, contributing to a powerful silhouette.
- **Glutes and legs:** important for posture, balance, and avoiding the 'chicken legs' look.

If You're New to Training — Start Here

The 5-day program below is for people who have some gym experience. If you have never trained consistently before, jumping straight into 5 days a week is a reliable way to burn out, get injured, or quit by week 3. Start with 3 days per week, master the movements, and build the habit before adding volume.

3-Day Beginner Program (First 8–12 Weeks)

Full body 3 days a week (e.g. Monday/Wednesday/Friday). Each session hits every major muscle group so nothing gets left behind while you are learning.

Training Programs

Exercise	Sets x Reps	Notes
Squat (barbell or goblet)	3 x 8–10	The single most important lower body movement. Learn it properly first.
Push-up or Bench Press	3 x 8–10	Start with push-ups if bench form is shaky. Progress to bench once solid.
Romanian Deadlift	3 x 10	Teaches hip hinge mechanics. Lighter weight, focus on feeling hamstrings.
Lat Pulldown or Assisted Pull-up	3 x 10	Builds the V-taper. The most important upper body pulling movement.
Overhead Press	3 x 8–10	Shoulder width starts here. Standing or seated dumbbell both work.
Lateral Raises	3 x 12–15	The side delts are what make shoulders look wide. Do these every session.
Plank or Dead Bug	3 x 30–45 sec	Core stability. Not crunches — anti-extension work is more effective.

Progressive Overload — The Only Rule That Matters

Progressive overload means making your workouts slightly harder over time — more weight, more reps, or more sets. Without this, your body has no reason to change. It is the single principle that determines whether training produces results.

- Each session, try to add 1 rep or 2.5–5lbs compared to last time.
- **Track your lifts.** Write down what you lifted. If you do not track, you will not progress consistently.
- **Technique first, weight second.** Bad form with heavy weight builds injuries, not muscle. Film yourself from the side to check squat and deadlift form.

Starting Out

First few weeks feel uncomfortable. That passes. Nobody at the gym is watching you — they are focused on their own training. Show up consistently for 30 days and it stops being a thought.

Day	Focus	Key Exercises
Monday	Push (Chest, Shoulders, Triceps)	Bench press, Overhead press, Incline DB press, Lateral raises, Tricep pushdowns
Tuesday	Pull (Back, Biceps)	Pull-ups, Lat pulldowns, Cable rows, Face pulls, Bicep curls
Wednesday	Legs + Core	Squats, Romanian deadlifts, Leg press, Hanging leg raises, Planks
Thursday	Push (Shoulder Focus)	Overhead press, Lateral raises (3–4 sets), Rear delt flys, Incline press

Day	Focus	Key Exercises
Friday	Pull + Neck	Deadlifts, Pull-ups, Shrugs, Neck curls and extensions (start very light)
Sat/Sun	Rest or light activity	Walking, stretching, mobility work

How Body Fat Affects Your Face

Your jawline is not just determined by bone structure — it is largely determined by how much subcutaneous fat sits over the jaw. Reducing body fat from 20% to 13% can reveal a completely different jawline on the same person. This single change — getting leaner — often does more for facial appearance than any skincare product or facial exercise.

Realistic Transformation Timeline

- **0–3 months:** noticeable strength increases, posture improvement, slight visual changes.
- **3–6 months:** visible muscle development, clear V-taper beginning, body fat reduction noticeable in face.
- **6–12 months:** significant transformation, people notice without being prompted. Jawline much more defined.
- **1–2 years:** major physique change, at or near your natural ceiling for this stage of development.

Nutrition Basics

You do not need a perfect diet to make progress. The fundamentals: hit your protein target (0.8–1g per lb of bodyweight), get enough total calories to fuel training, and eat mostly whole foods. The overweight section below covers caloric deficits and fat loss in detail. If you are at a healthy weight and trying to build muscle, eat at or slightly above maintenance.

- **Protein sources:** chicken breast, ground beef, eggs, Greek yogurt, milk, protein powder. These should anchor every meal.
- **Carbohydrates:** white rice, pasta, bread, potatoes, cereal. Your primary energy source — do not cut these while training hard.
- **Fats:** peanut butter, cheese, whole milk, olive oil, nuts. Critical for testosterone synthesis — do not go low-fat.
- **If your diet is very limited:** protein powder covers protein gaps, a multivitamin covers micronutrients, and omega-3 capsules cover essential fats you might be missing.

Being Overweight: Why It Tanks Your Appearance

No single factor hurts your appearance more reliably or more broadly than excess body fat. It doesn't just affect your body — it directly reshapes your face, softens your jaw, buries your cheekbones, creates a double chin, and makes your features look undefined regardless of your actual bone structure. If you are overweight, fixing this is the single highest-impact thing you can do.

What Being Overweight Actually Does to You

- **Your face changes completely:** excess fat deposits under the chin, along the jawline, and in the cheeks. The jaw angle disappears. Cheekbones vanish. Features look puffy and undefined. This is not genetic — it is fat.
- **Your body reads as weak:** high body fat without muscle makes you look soft and low-energy. Clothes fit poorly. The V-taper is buried. You lose every visual advantage that training gives you.
- **Hormones work against you:** excess body fat increases aromatase activity, converting testosterone into estrogen. The result is lower effective testosterone — softer features, worse muscle development, worse skin.
- **Your posture suffers:** carrying extra weight forward-loads your spine and tilts your pelvis, forcing your head and shoulders forward. This blurs the jaw-neck angle and signals low energy before you even open your mouth.
- **Skin quality drops:** higher body fat correlates with higher insulin levels, which directly worsens acne. Chronic low-grade inflammation from poor diet causes redness and uneven tone.

What Body Fat Percentage to Aim For

Body Fat %	What It Looks Like	Verdict
8–11%	Visible abs, very defined muscles, veins showing. Can look gaunt in the face.	Too low — hard to maintain, face suffers
12–15%	Jawline clearly visible, muscles defined, athletic without looking depleted.	Ideal — aim here
16–19%	Soft muscle definition, jawline starting to disappear, face looks rounded.	Acceptable — work toward 15%
20–24%	Jawline gone or barely visible, face noticeably soft, clothes fit poorly.	Overweight — fix this now
25%+	Significant face fat, no muscle definition visible, strong negative impact on every appearance metric.	Priority #1 to address

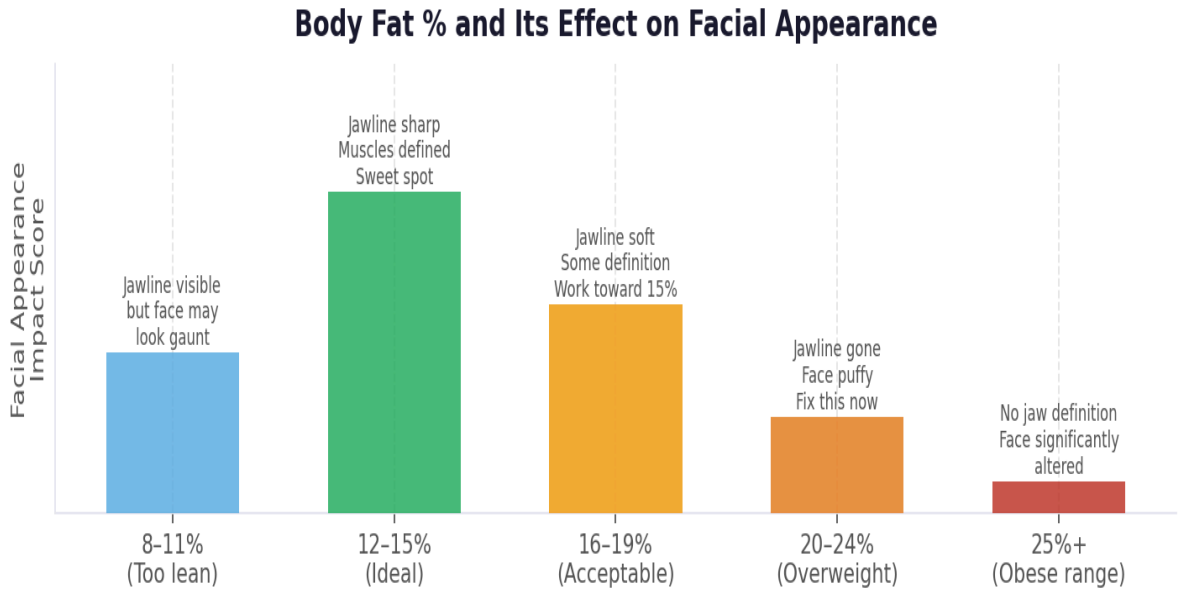

Figure 5: Body fat % ranges and their effect on facial appearance and definition. Ideal zone is 12–15% for most males.

The Mechanism: How Fat Loss Actually Works

Fat loss runs on one mechanism: caloric deficit. Eat less than you burn, lose fat. No food type, timing protocol, or supplement overrides this.

TDEE (Total Daily Energy Expenditure) is how many calories your body burns per day. Eat below it, lose fat. Eat above it, gain. That is the entire mechanism.

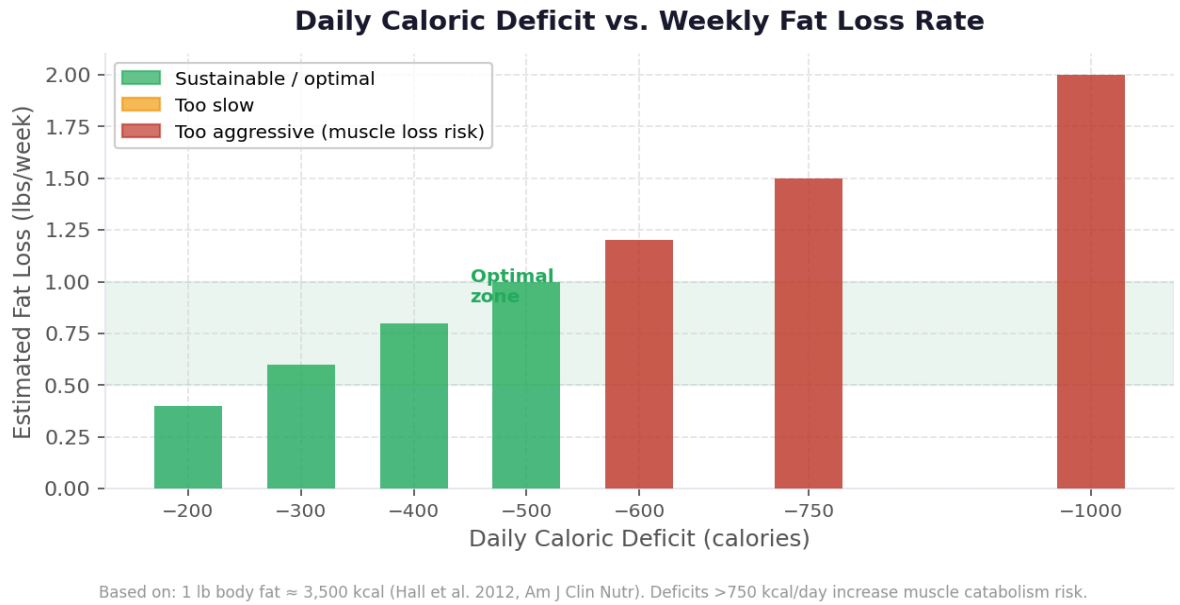

Figure 6: Daily caloric deficit vs. weekly fat loss rate. Green = optimal, sustainable zone. Based on 1 lb fat ≈ 3,500 kcal (Hall et al. 2012).

Step 1 — Calculate and Set Your Deficit

- **Estimate your TDEE:** for a moderately active person, a rough estimate is bodyweight in lbs x 15–16. Example: 170lbs x 15 = 2,550 calories/day to maintain. If you are very active (training hard 5+ days/week or a growing teen), use the higher end or add 200–300 calories — the formula undershoots for high activity levels. If energy crashes badly, eat more.

- **Create a deficit:** eat 300–500 calories below your TDEE per day. This produces roughly 0.5–1lb of fat loss per week — the sustainable range.
- **Do not crash diet:** eating under 1,400–1,500 calories causes muscle loss, tanked energy, hormonal disruption, and rebound weight gain. Slow is faster in the long run.

Step 2 — Hit Your Protein Target

Protein is the most important macronutrient when losing fat. It preserves muscle while you are in a deficit (so the weight you lose comes from fat, not muscle), keeps you full, and has the highest thermic effect of any food — your body burns more calories just digesting it.

- **Target:** 0.8–1g of protein per lb of bodyweight daily. For a 170lb person, that is 136–170g per day.
- **Easy sources:** chicken breast (31g per 100g), ground beef (26g per 100g), eggs (6g each), Greek yogurt (15–20g per cup), protein powder (25g per scoop).

Step 3 — Control Calories Without Obsessing

You do not need to weigh every meal. These habits alone will put most people in a deficit:

- **Cut liquid calories completely:** soda, juice, energy drinks, and sweetened coffee are pure calories with zero satiety. Switch to water, sparkling water, black coffee, or diet drinks.
- **Eat protein and vegetables first at every meal:** this reduces total calorie intake automatically because both are highly filling.
- **Eliminate ultra-processed snacks:** chips, cookies, and candy are engineered to be easy to overeat. Remove them from your house rather than relying on willpower.
- **Eat slower and stop at 80% full:** it takes 15–20 minutes for satiety signals to reach your brain. Eating fast means you overshoot fullness every time.

Step 4 — Use Training to Accelerate Fat Loss

Cardio burns extra calories, but resistance training is more important during fat loss because it signals your body to preserve muscle. The combo of caloric deficit + resistance training means the weight you lose comes from fat — not the muscle you worked to build.

- **Resistance training 3–5x per week:** do not drop this during a cut. It is what separates 'skinny fat' from actually lean and muscular.
- **Walking:** the most underrated fat loss tool. 8,000–10,000 steps per day burns 300–500 extra calories with zero recovery cost and zero muscle loss risk.
- **HIIT:** sprints or bike intervals burn a lot of calories fast and have metabolic benefits. 2–3 sessions per week is enough — more than that interferes with lifting recovery.

Realistic Fat Loss Timeline

Timeframe	What Happens
Week 1–2	Water weight drops fast (2–5lbs). This is glycogen depletion, not fat — looks good on the scale but don't mistake it for real fat loss.

Timeframe	What Happens
Week 3–6	Actual fat loss begins to show. 0.5–1lb per week. Energy adjusts to the new intake.
Month 2–3	Face starts to visibly change. Jawline begins emerging. Clothes fit differently. People start to notice.
Month 3–6	Significant visual transformation if consistent. Jaw and cheekbone definition becomes clear. Body looks athletic.
6+ months	At or near goal body composition. Shift to maintenance calories or a slow lean bulk.

The Mindset

The mechanism is simple — eat less than you burn, hit your protein, train hard, be consistent. What makes it hard is that it requires months of consistent behavior in an environment full of cheap, calorie-dense, engineered food. The people who succeed are not the ones with the best meal plan. They are the ones who made the default choice (what is in the house, what is easy to grab) a good one. Set up your environment, not your willpower.

Hydration — The Free Appearance Upgrade

Hydration is one of the most consistently overlooked appearance variables. It is free, immediate, and has a measurable impact on skin quality, under-eye puffiness, energy levels, and training performance. Most people are chronically mildly dehydrated without knowing it.

What Dehydration Actually Does to You

- **Skin looks dull and sunken:** dehydrated skin loses plumpness and elasticity. Fine lines become more visible. The face looks tired regardless of how much sleep you got.
- **Under-eye puffiness worsens:** paradoxically, not drinking enough causes the body to retain water in certain areas, including under the eyes, as a protective response.
- **Dark circles intensify:** blood vessels under the eyes become more visible when you are dehydrated and the skin thins from lack of fluid.
- **Training suffers:** even mild dehydration (1–2% of body weight) measurably reduces strength output and endurance. This means slower progress in the gym.
- **Cognitive performance drops:** focus, mood, and mental clarity all degrade with dehydration. Confidence and social performance suffer.

How Much to Drink

- **Baseline target:** 2.5–3.5 liters of water per day for most people. More if you are training hard, sweating heavily, or in hot weather.
- **Simple test:** your urine should be pale yellow. Dark yellow means you are behind. Clear is fine but not necessary to chase.
- **Spread it through the day:** drinking 500ml when you wake up, 500ml with each meal, and topping up through the day is more effective than chugging a lot at once.
- **Coffee and tea count:** the mild diuretic effect of caffeine does not cancel out the water content. Both contribute to daily hydration.

Electrolytes

Water alone is not enough if you are training heavily or sweating a lot. Electrolytes — primarily sodium, potassium, and magnesium — regulate fluid balance inside and outside cells. Without adequate electrolytes, drinking more water can actually worsen dehydration symptoms.

- **Easiest source:** lightly salt your food. Most people eating whole foods get enough potassium naturally from meat, dairy, and vegetables.
- **If training hard:** add a pinch of salt to your water bottle or use a low-sugar electrolyte powder (LMNT, Liquid IV, or similar). Not necessary for casual activity.
- **Magnesium:** covered in the supplements section — magnesium glycinate in the evening supports both sleep quality and electrolyte balance.

SECTION 05

Skincare — Complete Guide

Skin is the fastest-changing variable in appearance. The same bone structure looks completely different on clear skin versus active acne. Unlike structure, skin is almost entirely controllable.

The Three Fundamentals

- **Cleansing:** removes oil, bacteria, pollution, and dead skin that clog pores and cause breakouts.
- **Treatment:** active ingredients that actually change the skin biology — reducing acne, fading marks, stimulating collagen.
- **Protection:** sunscreen is the single most important step for long-term skin quality. UV damage causes 80–90% of visible skin aging.

The Ideal Routine

Time	Steps
Morning	Gentle cleanser → Niacinamide serum (optional) → Moisturizer → SPF 50+ sunscreen (non-negotiable)
Evening	Gentle cleanser → Treatment active (retinol, azelaic acid, or benzoyl peroxide) → Moisturizer

Sunscreen — Complete Guide

Sunscreen is listed in the routine above as non-negotiable. Here is why, and how to actually use it correctly — because most people either skip it or apply it wrong.

Why Sunscreen Is the Highest-ROI Skincare Step

UV radiation causes 80–90% of visible skin aging. This includes fine lines, uneven skin tone, dark spots, rough texture, and collagen breakdown. It also directly darkens acne scars and hyperpigmentation, making them take far longer to fade. Sunscreen worn consistently from a young age is the single most effective anti-aging intervention that exists — and it costs less than any other skincare product.

SPF Explained

- **SPF 30:** blocks approximately 97% of UVB rays. The minimum for daily use.
- **SPF 50:** blocks approximately 98% of UVB rays. The recommended standard for facial use — the marginal increase over SPF 30 is worth it on your face.
- **SPF 100:** blocks approximately 99%. Diminishing returns — not worth the extra cost or thickness.

Important: SPF only measures UVB protection (burning rays). Look for 'broad spectrum' on the label, which confirms UVA protection (aging rays) is also included. UVA does not burn you but causes far more aging damage.

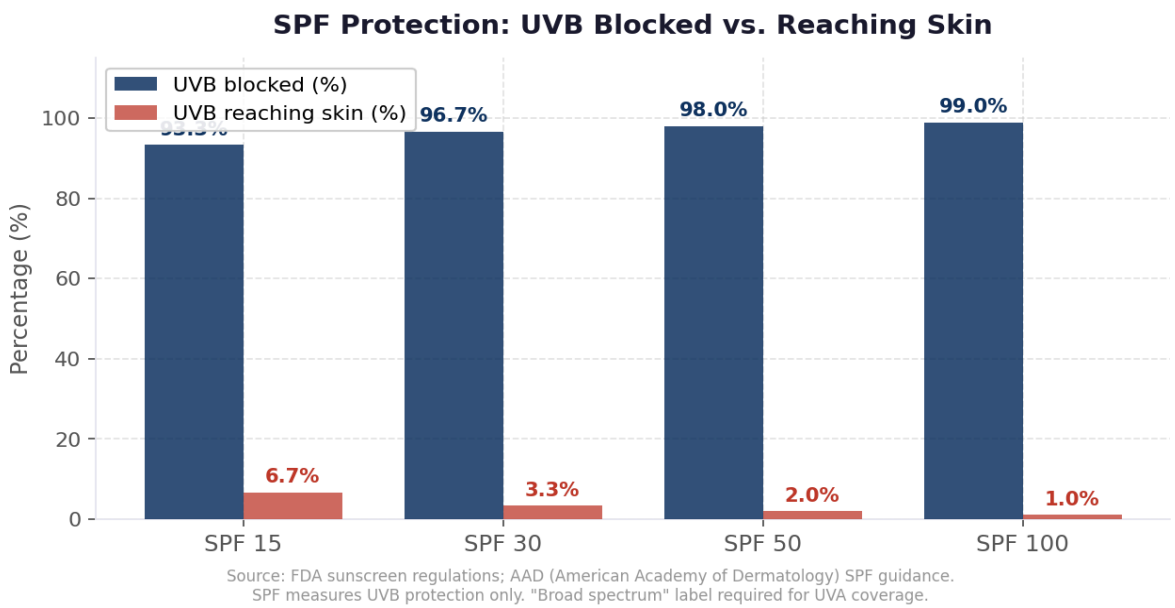

Figure 3: SPF rating vs. actual UVB protection. Note diminishing returns above SPF 50. Source: FDA sunscreen regulations; AAD guidelines.

Chemical vs. Mineral Sunscreen

Type	How It Works	Pros	Cons	Best For
Chemical (e.g. avobenzone, octinoxate)	Absorbs UV rays and converts them to heat	Lightweight, invisible, no white cast, easier to layer under makeup	Can irritate sensitive or acne-prone skin; some ingredients degrade in sunlight	Most skin types, daily urban use
Mineral (zinc oxide, titanium dioxide)	Sits on skin and physically deflects UV rays	Gentler on sensitive skin, more stable, better for acne-prone skin	White cast, can feel heavy or chalky, harder to blend on deeper skin tones	Sensitive skin, acne-prone skin, outdoor activities
Hybrid	Combines both filters	Balances benefits of both	Still may cause some irritation	Good all-rounder

How to Apply It Correctly

- **Amount:** most people apply way too little. For the face and neck, you need about 1/4 teaspoon (roughly two finger-lengths). Using less dramatically reduces effective protection.
- **Timing:** chemical sunscreens need 15–20 minutes to activate before UV exposure. Mineral sunscreens work immediately. Apply as the last skincare step before leaving the house.
- **Reapplication:** every 2 hours when outdoors. A morning application indoors does not need reapplication unless you go outside for extended periods.
- **Order:** sunscreen goes after moisturizer and before any makeup. Do not mix it into your moisturizer — this dilutes both products.

Product Recommendations by Budget

- **Budget:** EltaMD UV Clear SPF 46 (mineral, excellent for acne-prone skin, ~$40), Neutrogena Hydro Boost SPF 50 (lightweight, ~$20), La Roche-Posay Anthelios Melt-In Milk SPF 60 (~$35).
- **Oily/acne skin:** look for 'oil-free' and 'non-comedogenic' on the label. EltaMD UV Clear and Purito Centella Green Level SPF 50 are both excellent.
- **Dry skin:** Supergoop Unseen Sunscreen SPF 40 has a hydrating base. Paula's Choice RESIST SPF 50 is another solid option.

Active Ingredients — Full Breakdown

Retinol and Tretinoin

Vitamin A derivatives and the most scientifically proven skincare actives in existence. They work by accelerating cell turnover, stimulating collagen production, preventing pore clogging, and reducing oil production over time.

- **Retinol** — OTC version, gentler but slower. Start at 0.025–0.05% and work up. The Ordinary, CeraVe, La Roche-Posay all have good beginner options ($10–25).
- **Tretinoin** — prescription-only, already in active retinoic acid form. Works faster and stronger. Start at 0.025%. Available through services like Curology.

The purge: when you first start, skin often gets worse before it gets better. Accelerated cell turnover pushes congestion already under the skin to the surface. This is normal and lasts 4–8 weeks.

Rules: apply at night only, to dry skin, use a pea-sized amount for the whole face, start 2 nights per week and increase slowly. Do not apply retinoids and benzoyl peroxide in the same application — they degrade each other. The correct approach is benzoyl peroxide in the morning and retinoid at night, which is how the standard Differin protocol works.

Niacinamide (Vitamin B3)

One of the most versatile and well-tolerated actives. Almost anyone can use it without irritation. Use 5–10% concentration, morning and evening.

- Reduces oil production — regulates sebum at the cellular level
- Fades hyperpigmentation — gradually evens skin tone and fades acne marks
- Strengthens skin barrier — increases ceramide production, reducing water loss
- Reduces redness — anti-inflammatory effects help with acne scarring

Vitamin C

A powerful antioxidant that neutralizes UV-induced free radicals, inhibits melanin production (fading dark spots), and stimulates collagen synthesis. Use L-ascorbic acid at 10–20% (15% is the sweet spot) in the morning — its antioxidant properties boost sunscreen's UV protection throughout the day.

Salicylic Acid (BHA)

Oil-soluble, meaning it can penetrate into pores and dissolve the sebum and dead skin buildup that causes blackheads and whiteheads. Best ingredient for oily, acne-prone skin and clogged pores. Use at 0.5–2% daily or every other day.

Benzoyl Peroxide

The most effective OTC ingredient for inflammatory acne. Releases oxygen into the pore, creating an environment where acne bacteria cannot survive. Start at 2.5% — studies show 2.5% is almost as effective as 10% with significantly less irritation. Important: it bleaches fabric.

Azelaic Acid

Kills acne bacteria, reduces inflammation, fades hyperpigmentation, and reduces redness. One of the best options for skin with both acne and redness. Available OTC at 10% and by prescription at 15–20%.

AHAs: Glycolic and Lactic Acid

Water-soluble exfoliants that dissolve bonds between dead skin cells, revealing brighter, smoother skin. Use 1–3 nights per week. Do not combine with retinoids on the same night when starting out.

Acne Treatment Ladder

Severity	Treatment	Notes
Mild (blackheads, whiteheads)	Salicylic acid 1–2%, consistent cleansing	Most people start and end here
Moderate (red pimples)	Benzoyl peroxide 2.5–5% + niacinamide	Give 8–12 weeks to evaluate
Moderate-Severe (widespread)	Adapalene (Differin) retinoid OTC	Combine with benzoyl peroxide AM, adapalene PM
Severe (cystic, scarring)	See a dermatologist for prescription tretinoin or antibiotics	Accutane is last resort

Under-Eye Area

- **Vascular darkness (bluish-purple):** best treated with caffeine topicals, vitamin C, and adequate sleep.
- **Pigmentation (brownish):** best treated with vitamin C, azelaic acid, niacinamide, and SPF.
- **Puffiness:** cold eye masks, ice rolling, and elevating the head during sleep. Reduce sodium and stay hydrated.
- **Structural hollows:** genetic bone structure causing shadow. Cannot be treated topically.

In most cases, 80% of under-eye improvement comes from: 8–9 hours of sleep, good hydration, and reduced screen time before bed.

SECTION 06

Hair — Complete Guide

A haircut that fits your face shape is one of the fastest and cheapest appearance improvements available. Most people have the wrong cut for their face and have no idea.

How to Find Your Face Shape

The haircut table below is only useful if you know your face shape. Most people guess wrong. Here is how to measure it accurately.

Step-by-Step Measurement

- **Forehead width:** measure across your forehead at its widest point, roughly halfway between your eyebrows and hairline.
- **Cheekbone width:** measure across your face at the widest point of your cheekbones, usually just below the outer corners of your eyes.
- **Jawline width:** measure across your jaw at its widest point, roughly level with the bottom of your ears.
- **Face length:** measure from the centre of your hairline straight down to the tip of your chin.

You can also take a photo straight-on against a plain wall with your hair pulled back and trace your outline — measurements and a photo together give the clearest picture.

Shape Identification

Shape	Characteristics	Key Identifier
Oval	Face length is about 1.5x the width. Forehead slightly wider than jaw. Cheekbones are the widest point.	Gently tapered at both forehead and jaw with balanced proportions
Round	Face length and width are roughly equal. Full cheeks. Soft, curved jawline with no strong angles.	Almost circular outline — soft jaw, no strong definition
Square	Forehead, cheekbones, and jaw are all roughly equal width. Strong, angular jaw.	Strong jaw corners — the jaw looks like a right angle rather than a curve
Long / Rectangle	Face length is significantly greater than width. Forehead, cheeks, and jaw are similar widths.	Everything is the same width but the face is noticeably taller than wide
Diamond	Narrow forehead and jaw with wide cheekbones. Pointed chin.	Cheekbones dramatically wider than both forehead and jaw
Triangle / Pear	Jaw is the widest point, narrowing to a smaller forehead.	Wide jaw, narrow top — uncommon but distinct

Face Shapes and Matching Haircuts

Face Shape	Goal	Best Styles	Avoid
Oval	Most versatile	Textured styles, medium length, fades or tapers	Extreme styles that unbalance the face
Round	Add height, reduce width	Volume on top, tight sides (mid-fade), slicked back	Heavy fringe covering forehead
Square	Soften the strong jaw slightly	Textured top, slight volume, tapered sides	Overly boxy cuts that amplify squareness
Long/Rectangle	Reduce apparent length	Fringe forward, medium length, horizontal volume	High volume on top, tight sides
Diamond	Balance narrow forehead and chin	Side-swept styles, medium width on top	Very tight sides

What to Tell Your Barber

Never say 'just trim it' — this gives inconsistent results. Be specific and show a photo whenever possible. Example: 'Mid fade on the sides, keep length on top, add texture, not too bulky.' A photo is worth more than any verbal description.

Hair Health Basics

- **Wash frequency:** 2–4 times per week. Daily washing strips natural oils and can cause more oil production.
- **Shampoo:** removes oil and buildup. Use a gentle, sulfate-free formula if your scalp is sensitive.
- **Conditioner:** apply every time you shampoo, focusing on mid-lengths and ends. Skip this and your hair will suffer.

Styling Products

- **Clay:** matte finish, strong hold, adds texture and volume. Most versatile option for modern styles.
- **Pomade:** shiny finish, smooth and slicked look. Best for slick backs and clean, polished styles.
- **Sea salt spray:** lightweight, adds texture and volume, very natural look. Good as a base before other products.
- **Wax:** medium hold, slight sheen. Good for defined styles with some shine.

Hair Loss — Treatment Guide

Male pattern baldness (MPB) is caused by DHT (dihydrotestosterone) binding to receptors in hair follicles. In genetically predisposed people, this causes follicles to miniaturize over time.

Treatment	Mechanism	Effectiveness	Notes
Finasteride 1mg	Blocks testosterone→DHT conversion (~70% reduction)	83–90% maintain or improve hair density over 2 years	Not appropriate for teens — hormonal impact during development
Minoxidil 5% (topical)	Prolongs hair follicle growth phase, increases blood supply	Results at 3–6 months. Must continue to maintain results.	OTC. Causes temporary shedding in first 2–3 months.
Oral Minoxidil 0.25–2.5mg	Same as topical but may be more effective for density	More effective than topical in studies	Requires prescription. Side effects include fluid retention.
Ketoconazole shampoo	Mild anti-androgenic at scalp, treats dandruff	May be comparable to 2% minoxidil for density maintenance	Use 2–3x/week, leave on 2–3 min before rinsing.
The Big 3 Stack (Adult only)	Finasteride + topical minoxidil + ketoconazole	Most effective combined approach	Complementary mechanisms — better than any single treatment.

Facial Hair

At 13–17, facial hair is typically patchy and inconsistent. Patchy facial hair almost always lowers real-world attractiveness rather than improving it. Keep it clean-shaven or very neatly trimmed until growth is dense enough to be intentional. A clean face with good grooming looks significantly better than patchy stubble.

Eyebrows

Male eyebrows should look natural and groomed, not shaped into an arch like female brows. If your brows are very dense and messy, trimming the longest hairs and cleaning up the monobrow makes a significant difference. Use small scissors or a brow trimmer — never aggressive waxing that over-shapes the brow.

SECTION 07

Hormones & Physical Development

Hormones control every variable that matters for development — growth, fat distribution, muscle, skin, bone. Your teen years are when these are at their highest and most responsive. This section covers the system and how to optimize it.

Hormone	Effect on Appearance	Signs of Imbalance	Natural Optimization
Testosterone	Muscle growth, jaw definition, bone density, confidence	Low: poor muscle tone, weak jaw, fatigue	Sleep 8–10hrs, resistance training, protein, sunlight, manage stress
DHT	Masculinizes face and jaw, facial hair, drives MPB in susceptible people	Varies by genetics	DHT drives facial masculinization during puberty. Do not suppress or artificially elevate — let puberty run its full course. Finasteride is off the table until hair loss is documented post-development.
Estrogen	Fat distribution, skin hydration; excess causes gynecomastia, softer face	Excess: fat gain, chest tissue, softer features	Maintain healthy body fat, limit processed foods, sleep well
Growth Hormone	Linear growth, fat loss, muscle, skin thickness	Slow growth, increased fat accumulation	Deep sleep is the main lever; also exercise and protein
Cortisol	High levels cause face puffiness, dark circles, acne, fat retention	Chronic stress: puffy face, poor sleep, belly fat	Stress management, consistent sleep, avoid chronic dieting
Insulin	Blood sugar control; poor sensitivity causes fat storage and acne	Acne, fat gain, energy crashes	Balanced diet, protein and fiber with meals, consistent exercise

Sleep Quality — How to Actually Get Good Sleep

The guide throughout recommends 8–10 hours of sleep. But hours alone are not the metric — quality matters as much as quantity. Six hours of deep, uninterrupted sleep does more for your testosterone, growth hormone, skin, and recovery than nine hours of fragmented, shallow sleep.

Why Sleep Quality Affects Your Appearance Directly

- **Growth hormone peaks during deep sleep:** specifically during slow-wave (deep) sleep. Poor sleep quality reduces GH secretion even if total hours are adequate — this directly affects muscle growth and fat loss.

- **Testosterone is produced during sleep:** studies show that one week of sleeping under 5 hours reduces testosterone levels by 10–15% in young men. Even moderate sleep restriction matters.
- **Cortisol spikes without adequate sleep:** poor sleep raises cortisol the following day, which causes facial puffiness, worsens acne, promotes fat storage, and suppresses testosterone.
- **Skin repairs overnight:** collagen synthesis, cell turnover, and inflammation resolution all peak during sleep. People who sleep poorly look visibly worse — this is not subjective.

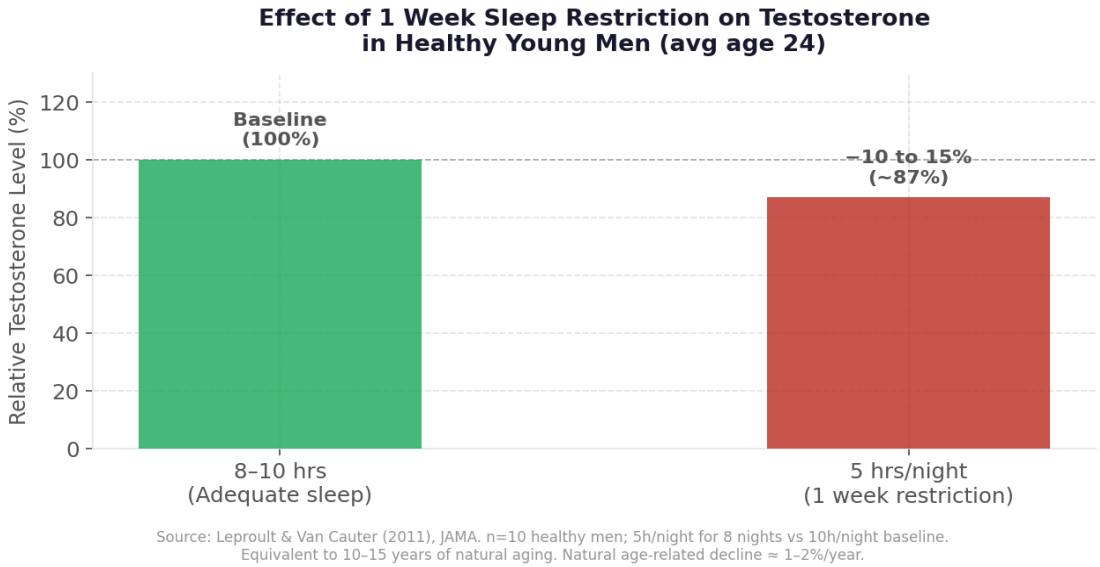

Figure 1: 1 week of 5h/night sleep reduces testosterone 10–15% — equivalent to 10–15 years of natural aging. Source: Leproult & Van Cauter, JAMA 2011.

Sleep Hygiene — What Actually Works

- **Keep a consistent wake time:** this is more important than bedtime. Your body clock (circadian rhythm) anchors to when you wake up. Pick a wake time and hold it every day including weekends. Bedtime will naturally regulate.
- **Dark room:** even small amounts of light (phone LEDs, streetlights through curtains) suppress melatonin production and reduce sleep quality. Blackout curtains or a sleep mask are legitimate performance tools, not luxuries.
- **Cold room:** core body temperature needs to drop 1–2 degrees to initiate deep sleep. The ideal sleep temperature is 65–68°F (18–20°C). A room that is too warm is one of the most common reasons people sleep lightly.
- **No screens 30–60 minutes before bed:** blue light from phones and monitors delays melatonin onset by 1–3 hours. Night mode and blue-light glasses partially help but the bigger issue is mental stimulation from content keeping your brain alert.
- **Caffeine cutoff:** caffeine's half-life is 5–6 hours. A coffee at 4pm still has half its caffeine in your system at 10pm. Cut caffeine by early afternoon — ideally by 2pm.
- **Wind-down routine:** your nervous system needs a transition from stimulated to restful. 20–30 minutes of low-stimulation activity (reading, stretching, showering) before bed dramatically improves sleep onset speed.

- **Do not lie in bed awake:** if you have been awake for more than 20 minutes, get up and do something calm in dim light until you feel sleepy. Lying in bed frustrated trains your brain to associate the bed with wakefulness.

Supplements That Genuinely Help Sleep

- **Magnesium glycinate (200–400mg):** the most impactful sleep supplement. Reduces cortisol, relaxes muscles, and improves sleep architecture. Take 30–60 minutes before bed.
- **L-Theanine (100–200mg):** reduces anxiety and racing thoughts without sedation. Pairs well with magnesium.
- **Melatonin (0.5mg):** use the lowest effective dose. 0.5mg is more physiologically appropriate than the 5–10mg doses in most products. Use only to reset sleep timing, not as a nightly crutch.

Puberty Timeline

- **11–13:** testicular development, beginning of growth spurt, early changes in body composition.
- **13–15:** accelerating growth spurt, voice change begins, early facial hair, increased muscle responsiveness to training.
- **15–17:** peak growth spurt for most, continued facial masculinization, more consistent facial hair, muscles respond well to training.
- **17–21:** final jaw and facial maturation, height typically plateaus, muscle mass can continue increasing significantly.
- **18–25:** subtle continued facial changes for some, primarily soft tissue and muscle. Bone structure largely set.

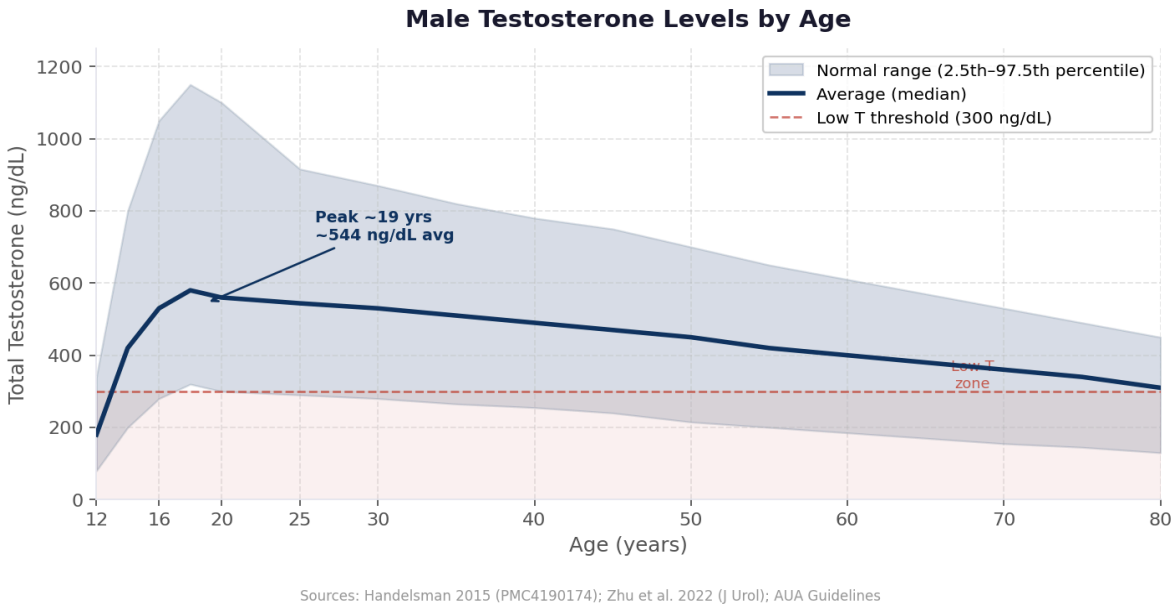

Figure 2: Average male testosterone levels by age. Shaded area = normal range (2.5th–97.5th percentile). Source: Handelsman 2015 (PMC4190174); Zhu et al. 2022 (J Urol).

Maximizing Natural Testosterone

- Sleep 8–10 hours every night — testosterone is produced primarily during sleep, especially deep sleep
- Resistance training with compound lifts (squats, deadlifts, rows, presses) — these stimulate the most hormonal response
- Adequate dietary fat — testosterone is synthesized from cholesterol. Low-fat diets reduce testosterone
- Maintain healthy body fat — excess body fat increases aromatase activity (converts testosterone to estrogen)
- Get sunlight or supplement Vitamin D3 — Vitamin D is a precursor to testosterone
- Manage stress — cortisol and testosterone are inversely related

Alcohol and Drugs — What They Actually Do to Your Appearance

This section exists because a guide aimed at real-world attractiveness that ignores two of the most common appearance-degrading behaviors in young men would be incomplete. This is not a morality lecture — it is a direct breakdown of the physiological impact.

Alcohol

- **Tanks testosterone:** alcohol suppresses testosterone production acutely and chronically. Even moderate drinking (3–4 drinks) on a single night causes measurable testosterone suppression lasting 24 hours.
- **Wrecks sleep quality:** alcohol makes you fall asleep faster but eliminates REM sleep and reduces slow-wave (deep) sleep. The night after drinking, your body produces a fraction of the growth hormone it normally would. You also wake up with elevated cortisol.
- **Causes facial bloat:** alcohol is a vasodilator — it expands blood vessels and causes the face to look puffy and red. Chronic drinking leads to permanent facial redness (rosacea-like symptoms) and puffiness that does not fully resolve.
- **Ages skin:** alcohol depletes zinc and vitamin A — both critical for skin health and repair. It also interferes with collagen production and dehydrates the skin, making fine lines more visible. This effect compounds over years.
- **Undoes your training:** alcohol consumed after training significantly reduces muscle protein synthesis — meaning you build less muscle from the same workout. It also promotes fat storage by prioritizing alcohol metabolism over fat burning.

Cannabis

- **Raises cortisol acutely:** acute cannabis use raises cortisol during intoxication, which has the same downstream effects as stress — worsened acne, fat retention, reduced testosterone.
- **Disrupts sleep architecture:** similar to alcohol, regular cannabis use suppresses REM sleep. Users often report vivid dreams when stopping — this is REM rebound, indicating significant suppression during use.
- **Mixed evidence on testosterone:** some studies show reduced testosterone with chronic heavy use; others show no effect with occasional use. The clearest effect is through sleep disruption rather than direct hormonal action.
- **Munchies and body composition:** the appetite stimulation from cannabis is a direct threat to caloric control. If fat loss or body composition is a goal, this matters.

Nicotine

- **Directly ages skin:** smoking causes significant premature skin aging through vasoconstriction (reducing blood flow to skin), free radical damage, and collagen degradation. Smokers in their 30s often have skin that looks 10+ years older. Vaping has similar though somewhat less severe effects.
- **Reduces testosterone:** nicotine raises cortisol and has been associated with reduced testosterone levels in chronic users.
- **Yellows teeth:** one of the most visible grooming deficits possible, largely irreversible without professional whitening.

The Bottom Line

None of this means total abstinence is required for good appearance. Occasional moderate alcohol consumption is unlikely to meaningfully derail progress. The issue is the pattern — regular drinking, regular cannabis use, or nicotine use creates a chronic hormonal and physiological environment that works directly against every other thing in this guide. If you are doing everything right and wondering why results are slower than expected, substances are often the answer.

SECTION 08

Supplements — Complete Database

Supplements fill gaps and optimize margins. They do not replace sleep, training, or diet. Every recommendation here is oral or topical unless stated otherwise.

Core Supplements — Hormonal & Performance

Creatine Monohydrate

The most researched supplement in sports science. Increases phosphocreatine stores in muscles, allowing more ATP production during intense exercise — meaning more reps, more strength, and more muscle over time. Also causes mild cell volumization, improving visual fullness.

- **Form:** monohydrate powder or capsules. Avoid 'fancy' forms (Kre-Alkalyn, HCl) — no evidence they outperform monohydrate.
- **Dose:** 3–5g daily. No need for a loading phase.
- **Verdict:** absolutely worth it. One of the few supplements with genuinely strong evidence.

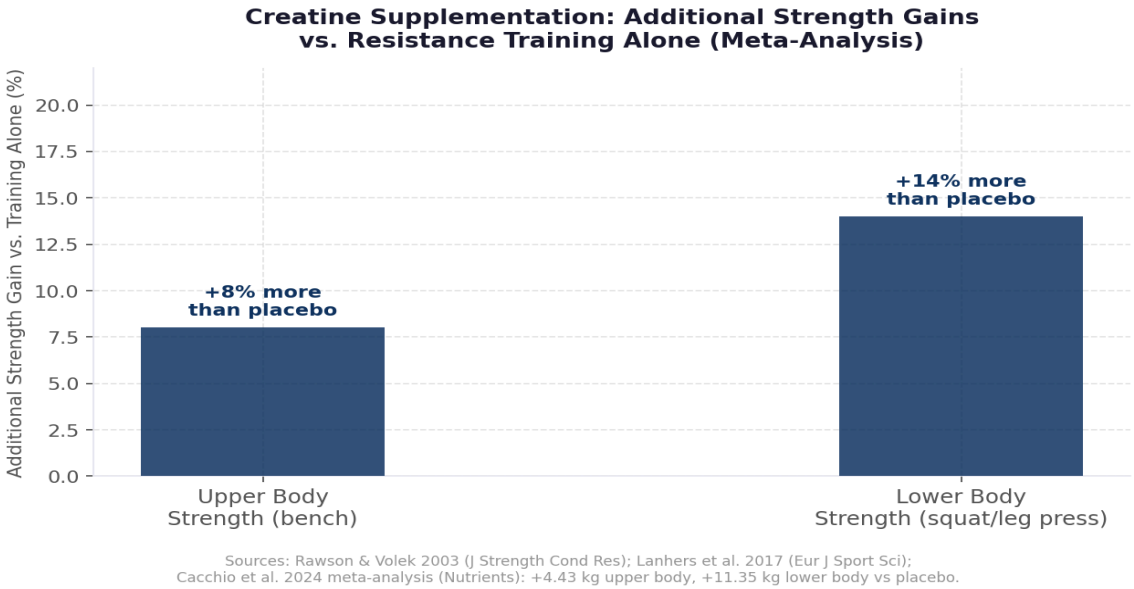

Figure 4: Additional strength gains from creatine + resistance training vs. training alone. Source: Cacchio et al. 2024 (Nutrients); Lanhers et al. 2017 (Eur J Sport Sci).

Vitamin D3 + K2

Vitamin D3 functions as a steroid hormone precursor. Deficiency is associated with reduced testosterone, poor bone health, weakened immune function, and mood issues. K2 works synergistically with D3 to direct calcium into bones rather than soft tissue.

- **Dose:** 1000–4000 IU D3 daily + K2 (MK-7 form, 100–200mcg). Take with food.
- **Verdict:** highly recommended, especially for anyone who doesn't get daily outdoor sunlight.

Magnesium Glycinate

Involved in over 300 enzymatic reactions including protein synthesis, muscle function, and hormone regulation. Plays a key role in sleep quality, which indirectly supports testosterone and growth hormone production.

- **Dose:** 200–400mg elemental magnesium daily, taken in the evening.
- **Verdict:** recommended. Sleep and recovery benefits alone make it worth it.

Zinc

Essential mineral involved in testosterone production, immune function, wound healing, and skin health. Deficiency directly reduces testosterone levels.

- **Form:** zinc picolinate or zinc citrate (best absorbed). Avoid zinc oxide (poor bioavailability).
- **Dose:** 15–30mg daily with food.
- **Verdict:** recommended if your diet is low in meat, seafood, or eggs.

Omega-3 Fish Oil

Anti-inflammatory, supports skin health, hormone production, and cardiovascular health. One of the most widely evidence-backed supplements available.

- **Dose:** 1–3g EPA+DHA daily, taken with meals to reduce fish breath and GI discomfort.
- **Verdict:** highly recommended.

Ashwagandha (KSM-66)

Adaptogenic herb with genuine evidence for reducing cortisol, improving stress response, improving sleep quality, and modestly supporting testosterone — likely through cortisol reduction rather than direct hormonal action.

- **Dose:** 300–600mg of KSM-66 extract daily. Take at night.
- **Verdict:** worth trying if stress, poor sleep, or recovery are issues. Results take 4–8 weeks.

Supplements to Avoid as a Teen

Supplement	Why to Avoid
MK-677 (Ibutamoren)	During puberty your natural GH and IGF-1 output already exceeds what MK-677 produces. Adding exogenous GH stimulus on top of a maxed system

Supplement	Why to Avoid
	has no documented upside and unknown developmental risk. Covered in full in Section 11 — read the mechanism before considering this at any age.
DHEA	A precursor hormone that converts to testosterone and estrogen — using during puberty when hormone levels are naturally fluctuating is inappropriate and risky.
Fadogia Agrestis	Almost no human clinical data. Has shown testicular toxicity in animal studies. Not recommended for anyone, especially teens.
Finasteride	Significant hormonal impact during development. Not appropriate until hair loss is documented in adulthood.

Skin & Appearance Supplements

Supplement	Dose	Effect	Verdict
Collagen Peptides	5–15g/day powder	Skin elasticity, joint health, hair strength	Safe, modest but real skin and joint benefits
Vitamin C (oral)	500–1000mg/day	Collagen support, brightening, antioxidant	Worth it
Fish Oil (Omega-3)	1–3g EPA+DHA/day	Anti-inflammatory, skin health, hormone support	Highly recommended
Biotin	2.5–5mg/day	Hair and nail strength	Useful if hair is brittle; can worsen acne in some
Hyaluronic Acid	100–200mg/day	Skin hydration, joint support	Optional, mild benefit

Sleep & Stress Supplements

Supplement	Dose	Effect	Notes	Verdict
Magnesium Glycinate	200–400mg	Sleep quality, muscle recovery	Take in evening	Highly recommended
L-Theanine	100–200mg	Calm focus, reduces anxiety, improves sleep	Non-sedating. Excellent combined with magnesium	Highly recommended
Melatonin	0.5–1mg	Sleep onset	Less is more — high doses cause grogginess	Safe short-term; use lowest effective dose

Supplement	Dose	Effect	Notes	Verdict
Ashwagandha KSM-66	300–600mg	Reduces cortisol and stress	Take at night (mild sedation)	Recommended
Rhodiola Rosea	200–400mg	Reduces stress and mental fatigue	Take in morning (stimulating)	Optional

SECTION 09

Grooming & Style

Highest ROI, lowest risk, immediate results. No excuse not to have this locked in from day one.

Full Grooming Routine

Frequency	Tasks
Daily	Face: cleanse morning and night, moisturize, SPF in morning. Teeth: brush twice, floss once. Body: shower daily, deodorant, underarms trimmed. Nails: keep short, clean, and filed.
Weekly	Exfoliate face 1–2 times. Shave or maintain facial hair. Trim nose and ear hair if needed.
Monthly	Haircut every 3–5 weeks to keep the shape clean. Deep condition hair.

Cologne

Scent is one of the most memorable aspects of someone's presence and is significantly underused by most young men. Application: 2–3 sprays on pulse points (neck, chest). Do not rub it in.

- **Budget ($20–50):** Nautica Voyage, Versace Pour Homme, Axe Fine Fragrance Collection — punch well above their price.
- **Mid-range ($60–120):** Dior Sauvage (universally well-received), Versace Dylan Blue, Bleu de Chanel (EDT).
- **Premium ($120+):** Tom Ford Ombre Leather, Creed Aventus, Acqua di Gio Profondo.

Teeth

- **Whitening toothpaste:** contains mild abrasives and sometimes low-level peroxide. Gradual whitening over weeks. Colgate Optic White Advanced is a good option.
- **Whitening strips:** Crest 3D Whitestrips contain actual peroxide and produce noticeable results in 2–3 weeks. More effective than toothpaste alone.
- **Braces vs. Invisalign:** both work for alignment. Braces more effective for complex cases. Straight + white teeth make a significant difference to overall attractiveness.

Posture — The Free Looksmax

Good posture makes you look taller, makes your chest look bigger, sharpens the jaw-neck angle, and signals confidence. It is the highest-return, zero-cost change available.

- **Chin tuck:** gently pull the head back and slightly down to bring the ears over the shoulders. This immediately improves the jaw-neck angle.
- **Shoulder blades:** pull them back and slightly down, not forced up toward the ears.

- **Training:** face pulls, rows, and band pull-aparts directly strengthen the upper back muscles that maintain good posture.

Voice

Voice is a significant factor in real-world attractiveness that never appears in photo-based rating systems. A calm, resonant, unhurried voice projects confidence and maturity.

- Speak from the chest/diaphragm, not the throat
- Slow down slightly — fast speech reads as nervous; deliberate pacing reads as confident
- Practice diaphragmatic breathing — inhale so your belly expands, not your shoulders
- Record yourself and listen back — most people are surprised how they actually sound

Style & Fashion

Clothes do not make you more physically attractive, but they significantly change how your physical attributes are perceived. Poorly fitting clothes make a good body look average. Well-fitting clothes make an average body look good.

- **Fit is everything:** clothes should fit the shoulders exactly, taper at the waist, and not be too long. This matters more than brand, price, or trend.
- **Shoulder fit:** the seam of a shirt should sit exactly at the edge of your shoulder. If it hangs lower, the shirt is too big.
- **Color basics:** navy, white, grey, and black work universally. Build a base with neutral basics before adding color.
- **Layering:** jackets, flannels, and hoodies over fitted shirts add perceived shoulder width and depth to an outfit.
- **Brands:** Ralph Lauren and Tommy Hilfiger are good examples of brands for a preppy/classy aesthetic. Do your own research to find brands for different aesthetics. Fit matters more than a logo.

SECTION 10

Bone Remodeling & Growth

Bone is not static. It is living tissue that continuously remodels in response to mechanical load, hormonal environment, and nutritional input. Understanding how craniofacial and skeletal bone actually responds to stimuli is the foundation of every serious hardmaxxing protocol. Most people online either completely overestimate what is possible or dismiss bone manipulation entirely — both are wrong.

The Science of Bone Remodeling

Bone remodeling is governed by two cell types: osteoblasts, which build new bone, and osteoclasts, which break it down. The balance between these two determines whether bone grows, maintains, or shrinks in any given region. This balance is regulated by three primary inputs: mechanical load (Wolff's Law), hormones (GH, IGF-1, testosterone, cortisol), and nutrition (calcium, phosphorus, vitamin D, vitamin K2, protein).

Wolff's Law states that bone adapts its structure to the mechanical demands placed on it. This is why weightlifters have denser bones than sedentary people, why orthodontic devices can move and reshape jaw bone, and why mewing has any theoretical basis at all. Consistent mechanical pressure causes bone deposition in stressed areas and resorption in unstressed areas.

The critical variable is growth plate status. While growth plates remain open, bone length and projection can increase meaningfully in response to stimulus. Once plates close — typically 18-22 years old for most craniofacial bones — new growth is no longer possible, and remodeling becomes more subtle.

Craniofacial Bone — What Can Actually Change

Mandible (Jaw)

The mandible is one of the most trainable craniofacial bones because it is subjected to the highest mechanical load during chewing. The condylar cartilage at the temporomandibular joint behaves like a secondary growth plate and remains responsive to load through the mid-to-late teens. Sustained chewing load — especially vertical bite force from harder foods — stimulates periosteal remodeling of the ramus and body of the mandible.

What this means practically: consistent heavy chewing can contribute to a wider, more projected jaw angle. The effect is real but slow — measured in millimeters over years, not months. Mastic gum done correctly (not aggressively) is the primary tool. Harder natural foods — tough meats, raw carrots, dense bread — also contribute significantly and have no downside.

Midface and Zygomatic Arch (Cheekbones)

Midface projection is largely determined by maxillary bone development. Correct tongue posture (mewing) places upward and forward pressure on the palate, which over years of consistent application during development can support forward maxillary growth. The zygomatic arch is more genetically fixed but still responds to the overall craniofacial environment — forward maxillary growth tends to bring the malar region forward with it.

Palatal expansion is the more mechanical version of this. Orthodontic expanders (MSE, MARPE in older individuals) create actual sutural separation in the midpalatal suture, widening the upper jaw and floor of the nasal cavity. This increases nasal airway volume, improves breathing, and can widen the midface. The suture fuses progressively through the teen years — MARPE can work into early adulthood with bone-anchored devices, but earlier is far easier.

Orbital and Supraorbital Region

The brow ridge and orbital rim are heavily testosterone-influenced and develop most during puberty. Maximizing testosterone output during this window — through sleep, training, and body composition — has a direct effect on how pronounced these structures become. There is no mechanical intervention for this area outside of surgery; the lever is hormonal optimization during the active growth period.

Skeletal Frame — Height and Bone Density

Long bone growth (height) is driven by growth plate activity stimulated by GH and IGF-1. Plates are open until epiphyseal fusion, which occurs later in males than females — typically mid-to-late teens for most bones, with the spine often completing fusion into the early 20s.

The primary levers for maximizing height during this window are: maximizing GH and IGF-1 output through deep sleep and high-intensity exercise, ensuring adequate nutritional support (total calories, protein, calcium, vitamin D, zinc), and avoiding cortisol chronically elevated states that suppress GH secretion. Hanging and decompression exercises do not create new bone growth but can allow you to express existing height more fully by reducing spinal compression.

IGF-1 and the GH Axis — The Core Growth Signal

Insulin-like Growth Factor 1 (IGF-1) is the primary mediator of growth hormone's effects on bone and tissue. GH is released in pulses — primarily during deep sleep and after intense exercise — and travels to the liver, which produces IGF-1 in response. IGF-1 then acts directly on bone, muscle, and connective tissue to stimulate growth and repair.

During puberty, GH and IGF-1 levels are already significantly elevated above adult baseline. This is the biological reason why teen years produce so much more structural development than the same effort would produce in adulthood. Optimizing the GH-IGF-1 axis during this window amplifies results across every bone and tissue in the body simultaneously.

Key IGF-1 optimization levers available without compounds: deep sleep quantity and quality (GH pulse amplitude is directly determined by slow-wave sleep depth), high-intensity resistance training (proven to acutely spike GH), adequate total protein and calories (IGF-1 is suppressed in caloric deficit — chronic dieting during growth years is one of the worst things you can do), and dietary IGF-1 cofactors covered below.

Dietary Bone and IGF-1 Support

Raw Milk and Colostrum

Raw milk contains bioavailable IGF-1 that survives digestion in meaningful quantities — pasteurization significantly degrades this along with enzymes, immunoglobulins, and heat-sensitive vitamins. The IGF-1 in raw milk is structurally identical to human IGF-1. Studies on conventional milk consumption show positive associations with IGF-1 levels and linear growth, and raw milk advocates argue this effect is significantly stronger with unprocessed dairy.

Colostrum — the first milk produced after birth — has the highest IGF-1 and IGF-2 concentration of any food source. Bovine colostrum supplements are commercially available and contain meaningful amounts of growth factors. Research supports its use for gut integrity, immune function, and IGF-1 support. It represents a middle ground between raw milk access and conventional supplementation.

Organ Meats and the Primal Nutrient Profile

Liver is the most nutrient-dense food that exists. It contains preformed vitamin A (retinol) at concentrations impossible to replicate from plant sources, which directly regulates bone remodeling by

controlling osteoblast and osteoclast differentiation. It also contains K2 MK-4, zinc (critical for GH receptor signaling), copper, and complete protein with ideal amino acid ratios. 100-150g of beef liver weekly covers most micronutrient gaps that supplements approximate poorly.

Bone broth provides collagen precursors (glycine, proline, hydroxyproline) that support cartilage and connective tissue. These amino acids are deficient in muscle meat-only diets. The glycine in bone broth also improves sleep quality by lowering core body temperature — which deepens slow-wave sleep and thus increases GH pulse amplitude. This is a genuine mechanism, not bro science.

Fatty fish and fish eggs provide vitamin D3, omega-3 fatty acids, and phosphorus in highly bioavailable forms. Wild salmon roe in particular has the highest concentration of DHA of any food, which supports neurological development alongside bone health. Egg yolks provide K2, retinol, and cholesterol — a necessary precursor for testosterone and other steroid hormones.

Bone-Specific Micronutrients

Calcium and phosphorus are the structural minerals of bone. Dairy, leafy greens, and sardines (with bones) are the primary sources. Vitamin D3 regulates calcium absorption — without adequate D3, you can consume all the calcium you want and still be in deficit. Vitamin K2 (MK-7 from fermented foods, MK-4 from liver and eggs) directs calcium into bone rather than soft tissue. Zinc is required for GH receptor signaling — deficiency blunts the bone response to GH even when GH output is high. Magnesium co-activates vitamin D and is involved in bone crystal formation.

Silicon is a less-discussed trace mineral that plays a role in collagen synthesis and bone mineralization. Present in oats, green beans, and mineral water. Boron modulates estrogen and testosterone metabolism and has been shown to reduce urinary calcium excretion — meaning more calcium stays in bone. Small doses (3-6mg) from food or supplements like boron citrate are sufficient.

Mechanical Load Protocols

Resistance training is the most powerful systemic bone stimulus available without compounds. Compound lifts — squats, deadlifts, overhead press, rows — place axial load on the skeleton and stimulate bone density increases throughout the body. Research consistently shows resistance-trained individuals have significantly higher bone mineral density than untrained individuals, and this effect is strongest during adolescence when bones are most responsive.

For craniofacial bone specifically: chewing load is the primary stimulus. Mastic gum (1-2g per session, 20-30 minutes, alternating sides) provides consistent bilateral masseter and temporalis load. Harder foods accomplish the same thing while also providing nutrition. The force should feel like moderate effort — not straining. Asymmetric chewing creates asymmetric development; always alternate sides.

Nasal breathing during all activity, sleep, and rest maintains correct tongue posture against the palate and avoids the downward facial growth pattern associated with chronic mouth breathing. Mouth taping during sleep (use a soft medical tape or a dedicated product) is a practical intervention that enforces nasal breathing at night when you have no conscious control. Research on sleep mouth-breathing consistently shows negative effects on facial development — eliminating it is a zero-cost high-return change.

Sleep and Bone — The Most Underestimated Connection

The majority of GH secretion — the primary driver of bone growth — occurs during slow-wave (deep) sleep. A single night of poor sleep can reduce GH output by 50% or more. Over months and years, this compounds into meaningfully less structural development. Treating sleep as a bone-growth protocol, not just recovery, reframes it correctly.

Sleep position has documented effects on facial symmetry. Consistent side sleeping creates asymmetric pressure on the developing face over years. Back sleeping is ideal for symmetrical craniofacial development. This is not a dramatic intervention — but if you already have mild facial asymmetry and sleep on one side every night, changing this is worth doing.

Bone Recession vs. Muscle Recession — How to Tell the Difference

One of the most misdiagnosed issues in looksmaxxing: people assume bone loss when what they actually have is muscle atrophy, fat loss, or soft tissue deflation. The distinction matters because the interventions are completely different.

What Bone Recession Actually Is

True bone recession is a reduction in bone volume or projection over time. In the craniofacial context this occurs in three main scenarios: alveolar bone loss (the bone supporting teeth), resorption of the maxilla or mandible from chronic undereating/energy deficit during growth, and orbital rim or malar resorption from prolonged pressure or post-surgical bone remodeling. Alveolar recession from gum disease or tooth loss is the most common form — bone literally disappears around tooth roots, causing the mid and lower face to lose vertical support and appear collapsed or hollow. This is irreversible without bone grafting.

In younger people without dental pathology, true bone recession is rare. What is common is the appearance of bone recession caused by something else entirely.

What Gets Mistaken for Bone Recession

Masseter atrophy produces a visually hollow lower face and softer jaw angle that looks identical to mandibular bone loss in photos. If you stopped chewing hard foods, lost significant body fat, or went through a period of undereating, your masseters shrink and the jaw angle softens. This is recoverable — heavy chewing, mastic gum, and caloric adequacy restore it over months. Temporal wasting (loss of the temporalis muscle above the cheekbone) creates a hollow at the side of the skull that reads as orbital or malar recession. Again, caused by low body fat, caloric deficit, or lack of jaw use — not actual bone loss. Buccal fat loss at very low body fat percentages makes the midface look concave and the cheekbones look high but recessed behind the fat pad. Submental fat loss can paradoxically make the jaw look less projected by removing the soft tissue volume that filled the lower face.

How to Tell the Difference

The key diagnostic question: did the change happen rapidly (weeks to months) or slowly over years? Muscle and fat changes are fast. Bone recession takes years and is associated with specific causes (dental disease, post-surgical remodeling, severe prolonged malnutrition). If you lost significant weight and now look hollow, it is almost certainly soft tissue. If you have gum disease, missing teeth, or recently had oral surgery, it may involve bone. Palpation helps: press firmly against the suspected area. If you feel solid bone structure in the same place as always, the loss is superficial. If the bony ridge itself feels diminished or receded compared to the other side, that warrants a dental or maxillofacial evaluation. A CBCT scan (3D cone beam CT) is the definitive diagnostic tool — it shows exact bone volume and is standard in oral surgery and orthodontic planning.

What Actually Causes Bone Recession in Young People

Chronic severe caloric restriction during growth years is the primary non-dental cause. IGF-1 and GH are suppressed in prolonged energy deficit, bone remodeling shifts catabolic, and craniofacial bone can lose density and volume. This is one of the most documented harms of eating disorders — not just muscle wasting but actual craniofacial bone loss that does not fully recover. Sleeping with significant one-sided pressure over years creates asymmetric remodeling, particularly in the malar and orbital

regions. Chronic mouth breathing that goes unaddressed during development is associated with inferior facial bone development overall. These are slow processes measured in years, not months. In the absence of dental pathology, severe malnutrition, or post-surgical context, most people reading this do not have bone recession — they have recoverable soft tissue changes.

SECTION 11

Peptides & Advanced Compounds

Peptides are short chains of amino acids that act as signaling molecules — they tell the body to perform specific biological functions rather than directly supplying hormones. Because they work through natural receptor pathways, many have favorable safety profiles compared to direct hormone administration. This section covers the compounds that actually appear in advanced looksmaxxing and fitness optimization discussions, what the mechanisms are, and who should realistically be using what.

Important framing: most of these compounds are research chemicals or prescription medications used off-label. Dosing protocols come from self-experimenting communities and limited clinical data, not double-blind trials. At 13, the honest answer is that your GH and IGF-1 output already exceeds what any compound would produce — optimizing sleep and training will outperform anything in this section for the next several years. This section is here because understanding the mechanisms is genuinely useful, especially as a foundation for decisions made in a few years.

The GH-IGF-1 Axis — What Compounds Actually Target

Understanding which part of the hormonal cascade a compound targets tells you everything about its effect profile. The axis works like this: the hypothalamus releases GHRH (growth hormone releasing hormone), which signals the pituitary to release GH. GH then travels to the liver and other tissues, stimulating IGF-1 production. IGF-1 is what actually drives bone growth, muscle protein synthesis, and tissue repair at the cellular level.

Compounds can target different points: GHRH analogs (CJC-1295) increase GH release from the pituitary. GHRPs and ghrelin mimetics (Ipamorelin, MK-677) stimulate GH release through the ghrelin receptor. Direct IGF-1 administration (IGF-1 LR3) bypasses the entire axis and acts directly on tissues. Each approach has different effect profiles, side effect risks, and appropriate use contexts.

MK-677 (Ibutamoren)

MK-677 is a ghrelin receptor agonist — it mimics ghrelin's action on the pituitary to stimulate GH release. It is orally bioavailable, which makes it uniquely accessible among GH-axis compounds. It produces sustained elevation of GH and IGF-1 levels — IGF-1 increases of 40-70% have been documented in clinical trials at 25mg/day doses.

Mechanism

MK-677 binds to the ghrelin receptor (GHSR-1a) in the pituitary and hypothalamus. This amplifies GH pulse amplitude — the size of GH releases increases, particularly during sleep when natural GH output is highest. Unlike exogenous GH, it works through the body's own pulsatile GH release mechanism rather than creating a constant elevated state, which is more physiologically appropriate.

Practical Effects

Documented effects at clinical doses: significantly increased IGF-1, improved bone mineral density (studied in hip fracture and osteoporosis research), increased lean mass, improved sleep quality (particularly slow-wave sleep depth), increased appetite. The sleep quality improvement is a genuine

and notable effect — deeper slow-wave sleep means more natural GH on top of the compound's direct action.

Side Effects and Considerations

Water retention is the most common side effect — GH increases sodium retention and this is dose-dependent. Increased hunger (ghrelin mimicry causes appetite stimulation — often significant). Mild lethargy or mental fog in some users, especially early in use. Fasting insulin elevation with chronic use — this is the most significant long-term concern and the main reason cycling is recommended. Not FDA-approved. Suppression note: MK-677 does not suppress natural GH secretion the way exogenous GH does.

Relevant Note for Teens

The section 08 supplements table correctly flags MK-677 as inappropriate for teens. The reason is not that GH elevation is inherently dangerous — it is that your natural GH and IGF-1 output during puberty already exceeds what MK-677 produces, and adding more GH signaling on top of an already maxed system carries unknown risks with no meaningful upside over natural optimization.

CJC-1295 and GHRH Analogs

CJC-1295 is a synthetic GHRH analog — it mimics the hypothalamic signal that tells the pituitary to release GH. It is injectable and comes in two forms: CJC-1295 without DAC (shorter acting, more physiological pulsatile release) and CJC-1295 with DAC (Drug Affinity Complex — extends half-life dramatically, causing more sustained GH elevation rather than pulses).

Without DAC is generally preferred for GH optimization because it preserves the pulsatile release pattern that the body normally uses. With DAC creates a more constant GH elevation, which some research suggests may be less favorable for receptor sensitivity over time. The most common protocol stacks CJC-1295 without DAC with Ipamorelin — a highly selective GHRP that stimulates GH release with minimal effect on cortisol and prolactin compared to older GHRPs.

CJC-1295 + Ipamorelin Stack

This is the most widely used peptide stack in the performance and anti-aging space. CJC-1295 provides the GHRH signal; Ipamorelin provides the ghrelin receptor signal. Together, they hit both upstream inputs to GH release simultaneously, producing a synergistic effect larger than either alone. Standard protocols inject subcutaneously before sleep to maximize amplification of the natural nighttime GH pulse.

Ipamorelin is notably selective — it does not significantly elevate cortisol or prolactin the way first-generation GHRPs like GHRP-6 and GHRP-2 do. This makes the side effect profile considerably cleaner. The main effects are the same as any GH-elevating compound: improved sleep quality, increased IGF-1, lean mass support, improved recovery, and over longer timescales, effects on bone and connective tissue.

IGF-1 LR3

IGF-1 LR3 is a long-acting synthetic analog of IGF-1 with an extended half-life of 20-30 hours compared to native IGF-1's minutes. It bypasses the entire GH axis entirely and acts directly on IGF-1 receptors in muscle, bone, and connective tissue. This makes it the most direct and potent tool for driving IGF-1 mediated effects — bone growth, muscle hyperplasia, and tissue repair.

The mechanism that makes it particularly relevant to looksmaxxing: IGF-1 receptors are expressed in craniofacial bone, particularly in the mandibular condyle and the periosteum of actively remodeling

bone. Elevated systemic IGF-1 during growth plate-open years provides additional anabolic signal to these receptors on top of whatever mechanical load you are providing. This is the mechanism behind the primal diet community's interest in dietary IGF-1 from raw milk.

Risks and Realistic Assessment

IGF-1 LR3 is significantly more potent than MK-677 or GHRH/GHRP combinations and carries more serious risk considerations. Hypoglycemia is the acute risk — IGF-1 has insulin-like effects and can drop blood sugar dangerously, requiring use with meals and glucose on hand. Long-term, supraphysiological IGF-1 levels are theoretically associated with increased cancer cell proliferation risk (IGF-1 signaling is involved in many cancers). This is not a compound to experiment with casually. Its appropriate context, if any, is in adults under medical supervision with clear goals. For the bone-growth application specifically, the risk-to-reward ratio is not favorable when natural optimization plus GHRH/GHRP compounds exist.

BPC-157 (Body Protection Compound)

BPC-157 is a synthetic peptide derived from a protein found in gastric juice. Unlike the GH-axis compounds above, it does not primarily work through hormonal pathways. It acts through the nitric oxide system, promotes angiogenesis (new blood vessel formation), upregulates growth factor receptors, and has significant effects on tendon, ligament, bone, and gut healing.

Primary Applications

Joint and connective tissue repair is BPC-157's clearest documented application. Animal studies show dramatically accelerated healing of tendons, ligaments, and bone fractures. Human anecdotal data is extensive and consistent — it has become one of the most used peptides in the injury recovery space. The mechanism is real: BPC-157 upregulates growth factor expression at injury sites and drives vascularization of healing tissue, which is the rate-limiting step in tendon and ligament repair.

Gut healing is the other major application. BPC-157 is protective against gut inflammation, promotes healing of intestinal wall damage, and has been studied in inflammatory bowel disease contexts. A healthy gut lining directly impacts nutrient absorption — relevant to every dietary intervention in this guide. Oral administration works for gut effects; systemic (injectable) is needed for joint and tissue effects.

Safety Profile

BPC-157 has an unusually clean reported side effect profile. No significant adverse effects have been documented in the animal literature or human anecdotal reports at standard doses. It does not affect hormone levels directly. It does not appear to suppress endogenous production of anything. The main uncertainty is simply that long-term human safety data does not exist because it has not been through full clinical trials. Research chemical status — not approved for human use, not scheduled as a controlled substance.

TB-500 (Thymosin Beta-4)

TB-500 is a synthetic version of Thymosin Beta-4, a protein involved in actin regulation, wound healing, and cell migration. It promotes tissue repair, reduces inflammation, increases flexibility in connective tissue, and promotes new blood vessel and muscle fiber formation. Often stacked with BPC-157 for injury recovery — their mechanisms are complementary, with BPC-157 driving localized growth factor activity and TB-500 providing systemic healing support.

The practical effect profile: faster recovery from training, reduced chronic inflammation, improved connective tissue elasticity. For aesthetics, chronic low-level inflammation degrades skin quality and

recovery — TB-500's anti-inflammatory properties have secondary skin benefits. Injectable, typically used in loading and maintenance phases.

GHK-Cu (Copper Peptide)

GHK-Cu is a naturally occurring copper peptide that is already mentioned in the skincare section for topical use. Systemically, it has a much broader effect profile: it activates over 4,000 genes involved in tissue repair and regeneration, increases collagen and elastin production, has anti-inflammatory effects, promotes wound healing, and has been studied for its effects on bone density and nerve regeneration.

For looksmaxxing specifically, GHK-Cu is one of the few compounds that has documented effects on both skin (topical) and systemic tissue quality (injectable or intranasal). It does not affect the GH axis, sex hormones, or any other hormonal system — its action is through direct gene activation. This makes it one of the lowest-risk compounds in this section for experimentation, though injectable use is still in research territory.

Epitalon

Epitalon is a tetrapeptide (four amino acids) derived from epithalamin, a natural peptide produced in the pineal gland. Its primary documented action is stimulation of telomerase, the enzyme that maintains telomere length. Telomere shortening is one of the primary mechanisms of cellular aging — longer telomeres correlate with more youthful cellular function across multiple tissue types.

The relevance for younger users is primarily long-term — Epitalon is used as a longevity and anti-aging compound rather than an acute performance enhancer. Documented effects include normalization of melatonin production, improved antioxidant status, and in animal research, meaningfully extended lifespan. For the looksmaxxing context, its most practical current use is improving sleep quality through melatonin normalization, which downstream improves GH output and skin repair.

Responsible Framework for Peptide Use

Peptides exist on a spectrum from very low risk (BPC-157, GHK-Cu) to significant risk requiring real expertise (IGF-1 LR3). Before any compound use, the fundamentals — sleep, training, diet, body composition — need to be genuinely maximized. Peptides amplify a good foundation; they do not substitute for one. The person sleeping 6 hours, eating poorly, and not training will see no meaningful benefit from any compound in this section.

Source quality is a serious concern in the research peptide space. Unregulated products vary enormously in purity and actual peptide content. Companies with third-party certificate of analysis testing are the minimum bar. The difference between a legitimate 99% pure peptide and an impure or mislabeled product is the difference between the documented effects above and unknown risk.

Cycling — not running compounds indefinitely — applies to GH-axis compounds particularly. MK-677 is commonly run in cycles of 3-6 months with breaks to maintain insulin sensitivity. GHRH/GHRP peptides are typically used in pulse protocols (injecting around workouts and sleep) rather than continuously to maintain receptor sensitivity. BPC-157 and GHK-Cu can be run shorter-term for specific healing objectives.

Surgical & Medical Interventions

Hardmaxxing refers to permanent or semi-permanent procedures. These carry real risks, significant costs, and long recovery periods. They should only be considered after natural optimization has been maximized. This section provides accurate information for awareness, not as a recommendation to pursue any of these prematurely.

Before You Consider Any Procedure

The single biggest mistake people make with hardmaxxing is pursuing it before softmaxxing is complete. If you have not consistently trained for at least a year, gotten lean, optimized your skincare, and maxed out your grooming, you do not yet know what your natural face and body look like at their best. Many people who think they need a jaw implant just need to lose 15lbs. Many people who think they need rhinoplasty just need better skin and lower body fat to change how their nose reads in context.

- Have you been consistently lean (12–15% body fat) for at least 6 months?
- Have you had an active skincare routine for at least a year?
- Have you trained consistently for at least 12–18 months?
- Have you addressed posture and grooming completely?

If the answer to any of these is no, do that first. The procedures below should address structural issues that remain after all of the above — not substitute for them.

How to Find a Surgeon

- **Board certification:** in the US, look for a board-certified plastic surgeon (ABPS) or facial plastic surgeon (ABFPRS). Do not use a general physician or non-specialist regardless of price.
- **Specialization matters:** a surgeon who does 90% rhinoplasties will produce better nose results than a generalist. Find someone whose before/after portfolio is heavy on your specific procedure.
- **Multiple consultations:** consult with at least 2–3 surgeons before committing. Reputable surgeons will not pressure you. If you feel rushed or upsold, leave.
- **Red flags:** heavily discounted prices, surgeons who agree with everything you want without pushback, before/after photos that look heavily edited, and clinics that prioritize volume over consultations.
- **Age restrictions:** most ethical surgeons will not perform elective facial procedures on patients under 18, and some wait until 21 for procedures like rhinoplasty where facial growth continues. This exists for good reason — operating on a face that has not finished developing produces unpredictable results.

Procedure	What It Does	Cost Range	Recovery	Permanence
Rhinoplasty	Reshapes nose — bridge, tip, width, nostrils	$5,000–15,000	2 wks visible; 12 months final	Permanent

Procedure	What It Does	Cost Range	Recovery	Permanence
BIMAX / Jaw Surgery	Corrects jaw misalignment, bite, chin projection	$20,000–50,000	6–12 weeks soft foods	Permanent
Chin Implant	Enhances chin projection for lower face balance	$3,000–6,000	1–3 months	Permanent
Cheek Implants	Adds midface structure and cheekbone projection	$3,000–8,000	2–4 weeks	Permanent
Canthoplasty	Adjusts canthal tilt for more 'intense' eye appearance	$4,000–12,000	2–4 weeks	Permanent
Buccal Fat Removal	Reduces cheek fat for more angular lower face	$2,500–5,000	1–2 weeks	Permanent
Jaw Liposuction	Reduces submental fat, sharpens jawline	$2,000–6,000	1–2 weeks	Permanent
Botox (masseter)	Slims lower face by reducing masseter size	$300–700/session	3–7 days; repeat every 4–6 months	Temporary
HA Filler	Adds volume to jaw, chin, cheeks, or under-eyes	$500–2,000/syringe	Days for swelling	6–18 months
Hair Transplant (FUE)	Moves follicles from donor area to bald areas	$4,000–15,000	7–14 days initial; 12 months full	Permanent

Advanced Surgical Procedures

The procedure table above covers the standard toolkit. The following are higher-complexity interventions that appear in serious hardmaxxing discussions and require significantly more surgical expertise and recovery commitment.

LeFort I, II, and III Osteotomies

LeFort osteotomies are maxillary (upper jaw) surgeries that reposition the entire midface by cutting and moving bone segments. LeFort I moves only the tooth-bearing portion of the upper jaw — used to correct bite discrepancies and can increase or reduce vertical facial height. LeFort II moves the central midface including the nose base and infraorbital region. LeFort III advances the entire midface including the orbital rims and cheekbones, treating conditions like midface hypoplasia. Cost: $25,000–60,000+. Recovery: 8–12 weeks wired or banded. These are performed by maxillofacial surgeons, not standard plastic surgeons — specialization matters here more than almost any other procedure.

Orbital Box Osteotomy and Orbital Rim Augmentation

Orbital box osteotomy repositions the entire orbital frame — the bony socket surrounding the eye. This directly changes canthal tilt, orbital depth (increasing or decreasing the hooded/deep-set appearance), and infraorbital rim projection. It is significantly more complex than canthoplasty and produces more structural results. Orbital rim augmentation via implant or bone graft addresses flat infraorbital rims that create under-eye hollowing and reduce midface projection. Both procedures require a craniofacial

specialist. Cost: $15,000–40,000. Recovery: 6–12 weeks for swelling to substantially resolve, 12+ months final.

Malar and Submalar Implants

Cheek implants in the standard table address the malar eminence (the main cheekbone projection). Submalar implants address the softer area below the cheekbone — relevant for faces that look gaunt or deflated rather than flat at the cheekbone itself. High malar implants specifically target forward projection of the zygomatic arch. Implant material matters: porous polyethylene (Medpor) integrates with surrounding tissue and does not shift; silicone is softer but can migrate over time. A surgeon who does high volume cheek implant work will have strong opinions on this — ask directly.

MSE and MARPE — Palatal Expansion

Micro-implant Supported Expander (MSE) and Miniscrew-Assisted Rapid Palatal Expander (MARPE) are orthodontic/surgical devices that create sutural expansion of the midpalate using titanium bone anchors rather than just dental forces. Unlike conventional expanders that act through teeth, these devices transmit force directly to bone, making them effective into the mid-twenties when the midpalatal suture has partially fused. The result is a wider upper arch, broader midface, increased nasal airway volume, and frequently improved nasal breathing. Cost: $3,000–7,000 for the device plus orthodontic treatment. This is one of the highest-value structural interventions available to teens and young adults because it is less invasive than orthognathic surgery while producing real midface changes.

Most people pursuing surgery before getting lean, fixing their skin, and training for 2+ years are wasting money and taking on unnecessary risk to fix problems that do not require surgery. Get to 13% body fat and run a proper skincare routine for a year before booking any consultation.

SECTION 13

The Mental Side

What the Blackpill Gets Right

The blackpill framework is correct about a few things: physical attractiveness does influence social and romantic outcomes significantly, the halo effect is real and well-documented in psychology, and genetics create a ceiling that cannot be ignored. Understanding this is useful because it directs effort realistically — knowing that looks matter means knowing that improving your looks actually matters.

Where Blackpill Thinking Goes Wrong

The blackpill framework becomes harmful when it shifts from descriptive to deterministic — when 'looks influence outcomes' becomes 'looks are the only thing that matters and nothing can be changed.' This is not what the research shows.

Studies on attractiveness consistently show that grooming, style, fitness, confidence, and social skills contribute meaningfully to perceived attractiveness. The same person, well-groomed and physically fit versus poorly groomed and out of shape, is rated significantly differently. The genetics are the same. The modifiers changed.

Furthermore, photo-based rating systems do not capture voice, movement, expression, humor, social presence, or the compounding effect of confidence. Someone who scores average in photos can be notably attractive in person.

The Danger of Obsession

The practical risk of looksmaxxing culture is that it can shift from self-improvement into obsessive comparison and rating. Signs you have crossed this line: checking your appearance compulsively, rating yourself and others numerically, allowing a perceived score to dictate your self-worth, or feeling that your appearance makes you fundamentally less valuable as a person.

If any of that resonates, step back. The guide is a tool. Use it, implement it, move on.

The Ascended Mindset

The person who gets the best results is not the one who posts on forums all day rating their own face. It’s the one who built the habits, stopped overthinking it, and let the compounding do the work.

The score is not the target. Looking good and coming across well to people in real life is. Those are different things.

SECTION 14

Full Routines & Stacking

Daily Routine: Teenager (13–17)

Morning

- Wake up, drink 500ml water
- Brush teeth and floss
- Cleanser → moisturizer → SPF 30+
- Style hair
- 5–10 minutes posture stretching (chest opener, shoulder rolls, chin tucks)
- Supplements: Creatine 5g, Vitamin D3 + K2, Multivitamin

Throughout the Day

- Maintain nasal breathing and correct tongue posture
- Sit and stand with shoulders back, chin tucked
- Drink 2–3 liters of water

Evening

- Cleanser → niacinamide or azelaic acid (if acne-prone) → moisturizer
- Lip balm
- Supplements: Magnesium glycinate 200–400mg
- Wind down screen use 30–60 minutes before sleep
- Sleep 8–10 hours

Daily Routine: Young Adult (18–25)

Morning

- Wake up at consistent time — same time every day including weekends
- Drink 500ml water immediately
- Brush teeth and floss
- Cleanser → Vitamin C serum → niacinamide → moisturizer → SPF 50+
- Style hair
- 5–10 minutes posture work (chin tucks, face pulls with band, chest stretch)
- Supplements: Creatine 5g, Vitamin D3 + K2, Zinc, Omega-3

Throughout the Day

- Maintain nasal breathing and correct tongue posture
- Sit and stand with shoulders back, chin neutral

- Drink 2.5–3.5 liters of water
- Caffeine cutoff by 2pm
- Take Ashwagandha KSM-66 if using

Evening

- Cleanser → retinol or tretinoin (3–7 nights/week) → moisturizer
- Optional: GHK-Cu or peptide serum underneath moisturizer
- Lip balm
- Supplements: Magnesium glycinate 300–400mg, L-Theanine 100–200mg
- No screens 30–60 minutes before sleep
- Dark, cold room (65–68°F / 18–20°C)
- Sleep 7–9 hours at a consistent time

Supplement Stack by Age

Supplement	Teen (13–17)	Young Adult (18–25)
Creatine monohydrate	3–5g daily — yes	5g daily — yes
Vitamin D3 + K2	1000–2000 IU D3 + 50mcg K2 — yes if low sunlight	2000–4000 IU D3 + 100mcg K2
Magnesium glycinate	200–300mg evening — yes	300–400mg evening
Zinc	15–20mg if low meat diet — optional	25–30mg if low meat diet
Omega-3 fish oil	1–2g EPA+DHA — yes	2–3g EPA+DHA
Collagen peptides	5–10g powder — optional	10–15g powder
Ashwagandha KSM-66	Optional (300mg)	300–600mg — recommended
L-Theanine	100mg for sleep if needed	100–200mg evening
Melatonin	0.5mg max if sleep is poor	0.5–1mg if needed
MK-677, DHEA, Fadogia	Do not use	Proceed with significant caution; research fully first

Skincare Budget Tiers

Budget	Morning Routine	Evening Routine
$0/month	Rinse with water, free sunscreen samples from dermatologist, drink water and sleep well	Rinse face with water, moisturize with whatever is available

Budget	Morning Routine	Evening Routine
$30/month	CeraVe cleanser, CeraVe moisturizer, Neutrogena SPF 30 face	Same cleanser + moisturizer
$75/month	Above + The Ordinary Niacinamide 10%, The Ordinary Vitamin C suspension	Above + The Ordinary Retinol 0.2%, azelaic acid if acne
$150+/month	Above with upgraded Vitamin C (SkinCeuticals C E Ferulic if budget allows), premium SPF	Add GHK-Cu serum, Matrixyl 3000 serum, eye cream

SECTION 15

Final Summary

Highest-Leverage Changes — Ranked

Ranked by actual impact on how you come across to people in daily life:

- **1. Skin clarity:** clear skin makes the entire face look better instantly. Start skincare now.
- **2. Body fat and leanness:** revealing your jaw and building a visible physique transforms how you look and how you carry yourself.
- **3. Grooming and hygiene:** nails, hair, scent, teeth. These are noticed immediately and signal how much you respect yourself.
- **4. Haircut and style:** a haircut that fits your face and clothes that fit your body are high-return, immediate changes.
- **5. Posture:** free, immediate, and dramatically underestimated.
- **6. Resistance training:** builds the frame and physique that gives you a physical presence.
- **7. Sleep:** directly improves skin, reduces puffiness, optimizes hormones, and is free.
- **8. Mewing and nasal breathing:** at your age, worth building into a consistent habit.
- **9. Voice and body language:** huge in real-life interactions, invisible in photos.
- **10. Supplements:** fill gaps, optimize margins. Not a replacement for the above.

Where to Start — Six Non-Negotiables

- Start a simple skincare routine: cleanser, moisturizer, SPF. This week.
- Get a haircut that matches your face shape. Book it now.
- Start going to the gym or training at home 3–4 times per week.
- Start taking creatine (3–5g/day) and Vitamin D3 + K2.
- Work on posture consciously every day — chin tuck, shoulders back.
- Sleep 8–10 hours. Non-negotiable as a teen for development and recovery.

Natural Progression Over Time

- **Months 1–2:** establish hygiene, skincare, sleep, hydration, and basic training habits. This is the foundation.
- **Months 2–4:** add actives to skincare (niacinamide, then retinol). Dial in workout consistency. Notice body fat starting to shift.
- **Months 4–8:** style upgrades, nail the haircut, add cologne. Physique becomes noticeably different. Skin significantly improved.
- **Months 8–18:** real transformation territory. Frame developing, skin clear, grooming consistent, posture improved. People notice.
- **Year 2+:** fine-tuning. Consider whether any targeted interventions make sense. Most people find they don't need them.

One-Page Cheat Sheet

If someone reads nothing else in this guide, this page covers everything they need to get started and see real results.

Category	What to Do	When
Skincare	Cleanser + moisturizer + SPF 50 every morning. Cleanser + niacinamide + moisturizer every night. Add retinol after 4 weeks.	Start this week
Body fat	If over 18% body fat, eat 300–500 calories below TDEE daily. Hit 0.8–1g protein per lb of bodyweight.	Start this week
Training	Lift 3–5 days per week. Prioritize lateral raises, pull-ups, bench press, squats. Add weight or reps each session.	Start this week
Haircut	Go to a barber, bring a photo, get a cut that matches your face shape. Trim every 3–5 weeks.	Book this week
Grooming	Shower daily. Nails short and clean. Deodorant. Cologne on pulse points. Floss.	Start today
Sleep	Same wake time every day. Dark cold room. No screens 30 min before bed. Aim 8–10 hours.	Start tonight
Posture	Chin tucked, shoulders back and down. Practice chin tucks 3 sets x 10 reps daily.	Start today
Supplements	Creatine 5g/day. Vitamin D3 2000 IU + K2. Magnesium glycinate 300mg at night. Omega-3 2g.	Start this week
Mewing	Tongue flat on roof of mouth, nasal breathing, lips closed. Maintain all day.	Start today
Water	2.5–3.5 liters daily. Pale yellow urine = hydrated.	Start today

If You Only Do 3 Things	Expected Result
Get lean (12–15% body fat) + basic skincare + consistent sleep	Significant facial improvement within 3–6 months. Jaw more defined, skin clearer, face less puffy.
Lift consistently for 12 months + hit protein + get lean	Body transformation noticeable to others. V-taper visible, face sharper, posture better.
All of the above + grooming + haircut + cologne + clothes that fit	Top 20–25% of male appearance in your peer group. Most people never do all of this simultaneously.

Final Note

Implement the guide. Stop reading about it. Go train, fix your diet, do your routine. The returns compound over months and years — not days. That's it.