LOOKSMAXXING ASCENSION GUIDE

The Definitive Manual for Facial Aesthetics & Physical Optimisation

Compiled from looksmax.org · lookism.net · puahate.com · sluthate community research

Covering: Facial Structure · Skin · Hair · Eyes · Jawline · Mewing · Surgery · Hormones · Styling · Fitness

NON-INVASIVE · SEMI-INVASIVE · SURGICAL · HORMONAL

v2025 — Comprehensive Edition — 50 Pages

DISCLAIMER & HOW TO USE THIS GUIDE

This guide compiles and organises information, terminology, and strategies widely discussed across facial-aesthetics communities including looksmax.org, lookism.net, puahate.com (now sluthate), and related forums. The content is presented for informational and educational purposes only. Nothing in this guide constitutes medical, surgical, or psychological advice. Always consult a qualified physician, maxillofacial surgeon, dermatologist, or mental-health professional before pursuing any medical, surgical, or pharmaceutical intervention.

Facial aesthetics research is a rapidly evolving field. Surgical outcomes, product efficacy, and hormonal protocols vary significantly by individual genetics, baseline health, age, and practitioner skill. The ratings, hierarchies, and priority rankings presented in this guide represent aggregated community consensus and should be treated as starting points for your own research, not definitive truths.

Mental Health Note: Self-improvement is healthy; obsession is not. The communities referenced use blunt, sometimes harsh language around appearance. If reading about physical aesthetics triggers anxiety, body dysmorphia, or depression, please seek professional support. Your worth as a person is not reducible to any rating system.

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PROBLEM-SOLUTION MATRIX

COMMUNITY RESEARCH OVERVIEW & TERMINOLOGY

The modern looksmaxxing movement emerged from online communities that applied systematic, data-driven analysis to facial aesthetics. **Looksmax.org** (and its predecessors) pioneered the use of structured rating systems, canthal-tilt analysis, and bone-structure hierarchies. **Lookism.net** contributed extensive threads on hormone optimization, surgery reviews, and the infamous 'Looks Theory.' **PUAhate / Sluthate** introduced concepts around mate-value hierarchies and the intersection of physical appearance with social outcomes — though these communities also attracted significant controversy for promoting unhealthy ideologies. This guide extracts the genuinely useful, evidence-adjacent information from these sources while discarding pseudoscience and harmful worldviews.

Core Terminology

- **Looksmaxxing**: The systematic optimisation of one's physical appearance.
- **Ascension**: Moving up in perceived attractiveness tier through deliberate effort.
- **Softmaxxing**: Non-invasive improvements: skincare, grooming, style, fitness.
- **Hardmaxxing**: Invasive improvements: surgery, fillers, hormonal protocols.
- **Mewing**: Tongue-posture technique attributed to Dr. John Mew for palate and jaw development.
- **Looksmatching**: The principle that partners tend to pair with those of similar attractiveness.
- **Canthal Tilt**: The angle of the outer eye corner relative to the inner corner. Positive = hunter; negative = prey-eyed.
- **Midface Ratio**: Distance from pupils to nose tip relative to total face length. Lower is typically more attractive in males.
- **Gonial Angle**: The angle of the jaw at the mandibular angle. ~120° is considered optimal for males.
- **Bi-zygomatic Width**: Cheekbone-to-cheekbone width; higher values contribute to facial dominance.
- **Subnasal Angle**: Angle between columella and upper lip. ~95-100° female, ~90-95° male.
- **Facial Thirds**: Face divided into thirds: hairline-to-brows, brows-to-nose, nose-to-chin.
- **NW Scale**: Norwood Scale — measures male pattern hair loss from I to VII.
- **Glow Up**: Rapid visible improvement in appearance, often post-puberty or post-intervention.
- **PSL Rating**: Pathos-Sigma-Lambda 1–10 scale used across lookism communities.
- **Framecel**: Someone whose primary limiting factor is narrow skeletal frame.
- **Skullmaxxing**: Pursuing bone-structure changes, primarily through surgery.

THE LOOKSMAXXING HIERARCHY — TIERS 1–5

Community consensus generally places individuals on a five-tier hierarchy based on aggregate facial and physical traits. These tiers determine starting point and inform which interventions provide the best ROI.

TIER 1 — Foundation Work	
• Fix acne and skin texture	
• Reach healthy BMI (18.5–24.9)	
• Basic haircut suited to face shape	
• Dental hygiene — whitening, cleaning	
• Posture correction	
• Basic wardrobe upgrade	

TIER 2 — Softmaxxing	
• Full evidence-based skincare routine	
• Mewing + chewing protocol	
• Beard / brow grooming optimised	
• Hair styling and density work	
• Gym — body recomposition	
• Fashion and colour theory	

TIER 3 — Semi-Invasive	
• Teeth straightening (aligners/braces)	
• Dermal fillers — targeted placement	
• Botox — masseters, forehead, brow lift	
• Laser skin resurfacing	
• PRP hair treatment	
• Microneedling + radiofrequency	

TIER 4 — Surgical Optimisation	
• Rhinoplasty	
• Chin / jaw implants	
• Canthopexy / fox-eye procedure	
• Hair transplant (FUE/DHI)	
• Bichectomy (buccal fat removal)	
• Cheek implants	

TIER 5 — Full Hardmaxxing

• Orthognathic jaw surgery (BSSO + Lefort)	
• Total facial implant stack	
• Hormonal optimisation protocols	
• Leg lengthening surgery	
• Rib removal / waist sculpting	
• Multiple-procedure staging	

FACIAL HARMONY & THE GOLDEN RATIO

The phi ratio (≈1.618) appears throughout art, architecture, and human facial analysis. While not a perfect predictor of attractiveness, studies consistently show that faces approximating phi proportions are rated more attractive across cultures. The key application in looksmaxxing is identifying which of your own proportions deviate most from ideal and targeting those specifically.

Key Facial Ratios to Measure

Ratio	Ideal	Notes
Face Width:Height	1:1.618	Measure bi-zygomatic width vs. total face height
Upper:Mid:Lower Thirds	1:1:1	Hairline-brow / Brow-nose / Nose-chin should be equal
Nose Width:Eye Width	1:1	Nose width approx. equal to one eye width
Mouth Width:Nose Width	1.618:1	Mouth wider than nose by phi
Eye Spacing	1:1:1	Eye width : inter-eye gap : eye width
Chin:Lower Face	0.4–0.5	Chin height as proportion of lower third
Jaw Width:Cheekbone	0.75–0.85	Jaw slightly narrower than cheekbones (males)
Lip Ratio (upper:lower)	1:1.618	Lower lip ~1.6x upper lip volume

THE 12 PILLARS OF MALE FACIAL AESTHETICS

Community research across lookism forums identifies these traits as the primary determinants of male facial attractiveness, ordered roughly by impact and difficulty to alter. Each pillar is rated for importance and fixability.

Trait	Importance	Difficulty to Fix	Notes
Jawline Definition	10/10	6/10	Gonial angle, ramus height, bigonial width — single biggest factor
Eye Area (Canthal Tilt)	10/10	7/10	Positive tilt, hunter eyes, limbal ring clarity
Cheekbones	9/10	5/10	High, projected, bi-zygomatic width
Chin Projection	9/10	6/10	Forward projection, chin height, shape
Skin Quality	8/10	4/10	Texture, clarity, colour uniformity
Nose Shape	8/10	7/10	Straight dorsum, defined tip, appropriate width
Hair (density/style)	8/10	4/10	NW scale, texture, styling appropriateness
Facial Hair (beard)	7/10	2/10	Coverage, shape, maintenance
Lips	6/10	5/10	Definition, ratio, border clarity
Teeth / Smile	7/10	3/10	Alignment, whiteness, gum show
Forehead	6/10	5/10	Height, brow ridge, slope
Neck / Frame	7/10	4/10	Neck thickness, shoulder width relative to hips

PART ONE

NON-INVASIVE METHODS

Softmaxxing · Zero to Low Cost · No Recovery Time

MEWING & ORTHOTROPICS

Mewing, developed by British orthodontist Dr. John Mew and popularised by his son Dr. Mike Mew, refers to the practice of maintaining correct tongue posture — the entire tongue pressed firmly against the palate, with lips sealed and teeth lightly touching. The theory holds that chronic incorrect tongue posture (tongue resting on the floor of the mouth) leads to downward-backward facial growth, narrow palates, crowded teeth, and recessed jawlines. Correcting posture at any age can, proponents argue, reverse some of this development through bone remodelling.

The Correct Mewing Technique

- 1. Seal your lips naturally — no strain.
- 2. Rest your upper and lower teeth lightly together or 1–2 mm apart.
- 3. Place the ENTIRE tongue (including back third) flat against the palate.
- 4. The tongue should create a suction hold — not just the tip touching.
- 5. Breathe exclusively through the nose.
- 6. Maintain this as a 24/7 resting posture, not an active exercise.
- 7. Swallow correctly: no lip pursing, no buccinator activation — pure tongue-drive.
- 8. Hard mewing (intense tongue pressure) is controversial; beginners should master soft mewing first.

Expected Timeline & Outcomes

Bone remodelling in adults is slower than in children (whose sutures remain open). Community reports and some case studies suggest:

- 0–3 months: Improved nasal breathing, reduced mouth breathing, slight muscle activation
- 3–12 months: Subtle changes in cheek hollowness and under-eye area possible
- 1–3 years: Potential visible midface and jaw definition improvements in younger adults
- 3–5+ years: Most significant structural changes; combined with chewing yields best results
- Children: Most dramatic results — palate expansion, forward facial growth, reduced need for braces

Common Mewing Mistakes

- Only pressing the tongue tip (not the posterior third)
- Forcing unnatural position causing TMJ pain — stop if you feel joint pain
- Mouth breathing — defeats the entire purpose
- Inconsistency — results require years of consistent correct posture
- Hard mewing before mastering soft mewing — risk of asymmetry
- Expecting rapid dramatic changes in adults (set realistic expectations)

MASTIC GUM & MASSETER DEVELOPMENT

The masseter muscle — the jaw muscle responsible for chewing — responds to resistance training like any skeletal muscle. Hypertrophied masseters create a wider, more defined lower face and contribute to jawline squareness, highly valued in male aesthetics. Mastic gum (Chios mastika) is the gold standard due to its exceptional hardness; falim gum is a cheaper alternative.

- Start with 30–60 minutes/day of mastic gum to avoid overuse injury
- Gradually increase to 2–3 hours/day over several weeks
- Chew bilaterally (both sides equally) to prevent asymmetry
- Combine with mewing for synergistic palate and jaw development
- Results typically visible within 3–6 months of consistent training

- Falim gum: cheap and widely available, good for beginners
- Jawzrsize / jaw exercisers: mixed evidence, some users report asymmetry risk

SKINCARE — FULL EVIDENCE-BASED PROTOCOL

Skin quality is one of the highest-ROI areas in looksmaxxing because it's highly improvable with relatively low cost. Community research on lookism and looksmax consistently ranks clear, smooth, even-toned skin as a 1–2 point PSL multiplier. The hierarchy of importance: **Acne clearance > Texture > Hyperpigmentation > Anti-ageing > Barrier health.**

AM Routine (Morning)

- **Step 1 — Cleanser**: Gentle low-pH cleanser (CeraVe Hydrating, La Roche-Posay Toleriane). Avoid harsh sulfate cleansers that strip barrier.
- **Step 2 — Vitamin C**: L-Ascorbic Acid 10–20% (or more stable derivatives: Ethyl Ascorbic Acid, Ascorbyl Glucoside). Antioxidant, brightening, collagen synthesis. Apply to dry face.
- **Step 3 — Niacinamide (optional)**: 4–10% niacinamide — sebum control, pore appearance, anti-inflammatory. Do NOT layer directly with pure Vit C (wait 15 min or use separate AM/PM).
- **Step 4 — Moisturiser**: Lightweight: hyaluronic acid serum + gel moisturiser for oily skin. Richer ceramide creams for dry/combo skin.
- **Step 5 — SPF**: THE MOST IMPORTANT STEP. Minimum SPF 30 broad-spectrum daily, SPF 50 preferred. UV is the #1 cause of premature ageing, hyperpigmentation, and skin cancer. Non-negotiable.

PM Routine (Evening)

- **Step 1 — Oil Cleanser / Micellar Water**: Remove SPF, makeup, pollution. Double cleanse if wearing heavy SPF.
- **Step 2 — Water-based Cleanser**: Same as AM gentle cleanser.
- **Step 3 — Tretinoin (The Gold Standard)**: 0.025–0.1% tretinoin (retinoic acid) — the most evidence-backed skincare ingredient. Increases cell turnover, stimulates collagen, clears acne, reduces fine lines. Requires prescription in most countries. Start low (0.025%), buffer with moisturiser, use every 2–3 nights initially.
- **Step 4 — Moisturiser**: Apply OVER tretinoin once absorbed (or sandwich method for beginners). Ceramides, peptides, panthenol.
- **Step 5 — Facial Oil (optional)**: Rosehip, squalane, or marula oil for extra barrier support in dry climates.

Acne Protocol

Acne is the single biggest looksmaxxing priority — no other intervention matters if active acne is present. Hierarchy:

- Topical: Benzoyl Peroxide 2.5–5% (most effective OTC), Salicylic Acid 2%, Adapalene (OTC retinoid)
- Prescription topical: Clindamycin + BP combo, tretinoin, Differin (adapalene 0.1%)
- Prescription oral: Doxycycline / minocycline for moderate-severe inflammatory acne
- Hormonal (females): Combined OCP (Yasmin/Yaz with drospirenone), spironolactone
- Isotretinoin (Accutane): Gold standard for severe/cystic acne — 99%+ clearance rate; requires monitoring
- Diet: Low glycaemic index diet reduces acne in multiple RCTs; dairy limitation beneficial for some
- Never pick/pop: post-inflammatory hyperpigmentation and scarring worsen overall skin score significantly

Hyperpigmentation & Brightening

- SPF 50+ daily — MANDATORY, UV worsens all pigmentation
- Azelaic Acid 10–20%: anti-inflammatory, brightening, safe for all skin tones
- Kojic Acid, Alpha-Arbutin: melanin synthesis inhibitors
- Tranexamic Acid: excellent for melasma and post-acne marks
- Niacinamide 5–10%: prevents melanin transfer to keratinocytes
- Chemical exfoliation: AHA (glycolic, lactic) 2–3x/week; increases cell turnover
- Hydroquinone 2–4%: most potent OTC/prescription brightening agent; use cyclically
- Professional: IPL, Q-switched Nd:YAG laser, chemical peels (TCA, Jessner's)

HAIR — DENSITY, HAIRLINE & STYLING

Hair frames the face and is one of the first things perceived. A full, well-styled head of hair can add 0.5–1.5 PSL points; hair loss significantly subtracts in most cases (though a fully shaved head at NW6+ can look better than patchy NW3-4). Hair loss prevention should begin the MOMENT shedding or recession is noticed.

Hair Loss Prevention (The Big 3)

- **Finasteride 1mg/day**: 5-alpha reductase inhibitor — blocks DHT conversion. ~90% halt progression, ~65% regrow some hair. Most effective hair loss intervention available. Potential side effects: sexual side effects in ~2% (often resolves). Low-dose (0.5mg EOD) reduces sides.
- **Minoxidil 5% topical / oral**: Vasodilator — increases follicular blood supply and extends anagen phase. Topical 2x/day or oral 0.625–1.25mg/day. Oral minoxidil increasingly preferred for efficacy. Shedding phase normal in first 2–3 months.
- **Ketoconazole Shampoo 2%**: Antifungal with anti-androgenic properties. Use 3x/week, leave on 2–3 minutes. Evidence-backed adjunct.

Additional Interventions

- Nizoral (ketoconazole) 1% — OTC version, less potent but accessible
- Microneedling scalp (1.0–1.5mm dermaroller) 1x/week — enhances minoxidil penetration
- PRP injections: platelet-rich plasma into scalp — emerging evidence, 3–6 treatments
- Low-Level Laser Therapy (LLLT): Capillus/iRestore devices — modest evidence
- Biotin: mostly effective if deficient; otherwise limited evidence
- DHT-blocking shampoos: caffeine, saw palmetto — mild adjunct benefit
- Diet: adequate protein (1.6g/kg), zinc, iron, vitamin D — deficiencies accelerate loss

Face Shape → Optimal Haircut Guide

Face Shape	Recommendation
Oval	Most versatile — nearly any style works; avoid adding width
Round	Add height on top, keep sides tight; avoid bowl cuts or side parts
Square	Soften with textured top, fade sides; avoid flat-top styles
Rectangle/Oblong	Add width on sides, avoid extreme height; medium length works
Heart	Add volume at jaw level; avoid side-swept that emphasise forehead
Diamond	Add width at forehead and jaw; avoid centre parts
Triangle	Add volume at crown; avoid tight crops that emphasise wide jaw

EYE AREA — NON-INVASIVE OPTIMISATION

The eye area is widely considered the single most important facial feature in looksmaxxing communities. Key desired traits: positive canthal tilt (outer corner higher than inner), hunter/hooded eyes (low eyelid exposure in neutral expression), visible limbal rings (dark circles at iris edge), large iris-to-white ratio, and orbital bone definition.

Non-Invasive Eye Area Improvements

- **Under-eye dark circles**: Retinol 0.1–0.5% eye cream (stimulates collagen), Vitamin K, caffeine eye creams; cold compresses; adequate sleep; treat allergies (histamine-driven circles); SPF protection
- **Eye bags (mild)**: Cold compresses to reduce swelling; reduce sodium intake; sleep elevated; antihistamines if allergic; eye creams with peptides and retinol
- **Limbal ring enhancement**: Dark-limbal contact lenses; eye drops that reduce redness (Rohto cooling drops); adequate sleep; hydration
- **Canthal tilt — non-surgical**: Cannot be changed non-invasively; makeup techniques (eyeliner flicked at outer corner) create illusion of positive tilt
- **Eyelid drooping (mild)**: Eyelid tape (Asian aesthetics market); upper-eye exercises (limited evidence); Lumify/whitening drops for eye brightening
- **Periorbital fat (eye hollows)**: HA filler in tear troughs (semi-invasive); address iron-deficiency anaemia; adequate sleep

NUTRITION — THE SKIN-BONE-HORMONE CONNECTION

Nutrition profoundly affects facial aesthetics through multiple mechanisms: skin quality, bone density, hormone levels (especially testosterone/oestrogen/GH), body composition and facial fat distribution, and inflammation levels.

Priority Nutrients for Facial Aesthetics

- Vitamin D3 + K2: Bone density, testosterone production, immune modulation. Supplement 5000 IU D3 + 100mcg K2 (MK-7) if not getting daily sun.
- Zinc: Testosterone cofactor, wound healing, acne reduction. 15–30mg daily (zinc bisglycinate preferred). Avoid exceeding 40mg — competes with copper.
- Vitamin C: Collagen synthesis, antioxidant. 500mg–1g daily (dietary + supplement).
- Collagen Peptides: 10–20g/day — evidence supports skin elasticity, hydration, and joint health. Best absorbed with Vitamin C.
- Omega-3 (EPA/DHA): Anti-inflammatory, skin moisture barrier, reduces acne. 2–3g/day EPA+DHA from fish oil or algae.
- Protein: 1.6–2.2g/kg bodyweight for muscle retention and collagen synthesis. Complete amino acid profiles.
- Magnesium: Sleep quality (growth hormone release), testosterone, reduces cortisol. 300–400mg glycinate before bed.
- Iron: Deficiency causes dark under-eyes, hair loss, poor skin colour. Full blood panel to check ferritin levels.

Looksmaxxing Diet Principles

- Low glycaemic index: reduces acne, controls insulin, reduces inflammatory AGEs in skin
- Adequate calories: chronic caloric deficit reduces testosterone and growth hormone
- Lean bulk phase: slight caloric surplus (200–300 kcal) supports bone density and muscle development
- Dairy consideration: some individuals have worse acne on high-dairy diets (casein/IGF-1)
- Avoid: excessive alcohol (disrupts sleep/GH/testosterone/skin), ultra-processed foods, seed oils in excess
- Hydration: 2.5–3.5L water/day — dehydration reduces skin elasticity and makes under-eye circles worse

SLEEP, HORMONES & LIFESTYLE FACTORS

Sleep quality is arguably the most underrated looksmaxxing variable. The majority of growth hormone (GH) is released during deep sleep (Stage 3 NREM). GH is critical for collagen synthesis, facial fat distribution, and bone density maintenance. Chronic sleep deprivation also elevates cortisol, which breaks down collagen, increases facial puffiness, worsens acne, and promotes androgenic hair loss.

Sleep Optimisation Protocol

- Target 7.5–9 hours in a completely dark, cool (18–19°C) room
- Consistent sleep/wake times — regulates circadian rhythm and hormone pulsatility
- No screens 1 hour before bed; blue-light glasses if necessary
- Magnesium glycinate 400mg + L-theanine 200mg 30 min before bed
- Avoid alcohol within 3 hours of sleep — disrupts REM and GH secretion
- Sleep on back with satin pillowcase — reduces sleep wrinkles and facial asymmetry over time
- Nasal strips or mouth tape if mouth breathing — protects facial structure and improves O2

Posture & Neck Development

- Forward head posture (text neck) ages the face, weakens the jaw projection and neck aesthetics significantly
- Chin tucks: 3 sets of 15 reps, 3x/day — strongest evidence-based exercise for FHP correction
- Face pulls, band pull-aparts: correct rounded shoulders for better frame presentation
- Neck training: weighted neck flexion/extension/lateral flexion — adds to jaw-neck aesthetics
- Standing desk or monitor at eye level — prevents chronic FHP during work
- Dead hangs 30–60 seconds daily — decompresses cervical spine

BEARD GROOMING & STRATEGIC FACIAL HAIR

Facial hair can dramatically alter perceived jaw width, chin length, and overall masculinity. Strategic beard shaping can compensate for weak chin projection, recessed jaw, or poor gonial angle definition. However, a patchy, poorly maintained beard is worse than clean-shaven.

Beard Growth Optimisation

- Minoxidil 5% topical to beard area — applied 2x/day; community reports significant density improvement in 6–12 months
- Do not apply minoxidil to broken skin; patch test first
- Adequate testosterone levels fundamental — sub-optimal T will limit beard development
- Patience: full beard potential often not reached until mid-20s
- Dermaroller 0.5mm on beard area 1x/week enhances minoxidil absorption
- Biotin 5000mcg + collagen: mild evidence for beard growth support

Strategic Beard Shaping by Facial Type

- Weak/recessed chin: Grow chin beard out (+1–2cm); keep sides closer; creates forward projection illusion
- Round face: Keep sides tight; grow chin beard long; adds vertical length
- Long face: Full beard with more width on sides; shorter chin beard
- Wide jaw / square: Rounded beard shape softens harsh angles
- Small jaw (framecel): Full beard adds perceived mass and width to lower face

TEETH, SMILE AESTHETICS & ORTHODONTICS

Smile aesthetics are heavily studied. Key variables: tooth colour (whiteness), alignment, symmetry, gum show (ideal < 3mm), smile arc (upper teeth following lower lip curve), buccal corridor (gaps between teeth and cheeks when smiling — smaller is better), and midline alignment.

Non-Invasive Dental Optimisation

- Whitening: carbamide peroxide 10–16% trays (custom fitted by dentist) — most effective safe whitening; avoid overuse (sensitivity)
- OTC whitening: Crest 3D Whitestrips Professional Effects — evidence-backed OTC option
- Electric toothbrush + fluoride toothpaste: gold standard oral hygiene baseline
- Flossing daily: gum health affects smile aesthetics and breath
- Aligners (Invisalign, alternatives): major non-invasive aesthetic improvement; addresses crowding, spacing, mild rotation
- Traditional braces: more effective for complex cases; fixed; typically 18–24 months
- Retainers: ALWAYS wear after orthodontic treatment — relapse is extremely common
- Tongue scrapers: remove biofilm causing bad breath — important for social attractiveness

FASHION, BODY COMPOSITION & OVERALL PRESENTATION

Body Composition Targets for Maximum Looks

Body fat percentage significantly affects facial aesthetics — facial fat distribution changes dramatically with BF%. Most males look optimal facially at 10–14% BF; females at 18–22%.

- Male 8–12% BF: Maximum facial definition, prominent cheekbones, jawline, neck veins visible
- Male 14–17% BF: Good facial aesthetics, approachable, still defined
- Male 20%+ BF: Cheeks fill out, jawline blurs, neck softens — significantly reduces PSL
- Female 18–22%: Optimal facial softness with definition; feminine curves
- Female 24–28%: Still attractive face range for most; fuller cheeks
- Female 30%+ BF: Face loses definition; below optimal aesthetic range

Clothing & Colour Theory

- Darker colours (navy, charcoal, black) create slimming effect and project authority
- Fit > Brand — well-fitted affordable clothing beats expensive poor-fit always
- V-necks and open collars elongate neck and draw eye upward to face
- Shoulder width is the primary frame indicator — structured shoulders in jackets help
- Colour season analysis: determine warm/cool undertone; wear colours that complement skin tone
- Avoid busy prints near face — they distract from facial features
- Monochromatic outfits create visual height and clean aesthetic

PART TWO

INVASIVE METHODS

Surgical · Semi-Surgical · Hormonal · High ROI · High Risk

RHINOPLASTY — THE NOSE GUIDE

The nose is the facial centrepiece — its relationship to the eyes, lips, and chin defines midface harmony. Rhinoplasty is among the most transformative and most technically demanding surgeries in facial aesthetics. Community research identifies nose surgery as the #1 most impactful single procedure for those with a poorly-proportioned nose.

Ideal Nasal Parameters

Parameter	Ideal Range
Nasal length	Approx. 0.67x midface height
Tip projection	0.55–0.60x nasal length from alar base
Dorsal line (male)	Straight or very slight aquiline (power); fully straight or slight supratip break (females)
Alar base width	Equal to intercanthal distance (eye-to-eye)
Nasofrontal angle	130–140° male / 134–144° female
Nasolabial angle	90–95° male / 95–110° female
Tip rotation	Slight upward rotation preferred; droopy tips age appearance
Columellar show	2–4mm of columella visible in lateral view

Common Rhinoplasty Procedures

- Dorsal hump reduction: most common procedure — removes dorsal convexity
- Tip refinement: alar cartilage suturing, grafting — defines and refines tip
- Alar base reduction: narrows flaring nostrils to match intercanthal width
- Tip rotation: increase or decrease nasolabial angle
- Spreader grafts: widen narrow middle vault, prevent collapse post-hump-reduction
- Septoplasty: straightens deviated septum; often combined (septorhinoplasty)
- Ethnic rhinoplasty: preserves ethnic features while improving harmony
- Revision rhinoplasty: correction of previous surgery — highly complex, specialist required

Rhinoplasty: What Community Research Says

- Wait at least 12–18 months before judging result — swelling resolves very slowly
- Always see multiple surgeons; 3D imaging is now standard in good practices
- Preservation rhinoplasty (structural approach) gaining over reductive — better long-term results
- Avoid surgeons who perform only one technique regardless of anatomy
- Instagram results often show patients with extremely easy anatomy — not representative
- Turkey/South Korea have emerged as quality + value destinations — vet carefully
- Average cost: $5,000–$15,000 USD; $2,000–$5,000 in Turkey/Southeast Asia

ORTHOGNATHIC JAW SURGERY (BSSO / LEFORT I / GENIOPLASTY)

Orthognathic surgery — surgery on the jaw bones — is the most dramatic and transformative procedure in facial aesthetics. It corrects skeletal discrepancies: recessed jaw (retrognathia), overbite/underbite, open bite, facial asymmetry. This is **hardmaxxing at its apex** — community case studies frequently show 2–4 PSL point improvements, though recovery is lengthy.

Procedures

- **BSSO (Bilateral Sagittal Split Osteotomy)**: Advances or setbacks the lower jaw (mandible). Primary surgery for retrognathia (weak jaw). Forward advancement of 5–12mm possible. Dramatically improves jawline, chin projection, profile, and eliminates recessed-chin appearance.
- **Lefort I Osteotomy**: Repositions the upper jaw (maxilla). Addresses vertical excess (gummy smile), vertical deficiency, or horizontal deficiency of the upper face. Often combined with BSSO (bimaxillary surgery).
- **Sliding Genioplasty**: Cuts and repositions the chin bone. More versatile than chin implants: can advance, setback, raise, lower, and correct asymmetry. No foreign body — bone moves bone.
- **SARPE / EASE**: Surgically-assisted palate expansion — widens narrow upper arch in adults where orthodontic expansion alone insufficient.

Timeline & Recovery

- Pre-surgical orthodontics: 12–18 months to align teeth for surgical position
- Surgery itself: 2–6 hours under general anaesthesia; 1–4 nights hospitalisation
- Weeks 1–2: Liquid diet; significant swelling; jaw wired or banded; limited mobility
- Weeks 2–6: Soft diet; progressive mobility return; 70–80% swelling resolves
- Months 3–6: Most visible swelling gone; nerve sensation gradually returns
- 12 months+: Final result visible; bone fully remodelled; numbness resolves (usually)
- Post-surgical orthodontics: 3–6 months fine-tuning
- Total treatment time: 2–3 years from start of orthodontics to final result

DERMAL FILLERS — FULL FACE MAPPING

Hyaluronic acid (HA) fillers are the most popular semi-invasive intervention in looksmaxxing. They provide immediate, reversible (with hyaluronidase), customisable volume addition. When placed by an expert, fillers can address virtually every soft-tissue deficiency. When placed poorly, they cause the dreaded 'filled look' — pillow face, duck lips, unnatural appearance.

Face Zone Filler Guide

Zone	Notes	Typical Volume	Difficulty
Tear Troughs	Ultra-dilute HA or Restylane filler; extremely technique-sensitive area; only expert injectors; fixes under-eye hollows and dark circles	0.3–0.6ml	Medium
Cheeks / Malar	Restylane Lyft, Juvederm Voluma; restore/enhance cheekbone projection; most impactful single area for facial structure	1–3ml	Easy
Jawline	Juvederm Volux (firm product); creates jaw definition, gonial angle, bigonial width; transformative for weak jawlines	2–4ml	Medium
Chin	Firm HA filler; enhances chin projection and shape; cheaper alternative to implant for mild deficiency	0.5–2ml	Easy
Lips	Juvederm Ultra, Restylane Kysse; volume, definition, Cupid's bow — stay within 20% volume increase for natural results	0.5–1ml	Easy
Nasolabial Folds	Moderate HA filler; reduces smile lines; often overtreated — subtle approach best	0.5–1ml	Easy
Temples	Dilute HA or Radiesse; restores temporal hollowing; important for overall facial shape	0.5–1ml per side	Medium
Nose (Non-surgical Rhinoplasty)	Firm filler to straighten dorsum, lift tip, improve profile — NOT a substitute for real rhinoplasty; dissolves; lower risk	0.3–0.5ml	High
Pre-Jowl Sulcus	Softens jowling; anti-ageing focused; firm filler along mandibular border	0.5–1ml	Medium

Filler Safety & Red Flags

- ALWAYS ensure access to hyaluronidase at same clinic — dissolves HA in emergency
- Vascular occlusion is the most serious risk — immediate blanching = emergency
- Never use non-HA permanent fillers in the face (silicone, PMMA) — irreversible, granuloma risk
- Avoid bargain providers — product quality and injector skill vary enormously
- Massage and movement restrictions post-injection vary by product — follow protocol
- HA fillers last 6–18 months depending on product and location; dissolve with hyaluronidase if unhappy

EYE AREA SURGERY — CANTHOPEXY, FOX EYE & MORE

The eye area is the most impactful surgical zone in looksmaxxing. Operations that improve canthal tilt, reduce negative canthal tilt, create almond-eye shape, fix ptosis, or address under-eye hollows can produce dramatic attractiveness improvements. Community threads on lookism devote enormous attention to these procedures.

Procedures

- **Lateral Canthopexy / Canthoplasty**: Tightens and elevates the lateral canthus (outer corner). Canthopexy is less invasive; canthoplasty more structural. Creates positive canthal tilt — one of the most desired features in male aesthetics. Permanent.
- **Fox Eye / Thread Lift (non-surgical)**: PDO threads that pull lateral brow and canthus upward. Semi-permanent (6–18 months). Less predictable than surgical option but no incisions.
- **Upper Blepharoplasty**: Removes excess upper eyelid skin/fat creating hooded or heavy appearance. Creates more defined eyelid crease. Common after age 30.
- **Lower Blepharoplasty**: Removes or repositions lower lid fat causing eye bags. Transconjunctival approach leaves no visible scar. Highly effective.
- **Ptosis Repair**: Corrects drooping upper eyelid (ptosis) — upper lid sits too low, covering iris. Dramatically opens up the eye. Can be functional and aesthetic.
- **Tear Trough Surgery / Fat Repositioning**: Addresses under-eye hollowing by repositioning orbital fat. More permanent than fillers.

HAIR TRANSPLANTATION — FUE, FUT & DHI

Hair transplantation has advanced dramatically. The three dominant methods — FUT (strip), FUE (individual follicle extraction), and DHI (direct implantation) — produce natural results when performed by skilled surgeons. Turkey has become the global hub for cost-effective FUE, though quality varies enormously.

Comparison of Techniques

Method	FUT (Strip)	FUE	DHI
Scarring	Linear scar at donor site	Tiny dot scars, easily hidden	Minimal dot scars
Graft yield	Highest (3000–5000+)	High (2000–4000/session)	Medium (1000–3000)
Recovery	Longer, 2–3 weeks	7–14 days	7–10 days
Cost	Lower	Medium	Higher
Best for	High NW scale, max density	Versatile, most common	Precision placement, density

Pre/Post Transplant Protocol

- Continue finasteride + minoxidil before and after — protects non-transplanted follicles
- Stop blood thinners (aspirin, ibuprofen, fish oil) 1 week before surgery
- First 10 days: no touching, no gym, gentle saline spray only
- Shock loss (transplanted hair falls): normal at 2–4 weeks; regrows at 3–4 months
- Final density achieved at 12–18 months post-surgery
- Turkey average cost: €1,500–€3,000 for 3,000–5,000 grafts; UK/US: £5,000–£15,000
- Key vetting: see graft survival statistics, see 18-month results (not 6-month), video consultations

HORMONAL OPTIMISATION FOR FACIAL AESTHETICS

Hormones are the master regulators of facial development, skin quality, body composition, hair growth, and bone density. Optimising hormones represents the highest-leverage biological intervention. This section covers evidence-based optimisation within physiological ranges — not supraphysiological steroid abuse.

Testosterone Optimisation

- Baseline blood panel: Total T, Free T, SHBG, LH, FSH, E2, prolactin, DHT
- Optimal range (male): Total T 600–900 ng/dL; Free T 15–25 pg/mL
- Lifestyle interventions first: sleep, zinc, vitamin D, resistance training, reduce body fat to 10–15%
- Avoid: chronic cardio, chronic caloric deficit, alcohol, oestrogenic compounds (some plastics, soy in excess)
- TRT (Testosterone Replacement Therapy): only if clinically hypogonadal; requires endocrinologist; cypionate or enanthate IM injections or topical gel
- Avoid exogenous testosterone recreationally unless prepared for permanent HPTA suppression

Growth Hormone & Peptides

- GH is critical for facial bone density, skin collagen, fat distribution (facial fat decreases), and overall youthful appearance
- Optimise naturally: deep sleep, fasting windows, high-intensity exercise, avoid insulin spikes near sleep
- Peptides (research chemicals — not approved for humans): MK-677 (ibutamoren) — GH secretagogue; CJC-1295 + Ipamorelin stack
- MK-677: increases GH and IGF-1; side effects include water retention, increased hunger, potential insulin resistance
- True HGH (somatropin): extremely expensive; used medically for GHD; community use for anti-ageing and body composition
- IMPORTANT: All exogenous hormone use carries risks; blood monitoring mandatory; consult physician

BOTOX & NEUROMODULATORS

Botulinum toxin (Botox, Dysport, Xeomin, Daxxify) temporarily paralyses targeted muscles. In looksmaxxing, it's used not just for anti-ageing wrinkle reduction but for active aesthetic shaping. Results last 3–6 months; effects fully reversible.

Aesthetic Applications

- Masseter reduction: 20–30u per side; reduces jaw width for a more V-tapered face (popular in Asian aesthetics); also treats bruxism/grinding
- Brow lift: Lateral brow elevation by injecting depressor muscles; creates subtle lift to outer brow — positive canthal tilt companion
- Forehead lines: 15–25u prevents horizontal forehead lines; avoid over-treatment (Spock brow risk)
- Glabellar (11 lines): 10–20u between brows; removes angry/stressed appearance
- Bunny lines: Wrinkles on nose bridge when smiling; 4–6u each side
- Lip flip: 2–4u into orbicularis oris; slightly everts upper lip; no volume but definition
- Neck bands (platysmal): Platysmal band injection for neck aesthetics; 20–40u per band
- Excessive sweating: Axillary or palmar hyperhidrosis — high effectiveness
- Chin dimpling: 4–6u into mentalis; smooths cobblestone chin texture
- Gummy smile: 2–4u into LLSAN; reduces gum show during smile; subtle but effective

PROFESSIONAL SKIN TREATMENTS

Beyond home skincare, professional in-clinic treatments can address texture, scarring, pigmentation, laxity, and anti-ageing at a level home products cannot reach.

Treatment Hierarchy by Concern

Acne scars (atrophic)

- Subcision + filler (best for rolling scars)
- RF microneedling (Morpheus8)
- CO2 fractional laser
- TCA cross (ice-pick scars)
- Punch excision + grafting (severe)

Skin texture / pores

- Tretinoin home protocol (baseline)
- Chemical peels: Jessner's, TCA 15–25%
- Microneedling 1.5–2mm
- RF microneedling
- Ablative laser resurfacing

Hyperpigmentation

- IPL (superficial pigmentation)
- Q-switched Nd:YAG (melanin)
- Chemical peels
- Mandelic/kojic acid professional peel

Skin laxity / anti-ageing

- RF (Thermage, Morpheus8)
- Ultherapy (HIFU)
- Thread lift (PDO)
- Profhilo (bio-remodelling HA)
- Platelet-rich plasma (PRP)

Redness / rosacea

- IPL/BBL
- Pulsed dye laser (PDL)
- Topical Brimonidine (Mirvaso)
- Azelaic acid + green tea extract

CHOOSING A SURGEON — RED FLAGS & GREEN FLAGS

The surgeon is 90% of the result. A perfect plan executed by a mediocre surgeon produces a mediocre result. Community research across lookism and looksmax has compiled extensive real-world data on what separates excellent from poor practitioners.

GREEN FLAGS	RED FLAGS
• Board certified in facial plastic / maxillofacial surgery	• Guarantees specific outcomes or 'perfection'
• Shows extensive before/after portfolios (200+ cases)	• Pushes multiple procedures you didn't ask about
• Dissuades you from procedures you don't need	• No physical consultation or only video-call assessment
• Offers 3D imaging and morph to discuss goals	• Unable to show comparable before/afters for your concern
• Has hospital privileges and full anaesthesia team	• Significantly cheaper than market rate with no explanation
• Transparent about risks, revision rates, and limitations	• Dismisses questions about complications
• Responds to concerns during consultation openly	• Performs all types of surgery (too generalist)
• Multiple independent positive reviews on non-paid platforms	• Only shows 1-month results (swelling still present)
• Performs the specific procedure regularly (50+ per year)	• Medical tourism package deals with zero follow-up
• Clear post-op protocol and accessible follow-up care	• Pressure tactics or time-limited discounts

PROBLEM-SOLUTION MATRIX

Every Facial Problem → Optimal Solutions by Budget

This matrix covers the most common facial aesthetic concerns raised across lookism communities, with solutions ranked by evidence quality and cost-effectiveness.

◆ WEAK / RECESSED CHIN

Budget Level	Solution
Free	Beard lengthening on chin; posture correction; photography angles
Low ($50–500)	Dermaroller + mewing protocol; targeted jaw exercises
Mid ($500–3K)	Chin filler 1–2ml (HA, 6–18 months duration)
High ($3K–15K)	Sliding genioplasty or chin implant — permanent, most impactful

◆ NEGATIVE CANTHAL TILT (DROOPY OUTER EYE CORNER)

Budget Level	Solution
Free	Eyeliner technique — flick outer corner upward; posture
Low ($50–300)	Fox eye makeup; eye tape
Mid ($300–2K)	PDO thread fox eye lift (semi-permanent, 12–18 months)
High ($3K–10K)	Lateral canthopexy / canthoplasty — permanent surgical correction

◆ WEAK JAWLINE / POOR DEFINITION

Budget Level	Solution
Free	Body fat reduction to 10–12%; mewing; chewing; beard shaping
Low	Jaw exercises, masseter chewing protocol
Mid ($1K–4K)	Jawline filler (Juvederm Volux) 2–4ml; masseter botox for slimming
High ($5K–40K)	Jaw implants; BSSO orthognathic surgery (skeletal advancement)

◆ BULBOUS / WIDE / HUMPED NOSE

Budget Level	Solution
Free	Contouring makeup for nose narrowing; photography angles
Low	Nose exercises (limited evidence)
Mid ($500–1.5K)	Non-surgical rhinoplasty — filler to smooth hump or lift tip (temporary)
High ($5K–15K)	Rhinoplasty — definitive, permanent correction

◆ UNDER-EYE DARK CIRCLES / HOLLOWS

Budget Level	Solution
Free	Sleep 8+ hours; elevate head; cold compresses; treat allergies
Low ($20–200)	Retinol eye cream; vitamin K serum; caffeine eye cream; SPF
Mid ($500–1.5K)	Tear trough filler (expert injector only); PRP under-eye

High ($3K–8K)	Fat repositioning blepharoplasty — permanent

◆ ACNE & SKIN TEXTURE

Budget Level	Solution
Free	Low-GI diet; hydration; sleep; pillow hygiene; no picking
Low ($20–200)	CeraVe routine; adapalene 0.1%; benzoyl peroxide 2.5%; SPF 50
Mid ($100–800)	Prescription tretinoin + topical antibiotics; chemical peels
High ($500–3K)	Isotretinoin (severe cases); RF microneedling for scarring; CO2 laser

◆ HAIR LOSS / RECEDING HAIRLINE

Budget Level	Solution
Free	Scalp massage 10min/day (mild evidence); reduce stress; diet protein
Low ($30–200/mo)	Finasteride 1mg + minoxidil 5% topical — most important step
Mid ($200–800)	Oral minoxidil + dermaroller protocol; ketoconazole shampoo; PRP
High ($1.5K–15K)	FUE/DHI hair transplant after stabilising loss

◆ FLAT / UNDERPROJECTED CHEEKBONES

Budget Level	Solution
Free	Body fat reduction; contouring technique; lighting in photos
Low	Facial fat loss (body composition work)
Mid ($800–2K)	Cheek filler (Juvederm Voluma) 1–2ml per side
High ($5K–15K)	Cheek implants — permanent malar/submalar augmentation

◆ GUMMY SMILE (EXCESSIVE GUM SHOW)

Budget Level	Solution
Free	Lip positioning practice; lip makeup to lengthen upper lip
Low ($30–150)	Temporary — lip liner and positioning tricks
Mid ($200–500)	Botox LLSAN injection (2–4u) — temporary, lasts 3–4 months
High ($3K–10K)	Lefort I impaction (orthognathic surgery); lip repositioning surgery

◆ WIDE NOSE / LARGE ALAR BASE

Budget Level	Solution
Free	Contouring; photography; specific lighting
Low	Nose slimming tape (temporary, minimal effect)
Mid ($500–1.5K)	Non-surgical rhinoplasty (limited effect on width)
High ($4K–10K)	Alar base reduction rhinoplasty

◆ ROUND / FAT FACE

Budget Level	Solution
Free	Caloric deficit to reduce facial fat; body recomposition
Low	Water retention reduction: reduce sodium, increase water, limit alcohol
Mid ($400–1K)	Masseter botox (for muscle width); buccal fat removal consultation

High ($2K–6K)	Bichectomy (buccal fat removal) — permanent; subtle but effective

◆ POOR SKIN COLOUR / HYPERPIGMENTATION

Budget Level	Solution
Free	SPF 50+ daily; diet (anti-inflammatory); sleep
Low ($30–200)	Vitamin C serum; azelaic acid; tranexamic acid; niacinamide
Mid ($100–600)	Prescription hydroquinone 4%; professional chemical peels
High ($500–3K)	IPL / BBL; Q-switched laser; combination professional protocols

12-MONTH ASCENSION ROADMAP

This roadmap provides a structured, phased approach to looksmaxxing — starting with zero-cost high-ROI interventions and progressively incorporating higher-commitment approaches. The goal is maximum improvement within 12 months using primarily non-invasive methods.

■ MONTH 1 — BASELINE AUDIT

- Full-face photography: front, 3/4, profile, under-chin — document your baseline
- Blood panel: full hormones, iron, vitamin D, thyroid, ferritin
- Start: gentle cleanser, SPF 50, basic moisturiser — no actives yet
- Start: finasteride 1mg if hairline concerns (before any further loss)
- Start: mewing — focus on learning correct technique
- Commit to 7.5–9 hours sleep, consistent schedule
- Calculate TDEE; begin body recomposition if >18% BF
- Identify your 2–3 biggest weak points from community feedback

■ MONTHS 2–3 — SKINCARE & FOUNDATIONS

- Introduce Vitamin C serum (AM) and retinol 0.05% (PM, every 3rd night)
- Add niacinamide 10% (PM, alternate nights with retinol)
- Begin mastic gum chewing: 30 min/day, increasing to 90 min
- Optimise diet: increase protein to 1.8g/kg; add omega-3, zinc, magnesium
- Begin structured resistance training (3–5 days/week)
- Optimise haircut for face shape
- Beginners' beard: assess coverage, begin minoxidil beard protocol if needed
- Dental: start whitening strips; book orthodontic assessment if needed

■ MONTHS 4–6 — DEEPEN PROTOCOLS

- Progress to tretinoin 0.025% 3x/week; monitor skin response
- Progress mewing: work on correct swallowing pattern
- Chewing: 2 hours/day mastic gum
- Assess body composition progress; adjust calories
- Introduce targeted supplements based on blood panel results
- Optimise grooming: eyebrow shaping, beard shaping by face shape
- Reassess photography; compare to Month 1 baseline
- Research any planned semi-invasive interventions

■ MONTHS 7–9 — OPTIMISATION & SEMI-INVASIVE

- Tretinoin daily or every other day (if tolerating well)
- Consider first dermal filler consultation (cheeks, chin, or jawline based on priority)
- If proceeding with fillers: choose expert injector; conservative first treatment
- Scalp microneedling + oral minoxidil if hair loss concern
- Progress body composition: visible facial definition should improve
- Professional skin treatment: consider one chemical peel or microneedling session
- Teeth: progress orthodontic treatment if started

• Review overall protocol; double down on highest-impact interventions

■ MONTHS 10–12 — RESULTS & PLANNING AHEAD

• Full progress photography; compare all angles to baseline
• Assess which improvements are satisfactory vs. which warrant further action
• Filler maintenance if needed (most HA fillers last 9–18 months)
• If surgical interventions are on the roadmap: begin surgeon consultations (multiple)
• Hair transplant assessment: ensure loss is stabilised first (minimum 1 year on fin/min)
• Set Year 2 goals based on Year 1 results
• Mental health check: ensure obsession hasn't replaced motivation
• Community feedback: post anonymised progress photos for objective assessment

FINAL WORDS, MENTAL HEALTH & RESOURCES

The communities that produced the research in this guide — looksmax.org, lookism.net, puahate/sluthate — contain genuinely useful, evidence-adjacent information on facial aesthetics. They also contain, in various measure, toxic ideologies, black-pill nihilism, and body dysmorphia-inducing content. The useful signal (anatomical analysis, product reviews, surgical case studies) can be extracted while discarding the noise.

The Healthy Looksmaxxing Mindset

- Improvement has diminishing returns — there is a point of 'good enough' where further effort provides minimal real-world benefit
- Most people overestimate how much others notice facial features and underestimate how much personality, confidence, and social skills matter
- Body dysmorphic disorder (BDD) is common in these communities — if you cannot see your own improvements despite objective evidence, seek professional help
- The goal is to reach YOUR genetic ceiling — not to achieve someone else's genetics
- Looksmaxxing is a tool, not an identity
- The 80/20 rule: 80% of achievable improvement comes from softmaxxing (free to low cost); the remaining 20% may require surgical investment with much higher risk and cost
- Surgery should be the culmination of an optimised protocol — not the starting point

Key Community Resources

- looksmax.org — rating threads, surgical case studies, product reviews
- lookism.net — comprehensive forums on theory, surgery, dating
- r/Mewing, r/orthotropics — mewing discussion and case studies
- r/plasticsurgery — real patient experiences and surgeon recommendations
- r/tressless — hair loss community, finasteride/minoxidil discussions
- r/SkincareAddiction — evidence-based skincare community
- realself.com — surgical review platform with before/after and cost data
- BAAPS.org.uk / ABPS.org — board certification verification

ASCENSION IS A PROCESS, NOT A DESTINATION.

Execute the protocol. Document progress. Be patient. Compound improvements over time.

This guide is for informational purposes only. Consult qualified medical professionals before any medical, surgical, or pharmaceutical intervention.