REVIEW ARTICLE

REVISTA ENFERMAGEM ATUAL IN DERME

AESTHETICS AND COSMETOLOGY: FROM THE SOCIO-HISTORICAL CONTEXT TO NURSING PRACTICE

ESTÉTICA Y COSMETOLOGÍA: DEL CONTEXTO SOCIOHISTÓRICO A LA PRÁCTICA DE ENFERMERÍA

ESTÉTICA E COSMETOLOGIA: DO CONTEXTO SÓCIO HISTÓRICO À PRÁTICA DO ENFERMEIRO

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ABSTRACT
INTRODUCTION: The concept of beauty and the use of cosmetics are ancient phenomena, influenced by social, economic, cultural, climatic, and religious contexts. In the context of growing demand for aesthetic care and the appreciation of quality of life, Aesthetic Nursing emerges as a relevant field of practice, emphasizing the importance of training and specific skills for safe and ethical practice. OBJECTIVES: This study aimed to analyze the trajectory of aesthetics and cosmetology from its origins to the present day and to discuss the role of nurses in this context. METHOD: Data collection was conducted between 2023 and 2025 and used a qualitative approach, using a narrative literature review as a research strategy for critical analysis of primary and secondary sources on the trajectory of aesthetics and cosmetology and the role of nurses. Sources included the BDENF, LILACS, MEDLINE, PubMed, and BVS databases. RESULTS AND DISCUSSION: The historical evolution of aesthetics and cosmetology across different cultures and time periods was portrayed. Regulatory frameworks and the expansion of the aesthetics job market were identified. The training and competencies of nurses working in aesthetics and cosmetology were analyzed. The ethical, legal, and safety aspects of aesthetic nurse practice were also discussed. FINAL CONSIDERATIONS: The study reinforces the leading role of nurses in promoting well-being, body comfort, and self-esteem, contributing to the individual's overall health.
Keywords: Aesthetics; Cosmetics; Nursing; Nurse.

RESUMEN
INTRODUCCIÓN: El concepto de belleza y el uso de cosméticos son fenómenos antiguos, influenciados por contextos sociales, económicos, culturales, climáticos y religiosos. En el contexto de la creciente demanda de cuidados estéticos y la valoración de la calidad de vida, la Enfermería Estética emerge como un campo de práctica relevante, enfatizando la importancia de la formación y las habilidades específicas para una práctica segura y ética. OBJETIVOS: Este estudio tuvo como objetivo analizar la trayectoria de la estética y la cosmetología desde sus orígenes hasta la actualidad y discutir el papel de las enfermeras en este contexto. MÉTODO: La recopilación de datos se realizó entre 2023 y 2025 y utilizó un enfoque cualitativo, utilizando una revisión narrativa de la literatura como estrategia de investigación para el análisis crítico de fuentes primarias y secundarias sobre la trayectoria de la estética y la cosmetología y el papel de las enfermeras. Las fuentes incluyeron las bases de datos BDENF, LILACS, MEDLINE, PubMed y BVS. RESULTADOS Y DISCUSIÓN: Se retrató la evolución histórica de la estética y la cosmetología en diferentes culturas y épocas. Se identificaron los marcos regulatorios y la expansión del mercado laboral en estética. Se analizaron la formación y las competencias del personal de enfermería que trabaja en estética y cosmetología. También se discutieron los aspectos éticos, legales y de seguridad de la práctica de enfermería estética. CONSIDERACIONES FINALES: El estudio refuerza el papel protagónico del personal de enfermería en la promoción del bienestar, la comodidad corporal y la autoestima, contribuyendo así a la salud integral del individuo.
Palabras clave: Estética; Cosmética; Enfermería; Enfermera.

RESUMO
INTRODUÇÃO: O conceito de beleza e o uso de cosméticos são fenômenos milenares, influenciados por contextos sociais, econômicos, culturais, climáticos e religiosos. No cenário de crescente demanda por cuidados estéticos e valorização da qualidade de vida, a Enfermagem Estética emerge como uma área de atuação relevante, enfatizando a importância da formação e das competências específicas para uma prática segura e ética. OBJETIVOS: Este estudo teve como objetivos analisar a trajetória da estética e cosmetologia desde suas origens até a atualidade e discutir a atuação do enfermeiro nesse cenário. MÉTODO: O levantamento de dados foi realizado entre 2023 e 2025, e usou abordagem qualitativa, utilizando a revisão narrativa da literatura como estratégia de investigação para análise crítica de fontes primárias e secundárias sobre a trajetória da estética e cosmetologia e a atuação do enfermeiro, usando como fonte as bases de dados BDENF, LILACS, MEDLINE, via PubMed e BVS. RESULTADOS E DISCUSSÃO: Foi retratada a evolução histórica da estética e da cosmetologia em diferentes culturas e períodos, identificou-se marcos regulatórios e a expansão do mercado de trabalho na área estética, analisou-se a formação e as competências do enfermeiro para atuar em estética e cosmetologia, como também, discutiu-se os aspectos éticos, legais e de segurança na prática do enfermeiro esteta. CONSIDERAÇÕES FINAIS: O estudo reforça o papel protagonista do enfermeiro na promoção do bem-estar, conforto com o próprio corpo e autoestima, contribuindo para a saúde integral do indivíduo.
Palavras-chave: Estética, Cosméticos, Enfermagem, Enfermeiro.

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INTRODUCTION

The term "cosmetics" comes from the Greek word "kosméticos," which refers to adornment or that which adorns, and "cosmos" means order [1].

Cosmetics have properties for personal care, hygiene, and health preservation. According to Anvisa (Brazilian Health Regulatory Agency), cosmetics are preparations for external use, used to cleanse, perfume, alter appearance, and correct odors, protecting and maintaining the health of various parts of the body [2].

The use of cosmetics is influenced by the social, economic, cultural, climatic, and religious context of a society. There is evidence of the use of cosmetics by prehistoric humans at least 100,000 years ago, through findings in cave paintings, drawings, and utensils. Archaeological findings have uncovered artifacts that appeared to be used for makeup, as well as pigments extracted from clay, plants, rock minerals, and coal, diluted in water or animal fat [3].

According to Kahn et al [4], cosmetics are important items in the daily lives of people of all ages and are used for a variety of purposes. Most users are more concerned with the immediate results of cosmetics than their medium- and long-term results. This is one of the main reasons for the global increase in the use of these elements in daily life and the growth of the global cosmetics market.

As interest in the pursuit of beauty has grown significantly over the past decade, cosmetics have been increasingly used for this purpose in aesthetic practices and clinics [5].

This study aims to provide an overview of the evolution of aesthetics and cosmetology, from their historical origins to the contemporary context, and, in particular, to analyze the role of nurses in this field.

METHOD

This study adopts a quantitative approach, using a Narrative Literature Review as a research strategy. This method allows for critical analysis and synthesis of knowledge about the history of aesthetics and cosmetology and the role of nurses in the field. The review was conducted following the steps proposed by Sousa et al [6]: formulation of the guiding question, literature search, and data collection and critical analysis.

The research period ran from January 2023 to May 2025. The proposed analysis aims to delve deeper into the historical evolution of aesthetics, its regulatory frameworks, market expansion, and, specifically, the training, performance, and ethical, legal, and safety aspects of aesthetic nurse practice.

Search and Data Collection Strategy

The literature search was conducted in two complementary stages to ensure comprehensive coverage of the topic:

Stage 1: Historical and Conceptual Survey (Broad Search)

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The initial objective was to structure the historical and conceptual knowledge about aesthetics and cosmetology. The search was conducted on the PubMed platform, without language or timeframe restrictions, using the following topics independently, connected by the Boolean operator "OR," as shown in Table 1 below:

Table 1 - Topics used in the broad search

RESEARCHED TOPICS
Aesthetic Nursing
Esthete Nursing
Aesthetic
Aesthetic Procedure
Aesthetic History
History of Cosmetics in Societies
Cosmetology

Source: prepared by the authors, 2025. Data from the PubMed platform.

In this step, the following were compiled: (a) Scientific articles; (b) Specialized books; (c) Normative documents from professional associations and regulatory agencies (for regulation); and (d) Classical literature on Aesthetics in Art and Philosophy (for the concept of beauty and beauty).

Step 2: Focus on Nursing Practice (Targeted Search)

Subsequently, a more specific search was conducted, focusing on scientific production in Nursing, in the following data sources: BDENF, LILACS, MEDLINE (via PubMed), and BVS (Virtual Health Library).

The central search term was AESTHETICS. To refine the results and focus on the area of interest, filters were applied using the following Main Subjects, obtained from the Health Sciences Descriptors (DeCS), as shown in Table 2:

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Table 2 - Descriptors used in the research

DESCRIPTORS
Nursing
Nursing Care
Female and Male Nurses
Nursing Education
Nursing Process
Nursding Theory

Source: Prepared by the authors, 2025, DeCS data.

A 10-year time frame was applied, covering publications from 2015 to 2025, aiming to track the most recent literature on nursing practice in aesthetics.

Search Results and Selection Criteria

In Stage 2, the initial screening of titles and abstracts resulted in the following publication volumes in the selected databases, using the term "AESTHETICS" and the filters applied, as detailed in Table 3:

Table 3 - Publications in the databases

DATABASE	TOTAL PUBLICATIONS FOUND
LILACS	50
BDENF	30

Source: Prepared by the authors, 2025, results by database.

The inclusion criteria for Stage 2 were articles whose main theme was Aesthetics as an area of nursing practice.

The exclusion criteria were:

- Articles that addressed the aesthetic or sociopoetic perspective, or aesthetic experimentation in the context of Nursing not related to aesthetic clinical practice.
- Articles on aesthetic practice not directly related to nursing work (e.g., focused on other professionals).

After screening by title and abstract, eight publications were selected for full reading. Of these, three studies addressed the role of nurses in the postoperative period of plastic surgery, and five studies specifically addressed the practice of aesthetic nurses.

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The final analysis of the documents selected in both stages (articles, books, and standards) enabled the extraction of definitions, regulations, philosophical reflections on beauty and beauty, and the synthesis of professional practice, structuring the conceptual and argumentative basis of this review.

RESULTS AND DISCUSSION

Cosmetology is a branch of medicine that studies the action, application, effects, and development of products (physical, chemical, biological, and microbiological). It constitutes "a branch of pharmaceutical science that studies cosmetic products in general, from their preparation to sale" and "is not intended to cure or treat any illness or disease, as it is not strictly a medicine, but rather has beauty treatment appeal" [7].

In ancient times, there are records of the use of pigments for makeup and tattoos. Their use was employed in hygiene, beautification, and religious rituals. The Egyptians left many traces of their culture and daily habits. There are records of the use of oils, milk, herbs, perfumes, and mud for skin hygiene and hydration [3]; henna and mineral pigments with malachite crystals for insect protection and for makeup in religious and funerary rituals [8]. In the sarcophagus of Tutankhamun (1400 BC), incense, ointments, creams, and oils were found, which were used for body care.

Other peoples also contributed to the development of cosmetics. The Hebrews used moisturizing and antiseptic cosmetics for body hygiene. The Phoenicians, in 600 BC, developed the saponification process using goat fat, water, and solidified potassium carbonate. However, it was the Greeks and Romans who developed the first soaps from vegetable oils and alkaline minerals [3].

For the Greeks, the body was a temple and deserved to be cared for. Men regularly frequented bathhouses, and women performed their personal care at home. Herbs such as anise, pepper, sage, rosemary, and mint were commonly used for fragrances, as well as olive oil and sand for temperature control. The Romans also used bathhouses not only for hygiene but also for steam and massage. They performed personal hygiene with herbs and roots [8]. Asians maintained rituals of cleanliness and appreciation of female appearance, used nail art [3], and pioneered threading techniques [8].

Concepts of beauty and beauty have been the subject of extensive philosophical debate and appreciation since ancient times. For ancient thinkers, beauty was beautiful in itself and was related to goodness and truth. Ethics, truth, and beauty were complementary elements. Some philosophers left several postulates about the social function of beauty. For Pythagoras, beauty was contained in the law of numbers, harmony came from symmetry, and beauty was synonymous with good. Socrates considered beauty to be closely related to ethics and attributed to beauty everything that caused pleasure through the senses. For Plato, beauty was related to freedom and truth, a universal concept linked to the world of ideas (the

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intelligible world). For Aristotle, beauty had order and symmetry [9-11].

In the Middle Ages, religion exerted a strong influence on social control, and Christianity imposed norms of conduct, repressing the cult of beauty and imposing restrictions on bodily hygiene [12]. Feminine beauty was portrayed through pale skin, blond hair, and a virginal air. The use of makeup was condemned by the church as "a seductive practice that led to sin." Hygiene was discouraged because it was believed to leave the skin susceptible to disease and arouse vanity.

Baths were practiced only for newborns and at baptisms. Hygiene habits were reserved for the hands, face, and teeth (wiping with cloth). These customs contributed to the emergence and worsening of plague outbreaks due to neglected hygiene. Not all cultures were subject to Christian impositions; for Muslims, personal cleanliness was a religious precept [12].

The religious understanding of beauty connected to the concept of divine creation, referring to sacred scriptures and Christian norms. For Saint Augustine, beauty is a harmonious whole, possessing unity, proportion, equality, and order, reflecting divine creation and God's perfection. Everything beautiful is good and true. Saint Thomas Aquinas associated beauty with goodness and truth, as these are transcendental attributes of God. In general, reflections on beauty attributed wholeness, harmony, and clarity; in contrast, ugliness was associated with fragmentation, disharmony, and darkness [9].

During the Renaissance, bathing was still discouraged. The role of perfumers emerged in the creation of fragrances and cosmetics. The nobility flaunted the use of jewelry and makeup (they used wheat flour as face powder). Hair was adorned with ornaments and wigs, and the contours of the female body were emphasized, and clothing emphasized breasts and buttocks [9].

In the modern age, discretion and naturalness in appearance and dress returned. Bathing became part of the routine with the use of soap, but makeup was no longer used. Body painting, using annatto powder and genipap sap, was used in religious rituals, social status, and sun protection for Indigenous peoples. In this period, the idea of beauty was subjective, as it was related to the beholder and the object contemplated. Reflections on the concepts of beauty, sensitivity, and art were closely related themes [8].

Art is the form of representation of beauty and awakens the world of the senses. Some modern philosophers reinforce previous concepts of beauty and add more complex attributes to the interpretation of beauty. Shafsterbury, a defender of freedom and beauty, believed that man had a natural inclination toward beauty and virtuousness. For him, everything beautiful possesses harmony. Hutcheson argued that beauty can be absolute and relative, uniform and variable. Burke differentiates beauty from the sublime, in which the former arises from pleasure, and the latter emerges from pain/horror [10,13]. The German philosopher Alexander G. Baumgarten (1714-

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1762) conceptualized Aesthetics in the 18th century and classified it as a science of perception. He was called the first Aesthete and disseminated aesthetics as the experience of feeling, of being impacted or affected by a physical or mental (imaginary) stimulus.

Aesthetics became a discipline within the philosophy of art. Beauty then became a field of art, while Aesthetics developed as a science [10,13].

Kant also made several contributions to the social function of beauty and aesthetics, presenting beauty as the fruit of the relationship between subject and object. He portrays the representation that the subject makes when contemplating the object, provoking a feeling of pleasure. For Kant, beauty is that which pleases universally, disinterestedly. Hegel sees beauty as "a mere subjective pleasure, or a casual sensation." For him, the concept of beauty changes with time, culture, and worldview [8, 10, 13].

The term Aesthetics comes from the Greek "Aisthesis," which means the act or capacity to feel, sensation, perception, or study of sensitivity. Therefore, its opposite, "Anesthesis," means the absence of senses, of sensitivity. In healthcare parlance, an Aesthetician is a health professional with a specialization in Aesthetics, regulated by the Professional Class Council [14].

In contemporary times, the value of hygiene is regained, and bathing has become more frequent. During this era, there was intense industrial production of hygiene products (soap, mouthwashes, deodorants), fostering research into active ingredients and advances in the chemical industry [3].

The concept of beauty has changed over time and has been influenced by numerous cultures. In the 1990s, the standard of beauty emphasized thin bodies, and the cosmetics industry experienced significant technological advances. In the 2000s, the concept of nanotechnology developed atomic- and molecular-scale production for the micronization of nutrients, aiming to enhance effects and reduce adverse reactions. The dictatorship of beauty often holds unattainable standards, leading to increasing harm to mental health, in addition to reinforcing ideas of exclusion for certain body types with obesity and overweight, generating a strong emotional impact, such as decreased self-esteem, depression, and image and eating disorders [8].

From 2010 to the present, we can say that some of these standards are undergoing a process of deconstruction, and the appreciation of physical and mental health and well-being is gaining prominence. Aesthetic standards are established according to society, culture, economy, and climate. In this context, body weight becomes relative and adapted to personal style, although there is a strong emphasis on investment in the "muscle market." The use of cosmetics also undergoes adaptations, with the appreciation of artisanal cosmetics emerging, and compounding pharmacies being overlooked in favor of personalized cosmetics. The growing evolution of products and technologies in the

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field of aesthetics, including cosmetics, equipment, and injectable substances, is giving way to a preference for minimally invasive procedures [7,15].

Health is becoming synonymous with quality of life, and its achievement is achieved through its promotion. In this context, Aesthetic Nursing emerges with the "Prevention of problems related to stress and aging, restoration of beauty and aesthetic sense, and the promotion of well-being and comfort with one's own body and self-esteem." This branch of care is not limited to the healthy individual, but to those free of (acute) diseases or restrictions. It also provides care for individuals with pathologies, restrictions, and the need for specific nursing guidance, through comprehensive practice and the use of tools already established in the therapeutic field, such as the nursing process and systematization of care [14].

In 1970, the field of dermatological nursing began to spread in Brazil. In 1985, nurse Maria Helena Mandelbaum promoted aesthetic work in the postoperative period of plastic surgery. In 1986, Law No. 7,498/86 was passed, regulating the Professional Practice of Nursing [16]. In 1990, the first Specialization in Dermatological Nursing was established. In 1998, SOBENDE, the Brazilian Society of Dermatological Nursing, was created. With the beauty market booming, opportunities in the aesthetics field being seized by various health professional categories, and nurses moving toward entrepreneurship, interest in nursing's role in aesthetic care grew in various parts of the country.

According to authors [17], "in Brazil, the trajectory of care in the aesthetics field began in 2014 with the publication of COFEN Opinion No. 197/2014, which clarified that there are no technical legal barriers to aesthetic care for non-invasive procedures involving sharps or injections" [17:3].

In 2003, SOBENFeE, the Brazilian Society of Wound Nursing, was created, which also incorporated Aesthetics with its first regulation in 2016 [14].

In 2004, COFEN regulated the practice of Dermatological Nursing and Natural and Complementary Therapies. In 2016, the first Resolution on Aesthetic Nursing (529/16) was issued (suspended in 2017) and SOBESE, the Brazilian Society of Aesthetic Health Nurses, was created. In 2020, Resolution No. 626/20, Aesthetic Nursing, repealed Resolution No. 529/16. In 2022, the Federal Council published COFEN Technical Opinion No. 001/22. And, in 2023, COFEN publishes Resolution No. 715/23, which amends 626/22, and includes 100 “supervised” practical hours [18-23] in the text.

FINAL CONSIDERATIONS

This study aimed to analyze the trajectory of aesthetics and cosmetology from their origins to the present day and discuss the role of nurses in this context. To this end, the narrative review discussed the historical evolution of aesthetics and cosmetology across different cultures and periods, identified

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regulatory frameworks and the expansion of the job market in the field, analyzed nurses' training and competencies, and discussed the ethical, legal, and safety aspects of their practice.

Historical Trajectory and Transformation of Beauty Standards

The historical analysis revealed that the concept of beauty and the use of cosmetics are ancient phenomena, profoundly influenced by social, economic, cultural, climatic, and religious contexts. From prehistoric humans, with discoveries of cave paintings and makeup tools, to the Egyptians, who valued hygiene and adornment, to the Greeks and Romans, who developed the first soaps and body care practice, the pursuit of beauty and well-being has always been intrinsically linked to social identity.

The trajectory has demonstrated, however, that this appreciation is not linear. The Middle Ages, under strong religious influence, imposed restrictions on the cult of beauty and hygiene, while the Renaissance and Modern Ages marked a return to the valorization of appearance, albeit with different sociocultural emphases. The most significant milestone lies in the Contemporary Age, driven by industrial production, science, and technological advances such as nanotechnology, which resulted in the intense expansion of the global cosmetics market.

It has been found that beauty standards are dynamic and multifaceted. The dictatorship of beauty, sometimes unattainable, can harm mental health, impacting self-esteem and contributing to image and eating disorders. However, the current trend demonstrates a deconstruction of these standards, with a greater appreciation for physical and mental health, well-being, and a preference for minimally invasive procedures and individualized cosmetics, guided by self-care.

Regulatory Framework and the Inclusion of Aesthetic Nursing

In this scenario of growing demand for aesthetic care and the enhancement of quality of life, Aesthetic Nursing emerges as a relevant field of practice. Research has identified that technological advancements in the aesthetic field have been accompanied by important regulatory frameworks that sought to standardize the work of various healthcare professionals, including nurses. These regulations, issued by Regulatory Councils and Agencies (ANVISA), are crucial to ensuring procedural safety and technical competence, emphasizing the importance of specialized training and specific skills for safe and ethical practice.

The Holistic Role of the Aesthetic Nurse

The role of the nurse in aesthetics, as discussed, transcends the mere application of techniques. It is based on holistic care and health promotion, applying essential tools such as the Nursing Process and Systematization of Care

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(SAE), which confers scientific and safe practice. The aesthetic nurse works not only with healthy individuals seeking aesthetic enhancement, but also with individuals with pathologies and specific needs, such as those in the post-operative period of plastic surgery. This reinforces the nurse's integral role in promoting well-being, restoring self-image, and self-esteem, contributing significantly to the individual's overall health.

It can be concluded that aesthetics and cosmetology represent a constantly and rapidly evolving field with deep historical and cultural roots. Aesthetic Nursing, with its solid foundation in holistic care and health promotion, demonstrates significant potential to contribute to the quality of life and well-being of individuals, provided its practice is unequivocally guided by solid training, ethical rigor, legality, and safety.

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