

## A LITERARY STUDY OF TWAKA SHAREER IN RELATION TO VICHARCHIKA

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### ABSTRACT

The concept of *Twaka Shareer* holds significant importance in *Ayurvedic* classics. *Acharya Sushruta* describes *Twak* as one of the five sense organs, functioning primarily in tactile perception and explained as comprising seven distinct layers, each with a defined thickness and disease susceptibility. Among these, *Tamra* and *Vedini* layers are described as the principal sites of origin for *Kushtha Vyadhi*. As the largest and outermost organ, *Twacha* acts as a protective barrier and serves as the first line of defense against environmental factors. In the context of skin disorders, *Vagbhata* defines *Twak Vaivarnya* itself as *Kushtha*. *Sushruta* further classifies *Kushtha* into *Maha Kushtha* and *Kshudra Kushtha*, under which *Vicharchika* is identified and characterized by *Kandu* (itching), *Shyava Pidika* (blackish papules), and *bahu srava* (excessive discharge). The *Doshic* involvement highlights that *Vata* causes dryness and discoloration, *Kapha* contributes to itching, while *Pitta* manifests as oozing. In modern dermatology, eczema presents with strikingly similar clinical

manifestations to *Vicharchika*. Correlating these classical descriptions with contemporary dermatological knowledge facilitates a deeper understanding of skin disorders and provides an integrative perspective for diagnosis and management. The objective is to bridge classical knowledge with current clinical concepts, providing a holistic approach to management. This study underscores the importance of maintaining skin health as per *Ayurvedic* doctrines and suggests integrated strategies for prevention and treatment of *Vicharchika*.

**KEYWORDS:** *Twaka Shareer, Vicharchika, Dhatus, Srotas, Kshudra Kushtha, Kandu, Shyavapidika, Bahusrava, Vata Dosha, Kapha Dosha, Pitta Dosha, Eczema.*

## INTRODUCTION

Ayurveda is an ancient Indian practice of medical care that center on body, mind and soul. It is set to be originated in India 5000 years ago. The term *Ayurveda* derived from the Sanskrit word *Ayur* (Life) & *Veda* (Science or Knowledge) thus, *Ayurveda* literally means “Science of life”. In *Ayurvedic* classics like *Charaka Samhita*, *Sushruta Samhita* etc. have huge knowledge regarding *Shareer*, *Nidana* and *Chikitsa*. For an expert *Vaidya* to treat a disease, one should have a thorough knowledge about the *Shareera* and its related part is necessary. One who knows *Shareer* (anatomy and physiology of human body) in detail, he can understand *Ayurveda* and treat disease efficiently which can bring happiness to the universe. For a skilled *Shalya Chikitsaka*, thorough knowledge of *Shareer* is very essential for diagnosis and treatment of diseases or to perform a surgical procedure.<sup>[1]</sup>

*Acharya's* clearly mentioned the importance of study of *Shareer*. *Acharya Sushruta* make the knowledge of *ayurveda* more practical and useful. His great contribution to *ayurvedic Shareer* include description and classification of various body structures like *Sira*, *Dhamni*, *Snayu*, *Asthi*, *Twaka* etc.

*Twaka Shareer* is very elaborately explained in our classics. We can find description regarding layers of skin in *Brihatrayi* and *Laghutrayi*. *Acharya Sushruta* has mentioned five sensory organs i.e. *Gyanendriyas*. *Sparshanendriya* is one of them whose *Adhishthana* is *Twacha* (skin). As we know, skin is the largest sense organ of the body which sense touch, pain, pressure, temperature etc. *Twak* is the *Mula Sthan* of *Mamsavaha Srotas* and *Updhatu* of *Mamsa Dhatu*, which forms the outer covering of body and protect the body from external factors such as heat and cold etc. It is an important organ of integumentary system which envelops underlining tissues and organs. *Ayurveda* mention *Twak* as *Sparshendriya* as it carries sensation of touch because of *Vayu Mahabhuta*.<sup>[2]</sup>

In *Ayurvedic* text it is stated that development of *Twak* occurs in third months of intrauterine life. *Twacha* is the first organ derived from “*Matraija Bhava*” which is among the *Shad Bhavas*.<sup>[3]</sup> *Acharya Sushruta* describe origin of *Twak* in *Shareera Sthana* by giving example of *Ksheer* and *Santanika*. *Twacha* develops like a layer of *Santanika* (cream) develop over *Ksheer* (milk) after heating.<sup>[4]</sup> During the *Garbhanirmana Kala* the formation of *Twak* results

from heat generated during the process of union of *Shukra* and *Shonita*, just as a layer of *Santanika* (cream) appears in *Ksheer* (milk), which gradually increase in thickness in the similar manner the seven layer of skin are formed over the surface of foetus body.<sup>[5]</sup>

In *Ayurveda* skin is termed as “*Twaka*” and the disease associated with skin is termed as “*Twaka Roga*”. *Twacha* is the seat for various *Twaka Rogas*, so detail study of *Twaka* is important.

In modern society beauty of a person is accessed by complexion of skin (*Twacha*). Skin is one of the most important part of sensory organ which is covering entire external body surface. The skin, also known as the cutaneous membrane is the largest organ of the body, with a total area of about 20 square feet and weighs 4.5-5kg, about 7% of total body weight.<sup>[6]</sup> Skin is known as “The First Line of Defence” as it protects us from microbes and other invading elements. It also allows us to sense pleasurable, painful and other stimuli in the external environment.

According to ayurved classicals, *Kustha* is classified into two categories that is *Maha Kushta* and *Kshudra Kushtha*. *Maha Kushtha* is of seven types and *Kshudra* is of eleven types.<sup>[7]</sup> *Vicharchika* is mentioned one among the *Kshudra Kushthas* with Lakshanas like *Kandu*, *Shyavapidika* and *Bahusrava*.<sup>[8]</sup> The involvement of *Vata Dosha* is responsible for dryness and blackish discoloration, *Kapha Dosha* is responsible for itching in the affected areas and oozing is due to *Pitta Dosha*. Most of the *Acharyas* have indicated that *Vicharchika* can be attributed to various factors such as *Mithya Ahara* and *Vihara*, suppression of *Aadharniya Vega*, *Diva Swapana*, *Vyayama Sewana* after a meal, improper advocacy of *Panchakarma Therapy*, and disobedience to honourable and elderly persons. *Vicharchika* is believed to be caused by the predominance of *Kapha Dosha*, and it is considered to be treatable. The *Samprapti Ghataks* in *Vicharchika* and other *Kushtha* are the '*Saptako Dravya Samgraha*', which include *Rasa*, *Rakta*, *Mamsa*, *Lasika*, and the three *Doshas*.

In modern dermatology, the clinical presentation of *Vicharchika* is analogous to eczema, so it can be co- related to Eczema also called Dermatitis, due to its clinical features such as reoccurring skin rashes, pruritic, erythema, papules and vesicles, inflammation and oozing in acute stage whereas itching, scaling, dryness and lichenification occurs in chronic stage. The ratio of eczema in female to male is 1.14:1. So females are more affected than males. The prevalence of eczema in children was 2.5% (2.3%-2.7%), adolescents 3.5% (3.27%-3.71%),

and adults 9.9% (9.7%-10.1%), respectively. Nearly 10% of Indian adults suffer from eczema. Although genetic factors had the strongest association for eczema among all age groups, certain early-life and environmental exposures need consideration to devise preventative strategies.

## AIM AND OBJECTIVE

1. To study the *Aurvedic* and modern literature of *Twaka Shareer*.
2. To study the *Ayurvedic* literature of *Vicharchika* and correlate with modern aspect.
3. To correlate *Kustha vyadhi* as explained by *Acharya Sushruta* that occurs in *Vedini* and *Tamra Twacha* with different type of Eczema mentioned in modern science.

## REVIEW OF LITERATURE

The external covering of the body is called *Twak* or *Twacha*. The part of the body which completely covers Meda, Shonita and other Dhatu and gets spread over is called *Twacha*.<sup>[7]</sup> As per Charaka, *Twacha* envelops *Shadanga Shareer*.

### *Nirukti (Etymology) Of Twacha*

In *Ayurveda* the word “*Twacha*” or “*Charma*” is used for skin. *Twacha* is derived from “*Twach-Samvarne*” *Dhatu* meaning the covering of the body.<sup>[8]</sup>

### Formation of Twacha

There are different views regarding the formation of *Twacha*

- *Acharya Sushruta*, *Acharya Sushruta* explains the development of *Twacha* (skin) as occurring after the fertilization of *Shukra* and *Shonita*. The process is influenced chiefly by the *Tridosha*, with a special role played by *Pitta Dosha*, which provides the metabolic heat and energy necessary for skin formation. he uses the analogy of *Ksheer* (milk) and *Santanika* (cream) to describe skin development. Just as cream forms on the surface of boiled milk, gradually thickening in layers, similarly, the skin develops progressively in multiple layers during the stages of embryo development in *Shareer Sthana*.<sup>[9]</sup>

- *Charaka Samhita*

According to *Acharya Charaka*, the development of *Twacha* begins after the union of *Shukra*, *Shonita*, and *Jivatma* in the *Garbhasaya*, giving rise to the *Garbha*. He specifically states that skin formation occurs in the third month of intrauterine life, as it is related to the *Gyanendriya* (organ of knowledge).<sup>[10]</sup>

- *Ashtanga Hridaya*

*Acharya Vagbhata* explains that *Twacha* is formed from the *Paka* (metabolic transformation) of *Rakta Dhatu* by the action of *Dhatu Agni*. Once metabolized, the essence dries and gives rise to the skin, similar to the way cream collects on the surface of milk.<sup>[11]</sup>

### Layers Of *Twacha*

There is great controversy in various ayurvedic texts regarding the number of *Twacha*. *Acharya Charaka*, *Vagbhata*, *Bhela* and *Kashyapa* have stated 6 types of *Twacha* while *Acharya Sushruta* and *Bhavprakash* have stated 7 types of *Twacha*. *Acharya Gangadhara* has interpreted that the third layer described by *Charaka* is actually divisible into two distinct parts — superficial and deep — which are accordingly considered as the third and fourth layers, thereby corresponding with *Sushruta*'s classification.

### Name Of Layers of *Twacha* According to Different *Acharya*'s

CHARAK	SUSHRUT	SHARANGDHAR	BHEL	BHAVPRAKAS	ASHTANG SANGRAHA
Udakdhara	Avbhashini	Avabhasini	Udakdhara	Avabhasini	Udakdhara
Asrugdhara	Lohita	Lohita	Asrugdhara	Lohita	Raktadhara
Tritya	Shweta	Sweta	Trutiya	Sweta	Trutiya
Chaturthi	Tamra	Tamra	Chaturti	Tamra	Chaturthi
Panchmi	Vedini	Vedini	Panchmi	Vedini	Panchami
Sashti	Rohini	Rohini	Shasthi	Rohini	Shasthi
	Mamsdhara	Sthula		Sthula	

### Layers of *twacha* with *pramana* & disease manifestation<sup>[12,13]</sup>

NAME OF ACHARYA	LAYERS OF TWACHA	SITE OF DISEASE	PRAMANA
<i>Acharya Charaka</i>	Udakdhara		
	Asrugdhara		
	Trutiya Twacha	Sidhma, Kilasa	
	Chaturtha Twacha	Dadru, Kushtha	
	Panchami Twacha	Alji, Vidradhi	
	Sashti Twacha	Tamahpraves, Arushi	
<i>Acharya Sushruta</i>	Avabhasini	Sidma, Padamkantaka	1/18 <sup>th</sup> of Vreehi
	Lohita	Tilkalaka, Nyach, Vyanga	1/16 <sup>th</sup> of Vreehi
	Sweta	Charamdal Ajagalli Masaka	1/12 <sup>th</sup> of Vreehi
	Tamara	Kilas Kushtha	1/8 <sup>th</sup> of Vreehi
	Vedini	Kushtha Virpa	1/5 <sup>th</sup> of Vreehi
	Rohini	Granthi, Arbuda, Apachi Sleepada Galganda	1 Vreehi
	Mamsadhara	Bhagandra, Vidradhi, Arsha	2 Vreehi

### COMPARISON OF SKIN LAYER ACCORDING TO ANCIENT AND MODERN TERM<sup>[14]</sup>

S.NO	ANCIENT TERM	MODERN TERM	LAYERS OF SKIN
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1	<i>Avbhasini</i>	Stratum corneum	Epidermis
2	<i>Lohita</i>	Stratum lucidum	Epidermis
3	<i>Sweta</i>	Stratum granulosum	Epidermis
4	<i>Tamra</i>	Malpighian layer	Epidermis
5	<i>Vedini</i>	Papillary layer	Dermis
6	<i>Rohini</i>	Reticular layer	Dermis
7	<i>Mamsadhara</i>	Subcutaneous layer and muscular layer	Dermis

In the present era, despite the advanced facilities and upgraded technologies available in modern medical science for patient care, several diseases still continue to persist and progress within society. *Vicharchika* is one such disorder. Its involvement of all three *Doshas*, along with its incurable and recurrent nature, draws researchers to explore and compile systematic information about it.

According to *Shabdikalpadruma*, *Vicharchika* means that a disease, which coats/covers/injures the skin in distinguished manner and which also causes cracking of skin in hands and feet is called *Vicharchika*.

### Definition of *Vicharchika*

According to *Acharya Charaka* *Vicharchika* is defined as:

‘सकण्डूः पिडका श्यावा बहुसावा विचर्चिका |’ (च.चि. 7/26)

This means that *Vicharchika* is a skin disease characterized by blackish eruptions (*Shyava*), itching (*Kandu*), pustules (*Pidaka*), and profuse discharge (*Bahusrava*).<sup>[15]</sup>

### Nidana of *Vicharchika*<sup>[16,17,18]</sup>

The etiology of *Vicharchika* is described differently by classical authors. According to *Suśruta*, *Pitta* plays the dominant role, while *Charaka* and *Vagbhāta* consider *Kapha* as the main *Dosha*. However, *Charaka* emphasizes that *Kustha* can never arise from a single *Doshā* alone, but from the combined vitiation of all three *Doshas* (*Tridoṣaja* in nature).

<i>Aharaja Nidana</i>	<i>Viharaja Nidana</i>	<i>Achar Hetu</i>
<i>Virudha Ahara</i> like <i>Lahsuna</i> etc. with milk.	<i>Vyatyasa Sevana</i> & <i>Anupurvya Sevana</i>	<i>Papa Karma</i>
<i>Mithya Ahara</i> like <i>Adhyashana</i> , <i>Vishmashana</i> ,	Sex indulgence in <i>Ajirna</i>	<i>Vipra Guru Tirishkara</i>
<i>Mulaka</i> with <i>Guda</i> , intake of <i>Chilchima Machli</i> with milk	Suppression of <i>Vegas</i> like <i>Chhardi</i> , <i>Mutra</i> , <i>Purisha</i> etc.	<i>Sadhu Ninda</i>
Excessive <i>amla</i> and <i>Lavana rasa</i>	<i>Apathya Sevana</i> during <i>Panchakarma</i>	Killing the virtuous person



***Purvarupa of Vicharchika***

<i>Aswedanam</i>	<i>Nishtoda</i>	<i>Gauravam</i>
<i>Atiswedanam</i>	<i>Suptata</i>	<i>Syavthu</i>
<i>Parushyam</i>	<i>Pariharsha</i>	<i>Kothonnati</i>
<i>Atislakshnata</i>	<i>Lomaharsha</i>	<i>Shrama</i>
<i>Vaivarnyam</i>	<i>Kharatvam</i>	<i>Klama</i>
<i>Kandu</i>	<i>Usmayanam</i>	<i>Visarpagamnam</i>
<i>Kayachhidreshu upadeha</i>	<i>Svalpamapi Vrananam Dushti</i>	<i>Ashruja Krishnata</i>

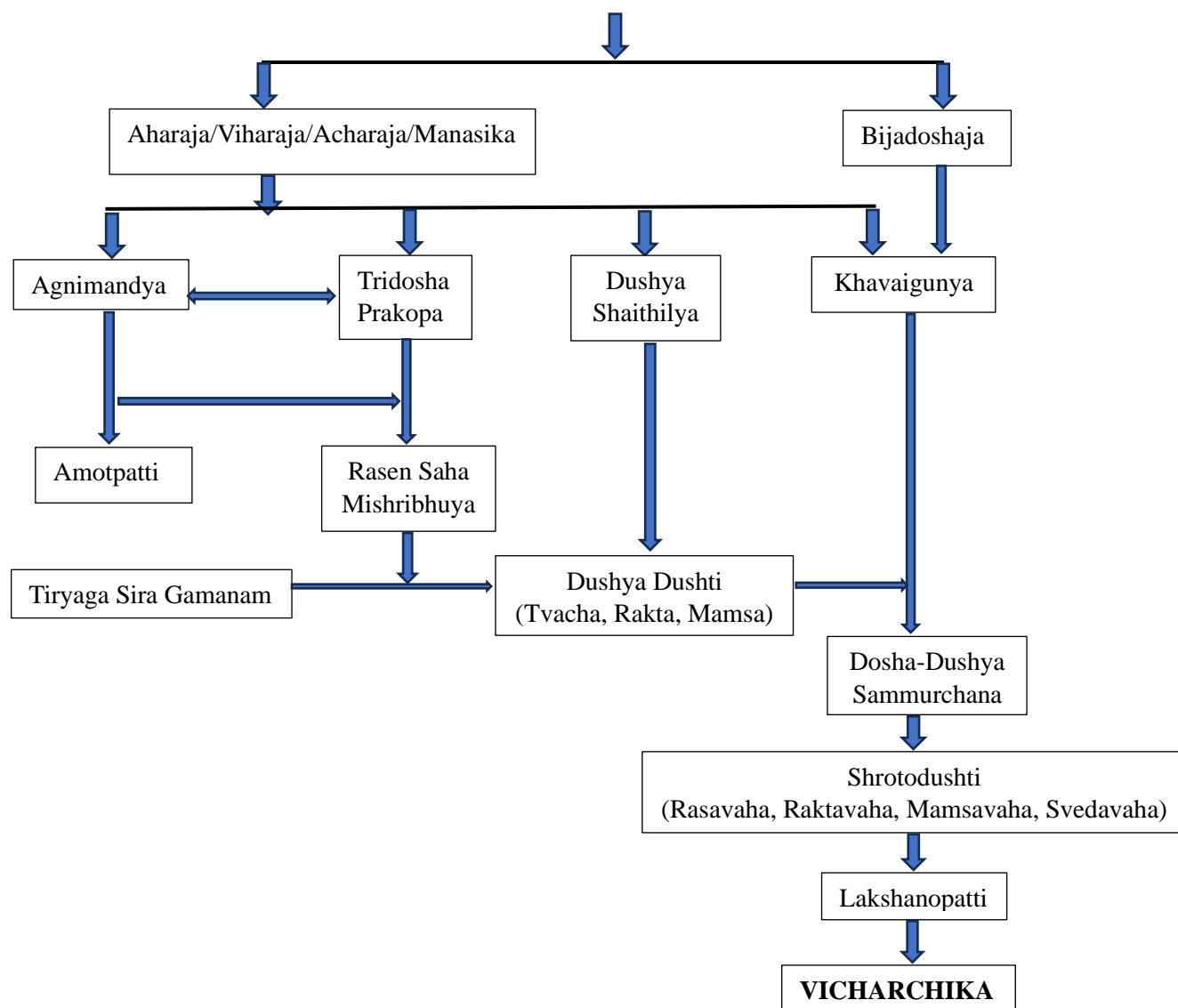
***Rupa of Vicharchika***

<b>Subjective symptoms</b>	<b>Color of <i>Pidika</i> (Lesion)</b>	<b><i>Srava</i> (Nature of Discharge)</b>
<i>Kandu</i>	<i>Shyava</i>	<i>Bahusrava</i>
<i>Vedana</i>	<i>Shweta</i>	<i>Ruksha</i>
<i>Ati-ruja</i>	<i>Rakta</i>	<i>Lasikadhya</i>
<i>Daha</i>		<i>Praklinna (Mamsenopachita)</i>

***Samprapti***

According to the classical Ayurvedic texts, the *samprapti* (pathogenesis) of *Kushtha* has been described comprehensively by ancient scholars. However, a separate or explicit description of the *samprapti* of *Vicharchika* is not found either in the primary texts or in their authoritative commentaries. In this context, the general *samprapti* of *Kushtha* is accepted as representative and applicable to *vicharchika*.

Nidana Sewana



### CHIKITSA OF VICHARCHIKA

Ayurveda has described several lines of conservative treatment for *Kushtha Vyadhi*. The principle of treatment is three-fold in Ayurveda as *Nidana Parivarjana*, *Apakarshana* and *Prakriti Vighata*- this treatment given by Charaka in *Krimi* chapter. This treatment is given on the basis of *Rogabala*, *Rogibala*, *Kala*, *Vayu*, *Agni* etc.

### Shodhana Chikitsa (Purification Therapies)

- *Virechana* (Purgation): The most preferred *Sodhana* procedure, especially in *pitta*-dominant cases, as *Virechana* removes vitiated *Pitta* and *Kapha Dosha*, purifies *Raktavaha* and *Kushtha*-related *Srotasa*.



- *Vamana* (Emesis): Selected in cases where *Kapha* is predominant, especially with extensive oozing and heaviness. Eg- *Madanaphala*, *Vacha*, etc.
- *Basti*: *Acharya Charaka* mentioned that in *Vata Pradhana Kustha* first give *Virechana*, *Niruha Basti* and then give *Anuvasana Basti* of *Madhuphaladi Siddha Taila*.
- *Raktamokshana* (Bloodletting): Advised when there is marked *Raktadushti* and localized symptoms; leech therapy is preferred in inflamed or exudative lesions. *Siravedha* is also advised in some cases.

### ***Shamana Chikitsa (Palliative Therapy)***

After completing the *Sodhana Karma*, *Shamana* treatment is indicated to pacify the remaining *Doshas*. When *Sodhana* is contraindicated (e.g., in children, debilitated patients), *Shamana* therapies are chosen to pacify *Doshas* and relieve symptoms.

### ***Nidana Parivarjana (Elimination Of Causes)***

It means to avoid etiological factors. *Nidana Parivarjana* stops the further progression of the disease, by restricting vitiation of *Doshas*. Main etiological factors of *Kushta* are *Mithya Ahara-Vihara* and *Viruddha Ahara* so they should be avoided. *Acharya Charaka* has defined '*Pathya*' as they are the wholesome drugs and regimen that do not adversely affect the body and mind. Those, which adversely affect them, are considered to be *Apathya*.

#### ➤ ***Pathya***

- ✓ *Ahara*: *Laghu Anna*, *Tikta Shaka*, *Purana Dhanya*, *Jangala Mamsa*, *Mudga*, *Patola*, Food and *Ghee* prepared by *Bhallataka*, *Triphala* & *Nimba*, *Purana Shali*, *Shashtika*, *Yava*, *Godhuma*, *Kordusha*, *Shyamaka*, *Udaalaka*: *Mandukaparni*, *Bakuchi*, *Atarushaka*, *Siddha Ghrita*.
- ✓ *Abhyanga* with *KaranjaTaila*, *Utsadanam* with *Aaragvadhadi Kashaya*, *Pana*, *Parisheka*, *Avagaha* etc. with *Khadira Kashaya*.

#### ➤ ***Apathya***

- ✓ *Ahara*: *Guru Anna*, *Amla Rasa*, *Dugdha*, *Dadhi*, *Anupa Matsya*, *Guda*, *Tila*, *Mamsa*, *Taila*, *Kulattha*. *Masha*, *Nishpava*, *Ikshupishta*, *Pishta-Vikara*, *Virudha Bhojana*. *Adhyasana*, *Ajirnasana*, *Vidahi-Abhishyandi Ahara*.
- ✓ *Vihara*: *Divasvapna*, *Maithuna*, *Vegadharana*, *Paap karma*, *Tapa Sevana*, *Svedana* etc.

**MODERN REVIEW<sup>[19]</sup>**

The skin is the body's largest organ, covering about 1.5–2 m<sup>2</sup> and making up 15–16% of body weight. It acts as a tough, self-renewing barrier that protects underlying tissues from mechanical, chemical, microbial, and UV damage while allowing communication with the environment through sensory nerves. It helps maintain homeostasis via thermoregulation, limited excretion, and absorption of fat-soluble substances. Thickness varies from about 0.5 mm on the eyelids to 3–4 mm on palms and soles, with maximum thickness in adulthood before age-related thinning begins. Regional differences exist: scalp skin has dense hairs and glands, palms and soles have thick stratum corneum without hair, facial skin is richer in sebaceous glands, and ear lobes are thin but highly vascular. Structurally, skin comprises the epidermis (epithelium), dermis (vascular connective tissue), and deeper hypodermis (fatty subcutaneous tissue) with appendages like hair follicles, sweat and sebaceous glands embedded within.

**ECZEMA**

The skin, as the external covering of the body, is constantly exposed to external assaults and is therefore vulnerable to a variety of injuries of physical, chemical, parasitic, or infective origin. Such factors often serve as precipitating causes for the development of various dermatoses, among which eczema or dermatitis is most common.

Modern dermatology recognizes eczema (corresponding to *Vicharchika*) as a chronic inflammatory skin disorder, marked by dry, itchy, and scaly skin lesions. Pathogenesis involves genetic predisposition, immune dysfunction, and environmental triggers, paralleling Ayurvedic emphasis on Dosha imbalance and *Nidana*. Histologically, the skin is divided into epidermis, dermis, and subcutaneous layers. On the basis of symptomatic similarity, *Vicharchika* can be appropriately compared with eczema, as illustrated below.

S.NO	ECZEMA	VICHARCHIKA
1	Excessive itching	<i>Sakandu</i>
2	Papules	<i>pidika</i>
3	Hyper pigmentation	<i>Shyava or shyama</i>
4	Oozing serum	<i>Srava lasikadya</i>
5	Inflammation with reddening	<i>Pidika sanga shopha</i>
6	Dryness	<i>Rukshta</i>
7	Linear marking [lichenification]	<i>Raji</i>
8	Irritating pain	<i>ruja</i>
9	Reddining	<i>Lohit varna</i>

## CLASSIFICATION ON THE BASIS OF ETIOLOGICAL FACTORS

### Eczema

Exogenous Eczema	Endogenous Eczema
1. Contact dermatitis	1. Atopic dermatitis
2. Photo dermatitis	2. Seborrheic dermatitis
3. Neuro dermatitis	3. Nummular dermatitis
4. Infectious eczematoid dermatitis	4. Dyshidrotic dermatitis
	5. Stasis dermatitis

## CLASSIFICATION ON THE BASIS OF MORPHOLOGICAL FACTORS<sup>[20]</sup>

1. Acute Dermatitis
2. Sub-Acute Dermatitis
3. Chronic Dermatitis

## INVESTIGATION

Investigations involved primarily in Eczema are as follows:

- **Physical Examination and Medical History**-Dermatologists primarily use clinical examination of the skin and detailed patient history to diagnose eczema. The distribution, appearance, and pattern of the rash, along with any relevant family history and triggering factors, provide important diagnostic clues.
- Skin Biopsy
- Patch Testing
- Serum IgE and Specific IgE
- Skin Prick Test
- Bacterial and Viral Swabs
- **Additional Blood Tests**- Sometimes blood tests may be done to rule out other systemic causes or related immune conditions, although routine lab tests are not usually necessary for eczema diagnosis.

## PREVENTION AND MANAGEMENT OF THE ECZEMA

Prevention and management of eczema focus on breaking the itch–scratch cycle, restoring the skin barrier, and controlling inflammation. Preventive measures include regular moisturization, avoiding irritants, maintaining a cool environment, stress reduction, and dietary caution. In infants, exclusive breastfeeding can lower risk. Management follows a stepwise approach: emollients and cold compresses relieve dryness and itching, while topical

corticosteroids reduce inflammation but must be used sparingly. If bacterial infection complicates eczema, topical or oral antibiotics are prescribed. Antihistamines help relieve severe itching, especially at night. In cases of thickened, chronic eczema, tar preparations or phototherapy are effective. For resistant eczema, systemic agents like cyclosporine A or immunosuppressants may be used cautiously due to side effects. Newer topical immunomodulators (e.g., tacrolimus) and biologics targeting immune pathways offer advanced options. Supportive therapies such as evening primrose oil may aid skin barrier repair. Regular follow-up and individualized therapy are essential for effective long-term control.

## MATERIAL AND METHODS

**Source Of Data:** Literary and conceptual study was done with the help of *Brihatrayee* and *Laghutrayee* and other classical texts. Modern peer-reviewed journals and review articles focusing on the anatomical and pathological aspects of *Twak Shareer* and related skin disorders. Comparative studies aligning *Ayurvedic* concepts of *Twak* with modern skin anatomy and physiology. Specific research articles or chapters focusing on *Vicharika* to understand its pathological basis as related to *Twak*.

## DISCUSSION

This study effectively synthesizes *Ayurvedic* and modern medical perspectives on skin anatomy, physiology, and pathology. By elucidating the multilayered structure of *Twaka* as described by various *Ayurvedic* scholars, it provides a strong foundation for understanding the site and progression of skin diseases. The identification of *Tamra* and *Vedini* layers as principal sites for *Kushtha* aligns well with modern knowledge of epidermal and dermal involvement in dermatological disorders. The detailed characterization of *Vicharchika*, including its etiopathogenesis, symptomatology, and *Doshic* involvement, enriches the classical understanding and facilitates its clinical correlation with eczema. This comparability enhances the relevance of ancient wisdom in addressing contemporary dermatological issues, promoting a more holistic and personalized approach.

The incorporation of *Nidana* (causative factors), *Purvarupa* (prodromal symptoms), and *Samprapti* (pathogenesis) integrates *Ayurvedic* diagnostic principles with modern investigative practices, encouraging a multifaceted treatment strategy. The emphasis on *Nidana Parivarjana*, *Shodhana*, and *Shamana* therapies illustrates *Ayurveda's* tailored interventions addressing the root causes and symptoms, which could complement modern

therapeutic regimens. Furthermore, the article underscores the importance of lifestyle, dietary modifications, and *Panchakarma* as preventive and curative measures, reflecting *Ayurveda's* emphasis on maintaining skin health and systemic balance. The comparison with modern eczema management highlights potential synergistic benefits of combining conventional treatments with Ayurvedic protocols, possibly improving long-term outcomes and patient quality of life.

## CONCLUSION

The study successfully bridges Ayurvedic classical knowledge of *Twaka Shareer* and *Vicharchika* with contemporary dermatological concepts, particularly eczema. This integrative analysis not only validates traditional insights but also enhances the understanding of skin disorders through a multidimensional lens encompassing anatomy, physiology, pathology, and therapeutics. It advocates a holistic approach for the prevention and management of *Vicharchika*, emphasizing the role of Doshic balance, lifestyle, and targeted treatments. The research encourages further clinical and experimental studies to develop evidence-based integrative protocols, thereby enriching dermatological care through the synthesis of ancient wisdom and modern science.

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