



Review Article

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TWACHA SHARIR: AN INTEGRATIVE CLINICAL REVIEW OF THE SEVEN LAYERS OF SKIN IN AYURVEDA

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Abstract

In *Ayurveda*, *Twacha* isn't just a simple skin barrier, it's a sophisticated, multi-layered system deeply connected to *Rakta Dhatu* and home to the *Sparshanendriya*. This article dives into a thoughtful analysis of *Twacha Sharir*, drawing from the *Sushrut Samhita* and *Charak Samhita* to unpack its embryological roots, layered anatomy, and links to diseases. It also connects these timeless ideas to modern dermatology, giving clinicians a practical bridge between ancient wisdom and today's practice.

Key words: *Twacha Sharir, Rakta Dhatu, Sparshanendriya, Sushruta Samhita, Seven Layers of Twacha, Avabhasini, Mamsadhara, Kushtha, Bhrajaka Pitta, Rogamarga*

Introduction

Etymology and Embryological Origin

Twacha is derived essentially from the metabolic transformation of *Rakta Dhatu*. *Acharya Sushrut*, the father of surgery, provides a vivid analogy for the formation of skin during fetal development. Just as a layer of cream -*Santanika*, forms on the surface of boiling milk due to heat and subsequent cooling, the *Twacha* forms on the surface of the fetal body through the *Paka* of *Rakta Dhatu*. This establishes a fundamental clinical axiom: Skin diseases (*Kushtha, Visarpa*) are inextricably linked to the vitiation of *Rakta Dushti*.

The Dhatus Involved

While *Rakta* is the primary *Upadana Karana*, *Mamsa Dhatu* provides the substratum. *Vagbhata* further elucidates that the skin is the *Upadhatu of Rakta*.

Anatomical Stratification: The Seven Layers

While *Acharya Charak* enumerates six layers, *Acharya Sushrut's* classification of seven layers is considered the surgical and anatomical standard due to its precision in depth and measurement. These measurements are given in fractions of a *Vrihi*.

Table 1: Sushrut's Seven Layers of Twacha

Layer Order	Name	Measurement (Depth)	Clinical Significance & Associated Diseases
1. Outermost	<i>Avabhasini</i>	1/18 Vrihi	Function: Reflects <i>Varṇa</i> and <i>Prabha</i> . Pathology: Sidhma, Padmakantaka
2.	<i>Lohita</i>	1/16 Vrihi	Function: Reddish layer; correlates with vascular elements. Pathology: Tilakalaka, Nyaccha, Vyanga
3.	<i>Shweta</i>	1/12 Vrihi	Function: "White" layer; provides structural integrity. Pathology: Charmadala, Ajagallika, Mashaka
4.	<i>Tamra</i>	1/8 Vrihi	Function: "Coppery" layer; important in defense and infection response. Pathology: Kilasa, various <i>Kushtha</i>
5.	<i>Vedini</i>	1/5 Vrihi	Function: Sensory layer; rich in nerve endings. Pathology: Kushtha, Visarpa
6.	<i>Rohini</i>	1 Vrihi	Function: Healing and regenerative layer. Pathology: Granthi, Apachi, Arbuda, Shlipada
7. Deepest	<i>Mamsadhara</i>	2 Vrihi	Function: Supports skin over muscles; deep tissue retention. Pathology: Bhagandara, Vidradhi, Arsha

Note on Charak's View

Acharya Charak mentions six layers (*Udakadhara*, *Asrikdhara*, *Tritiya*, *Chaturthi*, *Panchami*, *Shasthi*). The key difference is the absence of a distinct *Mamsadhara* as a skin layer, as *Charak* likely viewed the deep connection to muscle as separate from the skin proper. However, for surgical precision (e.g., excising a fistula or cyst), *Sushrut's* inclusion of the deep *Mamsadhara* is clinically vital.

Integrative Modern Correlation

Correlating ancient measurements with modern histology requires analyzing function rather than just thickness, as skin thickness varies by body site.

Epidermal Correlations (Layers 1-3)

- *Avabhasini* - Stratum Corneum: This is the outermost barrier reflecting lustre. Diseases like *Sidhma* (superficial fungal infections) affect this dead keratinized layer.
- *Lohita*- Stratum Lucidum/Granulosum: The reference to *Vyanga* here is interesting. While melanocytes are basal, the manifestation of pigment often affects the translucency found in these layers.
- *Shweta* -Stratum Spinosum: A thick, structural layer. *Charmadala* often involves the disruption of these desmosomal bonds.

Dermal Correlations (Layers 4-5)

- *Tamra*- Stratum Basale / Papillary Dermis: The mention of *Kilas* and *Kushtha* here is crucial. The basal layer is the home of melanocytes and the immune-active zone where many inflammatory dermatoses begin.
- *Vedini*- Papillary/Reticular Dermis boundary: Named *Vedini*, this corresponds to the high concentration of sensory corpuscles (Meissner's, Pacinian) and nerve endings found in the dermis. *Visarpa* (Herpes/Cellulitis) spreads along these nerve/vascular planes.

3.3 Subcutaneous Correlations (Layers 6-7)

- *Rohini*- Reticular Dermis / Hypodermis: Pathologies like *Granthi* and *Arbuda* arise from deep connective tissue proliferation found here.
- *Mamsadhara* - Subcutaneous Tissue / Deep Fascia: This layer holds the muscle. Diseases like *Bhagandara* differ from simple skin infections because they penetrate this deep fascia, communicating with deeper structures.

Clinical Approach to *Twacha*

The Ayurvedic understanding of *Twacha* is rooted in the embryonic analogy "*Ksheerasya eva santanika*," suggesting that skin forms like the cream layer atop boiling milk, inherently possessing an abundance of *Snigdha* content. This lipid-dominant composition dictates that therapeutic management often centers on *Snehan* administered as *Abhyantar* or *Bahya*

therapy using *Taila*, *Ghrita*, *Yamak*, or *Mahasneha* depending on the *Avastha* of the disease. Clinically, the seven anatomical layers of the skin serve as a roadmap for Dhatu-level intervention; for instance, the *Avabhasini* layer reflects the status of *Rasa*, *Lohita* connects to *Rakta*, and *Tamra* corresponds to *Mamsa*. This depth determines prognosis: superficial conditions like *Sidhma* (Tinea versicolor) or *Padmakantak* are easily treatable, whereas pathologies penetrating deeper layers require significantly longer and more complex treatment protocols.

In the context of *Twacha Sharir*, *Vata Dosha* governs the systemic and transport functions critical to skin health. *Vyan Vayu*, responsible for *Rasadi Samvahan*, is directly implicated in circulatory pathologies such as venous eczema. *Udan Vayu*, which sustains *Bala* and *Varna*, suffers from lifestyle errors like *Ratri Jagran*, leading to hyperpigmentation and *Vyanga*, often managed via *Pranayam*. *Saman Vayu* regulates digestion; its dysfunction leads to *Aam* accumulation, a root cause of *Kushtha*. The downward elimination governed by *Apan Vayu* links metabolic waste to skin health; constipation or menstrual irregularities (as in PCOD) frequently manifest as *Yuvanpidika*. Finally, *Pran Vayu* controls *Buddhi* and *Indriya*; its disturbance due to stress triggers autoimmune disorders, highlighting the *Twacha-Vayu-Phupphus* (Skin-Lung) triad where allergic rashes coexist with a history of *Shwas*.

Pitta Dosha dictates the metabolic and transformational aspects of the skin. *Bhrajak Pitta*, located in the skin, is the primary agent of *Varna Prasadana*; its vitiation results in pigmentary disorders. Systemically, *Pachak Pitta* prevents the formation of *Aam*, thereby arresting the pathogenesis of *Kushtha*. A unique psychosomatic link is found in *Sadhak Pitta*, which manages "emotional digestion" (*Dharma-Adharma* or dilemma resolution); stress, fear, or anger vitiate this subtype, causing *Rasavaha Srotas Dushti* that reflects on the skin. Furthermore, *Ranjak Pitta* and *Alochak Pitta* influence systemic coloration, where their dysfunction serves as a diagnostic window for conditions like *Kamla* and *Pandu*, manifesting as *Twak Vaivarnya*.

In *Twacha Sharir*, *Kapha Dosha* provides the essential *Sneha* and structural integrity. *Tarpak Kapha* is pivotal for *Indriya Anugrahan*, directly nourishing the skin's sensory apparatus and maintaining *Ardrata*. *Bodhak Kapha*, responsible for the *Soumyata* of the *Rasanendriya*, serves as a clinical indicator for systemic dryness; its vitiation is classically observed in autoimmune conditions like Sjogren's syndrome. *Avalambak Kapha*, situated in the *Hraday*,

supports the *Manas* and *Buddhi*, influencing psychosomatic skin conditions, while *Kledak Kapha* aids *Pachan*, ensuring the formation of proper nutrient plasma to feed the skin.

Dhatu Parinam: Tissue Contribution to Skin Health

The quality of *Twacha* is a direct reflection of *Dhatu* excellence. *Rasa Dhatu* performs *Twak Preenan*, and a person with *Rasa Sar* is inherently *Twak Sar*. *Rakta Dhatu*, characterized as *Shreemad* and *Bhrajishnu*, is frequently under clinical scrutiny due to its specific heat and *Pitta sadharmata*. Structurally, *Mamsa Dhatu* is inextricably linked to the skin, as *Twacha* and *Snayu* constitute the *Mula* of the *Mamsavaha Srotas*.

The deeper tissues- *Meda*, *Majja* and *Shukra* collectively contribute to the *Snigdha Varna*. *Majja Dhatu* specifically governs *Preeti* and *Sneha*, while *Shukra Dhatu* provides *Bhrajishnu* and responds to *Sparshendriya*. Conversely, *Asthi Dhatu* maintains a unique *Ashray-Ashrayi Bhav* with *Vayu*; thus, depletion in *Asthi* often manifests as dryness or roughness in the skin.

The Skin as a Diagnostic Tool - *Rogamarga*

Twacha, though a constituent of *Bahya Rogamarga*, serves as a mirror of internal pathology, where *Vata* manifests as *roukshya* and *Shyava varṇa*, *Pitta* as *Raga*, *Daha* and *Paka*, and *Kapha* as *Snigdhatata*, *Kandu* and *Paṇḍuta*.

Twacha Pariksha

Standard examination of *Twacha* includes assessment of *Varna* to evaluate *Avabhasini* integrity (e.g., pallor in *Pandu*, yellowish discoloration in *Kamala*), *Sparsha* to assess *Vedini* and the functional status of *Bhrajaka Pitta*, and *Loma*, as the condition of hair follicles reflects the health of *Asthi* and *Rasa Dhatu*, hair being the *Mala* of *Asthi*.

Conclusion

Twacha Sharir represents a dynamic and integrative organ system rooted in *Rakta Dhatu* and governed by the coordinated functions of *Dosha* and *Dhatu*. *Sushrut's* seven-layered concept provides precise anatomical and clinical insight, particularly for understanding disease depth, prognosis and surgical relevance, while *Charak's* view emphasizes systemic integration. Correlation with modern dermatology reveals a strong functional concordance between classical descriptions and contemporary skin anatomy. Clinically, *Twacha* serves as a diagnostic mirror of internal pathology, reflecting *Dosha* imbalance, *Dhatu* quality, and psychosomatic influences. A layer-wise, *Dhatu*-based approach to *Twacha* not only refines

diagnosis but also guides rational *Ayurvedic* management, reaffirming the relevance of *Twacha Sharir* in holistic and integrative dermatological practice.

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