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The Changing Canvas of Womanhood: Understanding *Twak* and its implications in *Stree Roga* and *Prasuti Tantra*

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ABSTRACT

Introduction – The skin, described as *Twak* in *Ayurveda*, is an important organ reflecting the internal physiology & pathological status of the body. In women, cutaneous manifestations are frequently influenced by reproductive hormones, menstrual cyclicity, pregnancy, puerperium , metabolic disturbances and disorders of the genital tract. These changes are primarily influenced by fluctuations in sex hormones like estrogen, progesterone, androgens, vascular adaptation. All women were found to have one or more gynaecological and obstetric skin conditions which affects their Quality of Life. Globally, women bear a slightly higher prevalence of skin and subcutaneous diseases than men.

Methods – The study was conducted as a narrative literature review to comprehensively evaluate skin ailments encountered in gynaecology & obstetrics. Relevant literature was identified through a systemic search of electronic databases, including PubMed, Google Scholar, Scopus, MEDLINE, Cochrane library. Standard textbooks of dermatology, obstetrics, gynaecology and *Ayurveda* were consulted to obtain comprehensive information.

Results – The layers of *Twak* described in *Ayurveda* closely correspond to the structural and functional layers of the skin. The development of these layers occurs progressively during the antenatal period. *Acharya's* have explained the formation of the *Sapta Twak* (seven layers of the skin) in a sequential manner, comparing it to the successive formation of cream (scum) over boiling milk. This review focuses on the concept of *Twak* and its *Vikara* (skin disorders) in the context of *Stree Roga* and *Prasuti Tantra*, highlighting their *Ayurvedic* principles, physiological basis, and clinical significance.

Discussion & Conclusion – *Twak* is considered an important indicator of both internal health and external beauty in *Ayurveda*. In *Prasuti Tantra* & *Stree Roga* various physiological stages such as puberty, menstruation, pregnancy, puerperium, menopause, ageing produce hormonal, metabolic, immunological changes that directly influence the health of the skin.

Key Words – *Twak Vikara*, Skin Disorders, *Stree Roga* & *Prasuti Tantra*, Quality of Life

I. INTRODUCTION

Skin is the largest external organ of the human body and perform protective, sensory, immunological, thermoregulatory, metabolic functions. Apart from its primary physiological functions, the skin often acts as a visible indicator of systemic disease. It is a protective boundary between the person and its environment, hence work as the first line defence of the body. Skin accounts for about 15 percent of body weight, most of it is between 2-3mm thick.

Skin and subcutaneous diseases can lead to profound long-term alterations even after the disease has resolved, affecting not only the physical health but also the mental health and quality of life of the patient, placing a high burden on patient's families and national healthcare systems globally. Acknowledging that the resulting economic, social and emotional consequences of skin diseases cause stigmatization and discrimination and can lead to mental health co-morbidities, particularly depression and anxiety, exacerbating the physical effects of the conditions and affect human development across the entire life course The World Health Organization (WHO) emphasizes that while skin diseases are not always fatal, they are a leading cause of global disability affecting over 1.8 billion people and can cause severe stigma and mental health comorbidities.[1]. Appendages of the skin are hair, nails, glands.

In *Ayurveda*, *Twak* (Skin) is intimately associated with the *Doshas, Dhatus, and Rakta*, and its health reflects the equilibrium of these fundamental components. Clinical manifestations such as *Kandu* (itching), *Daha/Vidaha* (Burning sensation), *Rukshata* (Dryness), *Kleda* (Moistness), *Pidika* (Eruptions), and *Twak Bheda/Charma Vidarana* (Cracking or fissuring of the skin) are considered important parameters in the evaluation of skin disorders.

2. MATERIALS AND METHODS

2.1 Aims and Objectives –

Aim-

To review the concept & clinical relevance of *Twak* and its *Vikara* in *Stree Roga & Prasuti Tantra* from *Ayurveda* and contemporary perspectives.

Objectives –

1) To understand the *Ayurveda* concept of *Twak* and *Twak Vikara.*

2) To review physiological & pathological skin changes occurring during different phases of life of a women.

3) To explore the scope of an integrated approach in the diagnosis & management of skin disorders in women.

2.2 Understanding *Twak* – Skin and its layers

Physiological Aspects : Skin disorders can significantly affect psychological and psychosocial well-being because the skin plays an important role in appearance, self-image, and social interaction. Visible lesions, pigmentation, scarring, hair changes, and itching may cause embarrassment, low self-esteem, altered body image, anxiety, stress, and social withdrawal, ultimately reducing quality of life. Chronic or recurrent disorders, particularly those affecting visible areas such as the face, scalp, hands, and genital region, may impose a greater psychological burden.

***Twak* –** Word derived from "*Twach-Samvarne"*, which means "that which covers or envelops".

Skin - The World Health Organization (WHO) defines the skin physiologically as an outer protective and sensory organ composed of three primary layers.

Relations *: Twak* is functionally connected with *Rasa Dhatu, Rakta Dhatu, Mamsa Dhatu, Vyana Vata, Bhrajaka Pitta, Swedavaha Srotas.*

Twak Sara Purusha Lakshana (Ca.Sa.Vi.103) :*Snigdha, Shklakshna, Mrudu, Prasanna, Sukshma, Alpa, Gambheera, Sukumara Loma, Prabha.*

Apart from these above attributes *Varna, Prabha* etc can also be considered.

Layers of *Twak* According to different *Acharya's* and its clinical importance :

Table No 1: Layers of *Twak* According to different *Acharya's*

Layers	***Charaka (Ch.Sha.7/4)***	***Sushruta (Su.Sha 4/4)/ Vagbhata(Ash,Hri 3/8) Arunadatta***	***Sharangadhara (Poorvakhanda, 5/18) / Bhavprakasha (Purvakhanda)***
Prathama	*Udakadhara-Bahaya Twak*	*Avabhasini*	*Avabhasini*
Dwitiya	*Asrugdhara*	*Lohita*	*Lohita*
Tritiya	*Sidhma, Kilasa Sambhavadhishthana*	*Shweta*	*Shweta*
Chaturtha	*Alaji, Vidradhi Sambhavadhishthana*	*Tamra*	*Tamra*
Panchami	*Dadru, Kushta Sambhavadhishthana*	*Vedini*	*Vedini*
Shashti	If this layer is injured, leads to *Andhatwa & Tama Pravesha* leads to *Andhatwa & Tama Pravesha*	*Rohini*	*Rohini*
Saptami	-	*Mamsadhara*	*Sthula*

Table No 2: Layers of *Twak* – Functional importance

Layers	**Functional Importance**	**Thickness (Fraction of *Vrihi* rice)**	**Associated Diseases**
Avabhasini	Layer which is reflector of all *Varna* and also exhibits five types of *Chaya* of *Twak*	1/18	*Sidhma, Padmakantaka*, etc
Lohita	Layer with reddish colour	1/16	*Tilakalaka, Nyaccha, Vyanga,* etc
Shweta	Layer with whitish colour (Transparent)	1/12	*Ajagallika, Charmadala, Mashaka,* etc
Tamra	Layer with copper colour	1/8	*Kilasa, Kushtha,* etc
Vedini	Layer responding to sensation (touch)	1/5	*Kushtha, Visarpa,* etc
Rohini	Layer helpful for wound healing (regeneration of *Twak*)	1	*Granthi, Apachi, Arbuda, Shlipada, Galaganda,* etc
Mamsadhara	Layer which provides support to muscles	2	*Bhagandara, Vidradhi, Arshas,* etc

***Garbha Varna Utpatti* Acc. To different *Acharya* –**

Table No 3: *Garbha Varna Utpatti* Acc. To different *Acharya*

Acc. To *Charaka* (*Ch.sha 8/15)*	**Acc. To *Sushruta* (*Su.sha* 2/35)**	**Acc. To *Harita* (*Ha. Sam. Shashta* 1/31-33)**
Agni + Jala + Akasa = Gaura Varna	*Teja + Jala + Akasa = Gaura Varna*	*Vata – Gaura Varna*
Agni + Prithvi + Vayu = Krishna Varna	*Teja + Prithvi + Vayu = Krishna Varna*	*Vata + Rakta = Krishna Varna*
Akasa + Jala + Vayu + Prithvi + Agni = Shyama Varna	*Akasa + Jala + Vayu + Prithvi + Agni = Shyama Varna*	*Vata + Kapha = Shyama Varna*
		Pitta + Rakta = Pingala Varna

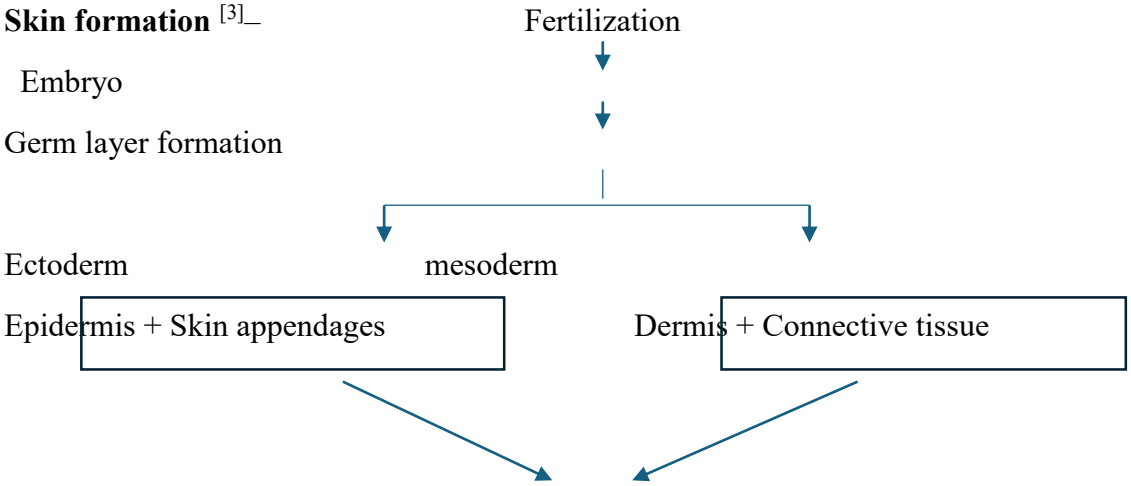
Embryology of Skin – Skin and its components are entirely derived from ectoderm and mesoderm & it's developed in fifth month.

Genes are responsible for Skin Development[2] –

Table No 4: Genes are responsible for Skin Development

Genes	**Main role in skin formation/development**
TP63	Essential for epidermal development, stratification and maintenance of epidermal stem cells
KRT5 & KRT14	Keratin production in basal keratinocytes; important for epidermal integrity
KRT1 & KRT10	Terminal differentiation and formation of the mature epidermis
FLG (Filaggrin)	Epidermal barrier formation and hydration
LOR (Loricrin)	Formation of the cornified envelope and skin barrier
EDAR / EDARADD	Development of hair follicles, sweat glands and other ectodermal appendages
MITF	Melanocyte development and Pigmentation
FGFR2	Skin and appendage development, including epidermal–mesenchymal signalling

Skin formation [3]–



Flow chart 1: Skin formation

Skin layers and its functions[4]: .

Table No 5: Skin layers and its functions

Layers		Functions	Glands
Epidermis	Stratum Corneum	Stop water loss, block germs, and protect against physical harm, **Keratinized.**	Apocrine sweat gland
	Stratum Lucidum	Provides friction reduction, mechanical protection, and water resistance	
	Stratum Granulosum	Secretes lipids to create a waterproof seal that prevents moisture loss and blocks environmental pathogens	
	Stratum Spinosum	Provides structural support, flexibility, and immune defence for the skin, **Melanocytes**.	
	Stratum Germinativum	Providing skin **Pigmentation** to shield against UV radiation, and enabling sensory touch perception, **Melanocytes**	
Dermis	Papillary Layer	Supply nutrients to the epidermis, anchor the skin layers together & provide sensory perception and temperature regulation	Eccrine sweat gland
	Reticular Layer	Provides structural strength, elasticity, and overall support to the skin	Sebaceous gland

Flow chart 2: Skin functions

Probable Corelation of *Twak* with Skin Layers:

Table No 6 : Probable Corelation of *Twak* with Skin Layers:

Layers	***Twak* Layers**	**Subdivision of layer of skin**	**Skin Layer**
Prathama	*Avabhasini*	Stratum corneum	Epidermis
Dwitiya	*Lohita*	Stratum lucidum	
Tritiya	*Shweta*	Stratum granulosum	
Chaturtha	*Tamra*	Malpighian layer	
Panchami	*Vedini*	Papillary layer	Dermis
Shashti	*Rohini*	Reticular layer	
Saptami	*Mamsadhara*	Subcutaneous tissue & muscular layer	Hypodermis

2.3 Pathological Aspects of *Twak* and its *Vikara* by different *Acharya*:

Twak Vikara

Table No 7 : Pathological Aspects of *Twak* and its *Vikara* by different *Acharya*:

According to *Acharya Charaka* (*Ch.Chi.*7/4-8)		**According to *Acharya Sushruta* (*Su.Ni.5/3-4)***		**Acc.to *Acharya Sushruta Su.Ni.*13/3**
***Mahakushta* (7)**	***Kshudrakushta* (11)**	***Mahakushta* (7)**	***Kshudrakushta* (11)**	***Kshudra Roga*** *(46)*- Skin conditions (15)
Kapala	*Ekakushtha*	*Aruna*	*Sthularushka*	*Ajjagallika,*
Audumbara	*Charmakushtha*	*Udumbara*	*Mahakushta*	*Valmika*
Mandala	*Kitibha*	*Rishyajivha*	*Ekakushtha*	*Indravriddha*
Rishyajivha	*Vipadika*	*Kapala*	*Charmadala*	*Pansika*
Punarika	*Alasaka*	*Kakanaka*	*Visarpa*	*Jalgardabha*
Sidhma	*Dadru*	*Pundarika*	*Parisarpa*	*Kaksha*
Kakanaka	*Pama*		*Sidhma*	*Chippa*
	Charmadala		*Vicharchika*	*Anushayi*
	Visphota		*Kitibha*	*Vidarika*
	Shataru		*Pama*	*Pama,*
	Vicharchika		*Raksa*	*Vicharchika,*
				Rakasa
				Darunaka
				Masurika

Samprapti –

Nidana Sevana

(excessive intake of *Masa, Dadhi, Matsya, Amla, Lavana*, Exposure of sun/heat)

↓

Tridosha Prakopa (Vata, Pitta, Kapha)

↓

Rakta, Mamsa, Meda, Lasika Dusti

↓

Dosa- Dushya Sammurcchana

↓

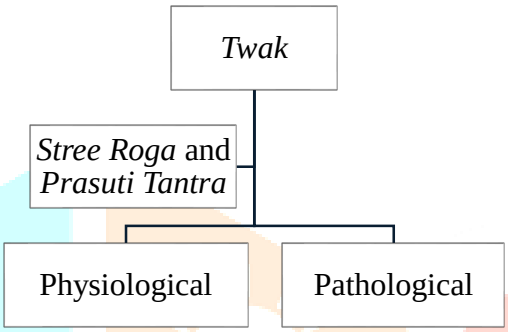
Srotodushti

↓

Twak Vikara

Flow chart 3: *Samprapti*

2.4 Implications of *Twak* and its *Vikara* in *Stree Roga* and *Prasuti Tantra* :



Flow chart 4: Implications of *Twak* and its *Vikara* in *Stree Roga* and *Prasuti Tantra*

A) Physiological –

1) Fetal life - Fetal skin is the first organ to form a protective barrier between the fetus and the intrauterine environment. A complex sequence of embryological development, epidermal barrier formation, keratinisation, melanocyte migration, dermal maturation, immune development, and appendage formation. These processes ensure that the fetus develops a functional protective barrier before birth. According to *Ayurveda*, *Twak* develops during *Garbhavastha* and is nourished by *Rasa Dhatu* and *Rakta Dhatu*.

2) Childhood - Childhood is a period of continuous growth and maturation of the skin. Compared with adult skin, children's skin is thinner, has a less mature epidermal barrier, higher water content, and an evolving immune system.

3) Puberty & Adolescence – Rising levels of androgens, oestrogens, progesterone, growth hormone (GH), and insulin-like growth factor-1 (IGF-1) stimulate the maturation of sebaceous and sweat glands, increase keratinocyte proliferation, and alter skin microbiota. At this Stage Activation of HPO axis, development of secondary sexual characteristics because of adrenarche – increased sebum production causing excessive oiliness, acne, pubic and axillary hair development.

5) Reproductive age group : Fluctuation of estrogen and progesterone during the menstrual cycle can alter skin elasticity, temperature, blood flow & sweating. Estrogen enhances keratinocyte proliferation, epidermal thickness, dermal collagen synthesis (Types I and III), elastin production, and glycosaminoglycan deposition, thereby maintaining skin elasticity, hydration, and tensile strength.

6) Pregnancy : Pregnancy is a unique physiological state characterized by profound changes in various system for maternal adaptation. These changes influence the epidermis, dermis, melanocytes, connective tissue, sebaceous glands, hair follicles and cutaneous vasculature.

Table No 8 : Physiological Skin changes during pregnancy

Conditions	Description
Hyperpigmentation	Linea Nigra, Secondary Areola changes in breast, Chloasma, Naevi, Vulvar Melanosis.
Striae Gravidarum / Distensae	Happens due to stretching of Abdomen, increased in third trimester.
Pruritus gravidarum	common in the First and Second trimester (affects 1 in 5 women)
Hair changes	Telogen effluvium (post-partum)
Vascular changes	Telangiectasia, Varicosities, Pyogenic granulomas, Haemangiomas, Peripheral oedema
Eccrine glands	Activity increased (increased sweating)
Sebaceous glands	Activity increased (in third trimester)

7) Post Partum - Sudden withdrawal of pregnancy associated hormones, lactational hormonal changes, blood and fluid loss, nutritional demands, tissue healing and changes in maternal immune regulation may influence the skin and its appendages. Pregnancy associated skin lesions may persist, pre-existing dermatoses may flare & new cutaneous manifestations may develop. Postpartum hair loss, persistence of striae, pigmentary alterations, nipple and breast dermatitis, vulval and perineal skin disorders, wound related skin changes and inflammatory dermatoses are particularly relevant.

8) Perimenopause/ Climacteric - The skin is a hormone-responsive organ. Alteration in oestrogen during this phase affects skin and relative androgenic influence may produce dryness, pruritus, loss of elasticity, wrinkling, acne, facial hair growth, scalp hair loss and vulvovaginal changes over skin.

9) Menopause - Although menopause is a physiological event, the associated decline in ovarian hormones, particularly oestrogen, produces significant changes in the skin, hair and vulvovaginal tissues. Skin wrinkling, loss of elasticity, Melasma – Butterfly patch observed over face.

10) Post Menopause and Old Age - Ageing produces alteration in *Twak, Kesha,* Vulval skin, genital tissues. These changes increase susceptibility to wrinkling, xerosis, pruritus, eczema, infection, pigmentary, autoimmune dermatoses, pressure injury & cutaneous malignancy.

Physiological Aspects describing *Twak* and its attributes mentioned in Various *Samhitas*:

Table No 9 : Physiological Aspects describing *Twak* and its attributes

Condition	***Lakshana's* seen on skin**
Rutumati Stri Lakshana (*Su.Sha*.3/7-8)	*Peena Prasanna Vadana*
Shukra as *Ashtama Dhatu* (*Bha. Pu* 3/188)	Responsible for *Varna*
Garbhavakranti (*Ch. Sha*. 3/3)	*Garbha* will have good *Varna*
Garbhavriddha Panchamahabhuta	*Teja* is responsible for *varna*
Garbhadhana (*Ash.Sham.Sha* 1/49)	Specific diet has been mentioned for getting Various *Varna, Rupa*
Matruja Bhava (*Ch.Sha*.3/6)	*Twak*
Atmaja Bhava (*Ch.sha*.3/10 & *Ash.Sam.Sha* 5/16 & *Ka.sha*.3/4)	*Varna*
Satmyaja Bhava (*Ash.Sam.Sha* 5/17 & *Ka.Sha*.3/4)	*Varna*
Rasaja Bhava (*Bha.Pu*.3/318)	*Varna*
Garbhavarnotpatti (*Cha.Sha*.8/9)	*Gaur Varna, Krishna Varna, Shyama Varna, Pingala Varna*
Masanumasika Vriddhi – Shashta Masa (*Cha.Sha.4/22 & Ash.Sam.Sha.1/57, Ka.Sha. 2/7*)	*Varna*
Garbhinya Masanumasika Pathya (*Cha.Sha.8/32*)	*Varna* – diet for getting different complexion
Nabhinadi Poshana (*Cha.Sha. 6/23*)	*Varna*

Garbhini Lakshanam – Garbha Linga (Ash.Sam.Sha 2/36)	*Varna, Prasannamukhavarna*
Garbhavastha Sthana Parivartan (Ash.Sam.Sha 2/11)	*Krishnaushna Chuchukatwam*
Vyakta Garbha Lakshana (Ch.Sha.4/16)	*Karshnyam Atyardham – Sthana & Oshtamandala Romaraji bhavennimma*
Garbhavikriti Vigyan (Ch.Sha.2/29-30)	*Varna*
Masanumasika Garbhini Lakshana – Shasta Masa (Ch.Sha.4/22)	*Bala Varna Hani*
Yumgagarbha (Ch.Sha.2/33)	*Romaraji Bhavennimma*

B) Pathological –

In Stree Roga :

1) Childhood – Because children's skin is thinner and more permeable than adult skin Diseases eczema, dermatitis, bacterial infections, fungal infections, viral exanthems, urticaria, scabies, Impetigo, Scabies, Tinea (Dermatophytosis), Molluscum Contagiosum, Varicella (Chickenpox), Pediculosis Capitis (Head Lice), Ichthyosis Vulgaris

2) Puberty & Adolescent –

Puberty
↓
↑ Androgens + ↑ Growth hormone + ↑ IGF-1
↓
Sebaceous gland enlargement
↓
↑ Sebum production
↓
Follicular hyperkeratinisation
↓
Follicular blockage (microcomedone)
↓
Colonisation by Cutibacterium acnes
↓
Activation of innate and adaptive immune responses
↓
Release of IL-1, IL-6, IL-8, TNF-α and other cytokines
↓
Inflammation and tissue damage

Flow chart 5: Puberty & Adolescent

Clinical disorders: Acne vulgaris, Seborrhoeic dermatitis, Folliculitis, Acne scarring.

i) *Yauvanapidika* : *Yauvana Pidaka* (Pimples / Acne vulgaris) are associated with aggravation of *Pitta*, *Kapha* (leading to blockage of pores and pus formation), and *Rakta Dushti*.

ii) Acne Vulgaris – It is an important feature in polycystic ovarian syndrome (PCOS) happening because of hormonal imbalance. Also very commonly seen in Adolescent age group which will affect the bodily image impacting physically and psychologically.

3) Reproductive age group – Disorder like acne, hirsutism, acanthosis nigricans, androgenic hair loss, obesity associated dermatoses and chronic vulval disorders may provide visible clues to conditions such as PCOS, hyperandrogenism and insulin resistance.

i) PCOS related - Hirsutism. : To excessive terminal hair growth in androgen dependent areas in women.

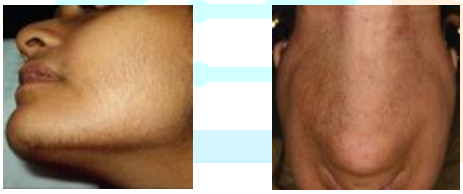
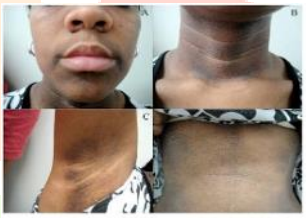
Genetic and metabolic predisposition → Insulin resistance → Hyperinsulinaemia → Ovarian hyperandrogenism → Increased free testosterone → Increased DHT action at hair follicle → Vellus hair converts to terminal hair → Hirsutism

Flow chart 6: Hirsutism

ii) PCOS related - Acanthosis Nigricans : It presents as dark, thickened, velvety, hyperpigmented plaques, especially over the neck, axilla, groin, and other flexural areas. Involving *Kapha-Medo Dushti*, *Rakta Dushti*, and localized *Twak Vikara* characterized by hyperpigmentation, thickening, and sometimes itching.

PCOS → Insulin resistance → Compensatory hyperinsulinemia → IGF-1 receptor stimulation → Keratinocyte and fibroblast proliferation → Epidermal thickening and papillomatosis → Acanthosis nigricans

Table No 10 : PCOS

PCOS related – Hirsutism	**PCOS related - Acanthosis Nigricans**
	

iii) PCOS related – Acne, Hairl loss, Alopecia are seen in this age group.

4) Perimenopause/ Climateric – The skin changes during perimenopause are primarily caused by declining estrogen levels and relative androgen predominance. Estrogen receptors (ER-α and ER-β) are present in keratinocytes, fibroblasts, melanocytes, sebaceous glands, hair follicles, and dermal blood vessels. Skin disorder like Xerosis Cutis (Dry Skin), Pruritis, perimenopausal Acne, Melasma, Rosacea, Atopic Dermatitis, Lichen Sclerosus, Vulvovaginal Atrophy, Pityriasis versicolor

5) Menopause/ Post Climacteric –

Menopause
↓
↓ Oestrogen and progesterone
↓
Reduced collagen synthesis + Reduced lipid production + Reduced sebum and sweat secretion
↓
Skin barrier dysfunction + Dermal atrophy + Immune dysregulation + Oxidative stress
↓
Increased TEWL + Chronic inflammation + Reduced vascularity + Delayed wound healing
↓

Clinical skin disorders - Xerosis Cutis, atrophic skin, Melasma, solar Lentigines (Age Spots), Seborrheic keratosis, Actinic keratosis, Pityriasis versicolor

Flow chart 7: Menopause

6) Old Age –

Vriddhavastha → *Vata Pradhana Avastha* → *Dhatu Kshaya* → *Twak Rukshata* and *Kha Vaigunya* → *Dosha-Dushya Sammurchhana* → *Twak Vikara*

Flow chart 8: Old age

Pathological Aspects describing *Twak* and its *Vikara* mentioned in various *Samhitas*:

Table No 11 : Pathological Aspects describing *Twak* and its *Vikara*

Vikara	***Lakshan's* Observed over skin**
Vataja Yonivyapad (Ch.Chi 30/11 & *Su.Utt.*38/11*)*	*Rukshata, Karkashata*
Pittaja Yonivyapad (Ch.Chi 30/11-12 & *Su.Utt.*38/14*)*	*Daha, Ushna*
Kaphaja Yonivyapad(Ch.Chi 30/13-14 & *Su.Utt.*38/17 & Ma.Ni.62/10 *)*	*Kandu*
Arajaska Yonivyapad (Ch.Chi 30/17*)*	*Vaivarnya*
Acharana Yonivyapad (Ch.Chi 30/18*)*	*Kandu*
Vipluta Yonivyapad (Ash.Sam.Sha 38/54)	*Kandu*
*Karnini Yonivyapad (Su.Utt.*38/15*)*	*Kandu*
*Shandhi Yonivyapad (Su.Utt.*38/18,20*)*	*Kandu*
*Phalini/Andini Yonivyapad (Su.Utt.*38/18,20*)*	*Kandu*
*Mahayoni Yonivyapad (Su.Utt.*38/18,20*)*	*Kandu*
*Rajonivritti (Ash.Sam. Sha.*1/21)	*Rukshata*
*Vataja Artavadushti (Su.Sha.*2/4*)*	*Varna*
*Pittaja Artavadushti (Su.Sha.*2/4*)*	*Varna*
*Kaphaja Artavadushti (Su.Sha.*2/4*)*	*Varna*
*Kunapa Artavadushti (Su.Sha.*2/3*)*	*Varna*
*Pittaja Asrigdara (cha.chi.*30/214-216*)*	*Peeta Twak*
Asrigdara updrava (Va.Sam.Strirogadhikara 73/3*)*	*Pandutwa*
*Yonikandu (Bhai.Rat.*104/4*)*	*Kandu*
*Somaroga (Bha.Pra.Chi.*69/3-6 & *Bhai.Rat.*87/6-13*)*	*Ruksha twak, Kandu*
*Vataja Yonikanda (Ma.Ni.*63/3 & *Bha.Pra.Chi.*70/20)	*Ruksha, Vivarna, Sphutita*
*Pittaja Yonikanda (Ma.Ni.*63/3 & *Bha.Pra.Chi.*70/20)	*Daha, Raga*
*Kaphaja Yonikanda (Ma.Ni.*63/4*)*	*Kandu*
*Aupasargika Meha (Bhai.Ratna.*89/4-8*)*	*Kandu, Daha*
*Vataja Updamsha (Su.Ni.*12/9*)*	*Twakpariputana*
*Pittaja Updamsha (Su.Ni.*12/9 & *Ma.Ni.*47/2*)*	*Daha*
*Kaphaja Updamsha (Su.Ni.*12/9*)*	*Kandu*
*Raktaja Updamsha (Su.Ni.*12/9*)*	*Krishna Sphota*
*Vataja Sthanavidradhi/ (Su.Ni.*9/7*)*	*Krishna, Aruna, Rukshata Twak*
*Pittaja Sthanavidradhi (Su.Ni.*9/10*)*	*Shyavo, Daha*
*Kaphaja Sthanavidradhi (Su.Ni.*9/10 & *Ash.Sam.Ni.*11/10*)*	*Pandu, Shita, Kandu*
*Sanniptaja Sthanavidradhi (Su.Ni.*9/10*)*	*Nanavarna*
*Kaphaja Granthi (Su.Ni.*11/6 & *Ash.Sam.Utt.*34/6 & *Ash.Hri.Utt.*29/4-5*)*	*Kandu*
*Raktajastanavidradhi (As.Sam.Ni.*11/12 & *Ash.Hri.Ni.*11/10*)*	*Krishna Sphota, Daha*
*Medoja Granthi (Su.Ni.*11/6 & *Ma.Ni.* 38/15*)*	*Kandu*
*Vrana Granthi (Ash.Sam.Utt.*34/12 & *Ash.Hri.Utt.*29/12-13)	*Kandu*
Raktarbuda (Ma.Ni. 48/11 & *Ash.Sam.Utt.*33/24*)*	*Krisna Sphota, Pidika*

*Kaphaja Sthanavidradhi (Su.Ni.*9/9-10*)*	*Pandu, Kandu, Pita*
Raktagulma (Ka.Sha 8/18-19 *& Ka.Khi.*9/29-36*)*	*Stanamandal Krishnatwa, Udara Ganda Nila*
*Vikuta Jata Harini (Ash.Hri.*1/7*)*	*Visham Varna*

Common conditions seen in all age groups :

1) Lichen Sclerosus (LS)[5]. – LS is a chronic inflammatory autoimmune skin disorder that predominantly affects the anogenital region, especially the vulva and perianal area in females. It causes thin, white, atrophic, fragile skin. It is a non-infectious, not sexually transmitted & is considered a premalignant condition because of an increased risk of vulvar squamous cell carcinoma. Occurs at any age,

Most common in: Prepubertal girls (5–10 years) ,Postmenopausal women (45–70 years)

C/F – Early - Severe vulvar itching, Burning sensation, Irritation, Dryness, Pain

Signs - Porcelain-white plaques, Thin shiny skin, Wrinkled ("cigarette-paper") appearance, Ecchymosis, Purpura, Fissures, Erosions

2. Lichen planus[5]. **-** Lichen planus is a chronic autoimmune condition that triggers inflammation of the skin, hair, nails, and mucous membranes. Women, particularly those between 30 and 60, are more prone to the oral and genital forms.

i) Vulvovaginal Lichen Planus: Often affects post-menopausal women. It causes soreness, burning, and severe pain in the vulva and vagina. It can lead to scarring that alters anatomy, causes painful intercourse, and results in abnormal vaginal discharge.

ii) Vulvovaginal-Gingival Syndrome: A severe form where ulcerations occur simultaneously in the vagina, vulva, and on the oral gums.

iii) Oral Lichen Planus: Women are up to twice as likely as men to develop oral lichen planus. It often manifests as lacy white patches, red swollen tissues, or painful open sores inside the mouth, affecting the cheeks, gums, and tongue.

iv) Cutaneous (Skin) Lichen Planus: Causes itchy, purplish, flat-topped bumps, often on the wrists, ankles, and lower legs.

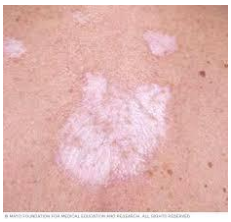
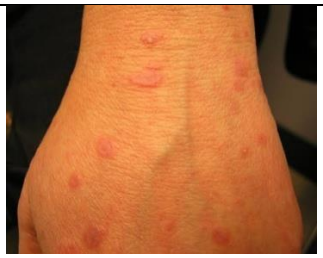
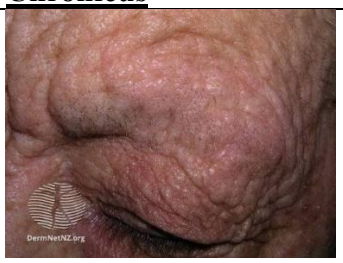
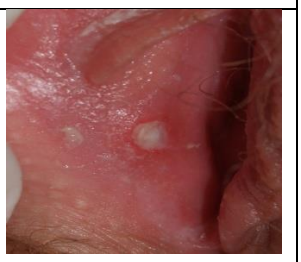
Management - Topical Steroids, vaginal suppositories, Oral Medication (hydroxychloroquine, methotrexate, c corticosteroids), hygiene.

3. Vulvar Pruritus & Lichen Simplex Chronicus[5] – VP & LSC are common reasons for presentation to women's health practitioners, including gynaecologists and dermatologists. Both conditions are multifactorial and are often confounded by other inflammatory, neoplastic, infectious, environmental, neuropathic, hormonal, and behavioural variables.

Management – Topical Corticosteroids, Oral antihistamines (e.g., hydroxyzine or diphenhydramine) Skin Barrier Repair

4. Vulvar Ulcers[5]- Vulvar ulcers are breaks in the skin around the vagina or mucous membranes of the vulva. Ulcers typically take the form of sores or surface tissue damage. Females can develop vulvar ulcers due to both sexual and non-sexual causes. Most common symptom is sores, symptoms tend to depend on the cause and severity of the ulcers, burning sensation, especially during urination and intercourse, itchiness, rashes or raised bumps, difficulty urinating, foul-smelling discharge or unusual vaginal discharge, swollen, tender lymph nodes in the groin, fever, gastrointestinal symptoms, abnormal vulvar skin color changes, pelvic pain.

Table No 12 : Pictorial representation

Lichen Sclerosus	Lichen planus	Vulvar Pruritus & Lichen Simplex Chronicus	Vulvar Ulcers
			

5. Vulvar Dermatoses: Papulosquamous & eczematous Diseases[5] **-**

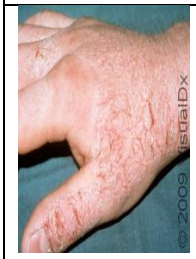
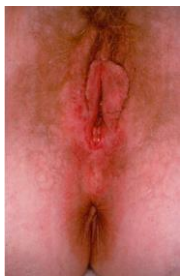
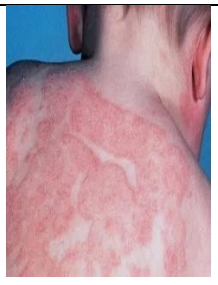
Inflamed, scaling skin diseases fall into two morphologic groups; papulosquamous disease and eczematous disease.

i) Papulosquamous diseases -(Psoriasis, LSC, Seborrheic Dermatitis, Vulvar planus) are well demarcated and usually show little evidence of rubbing and scratching.

C/F - Intense, chronic pruritus (itching), Soreness and burning, Dyspareunia, Scarring or fissuring (splits in the skin), particularly with lichen planus

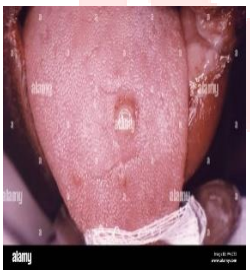
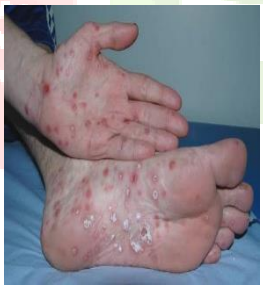
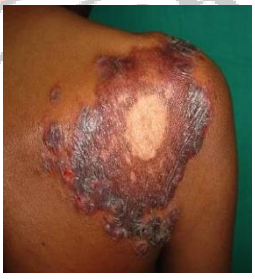
ii) Eczematous disease - Inflammatory skin conditions characterized by intense itching, redness, burning, and skin barrier dysfunction. is characterized by poorly demarcated borders, and either excoriations or thickening from rubbing (lichenification) are generally prominent. Disorders like Irritant Contact Dermatitis, Allergic Contact Dermatitis, Atopic Dermatitis, and Seborrheic Dermatitis.

Table No 13 : Pathological Aspects of Dermatitis

Irritant Contact Dermatitis	Allergic Contact Dermatitis	Atopic Dermatitis	Seborrheic Dermatitis
Caused by direct tissue damage from harsh chemicals, soaps, or physical friction. Common triggers include excessive washing, synthetic underwear, laundry detergents, and urine or sweat maceration.	An immune response triggered by specific allergens, such as fragrances (perfumes, douches), preservatives in wipes, panty liner adhesives, spermicides, or certain topical medications	Often associated with a general history of allergies, asthma, or atopic skin; vulvar flare-ups can be worsened by the moist	Linked to an inflammatory reaction to the *Malassezia* yeast. It primarily affects the hair-bearing labia majora as erythematous, well-demarcated
			

6. Syphilis[6]. - Syphilis is a curable bacterial sexually transmitted infection (STI) caused by anaerobic spirochete *Treponema pallidum.* Syphilitic lesion of the genital tract is acquired by direct contact with another person who was open primary & secondary syphilitic lesion. Transmission through skin or mucosal surface.

Table No 14 : Pathological Aspects of Syphilis

Primary lesion (chancre)	**Secondary syphilis**	**Latent syphilis**	**Tertiary syphilis**
-May be single or multiple -Small papule is formed 2-3 weeks after the exposure -Painless without any surrounding inflammatory reaction.	-6 weeks to 6 months - flat topped, moist, necrotic lesions, teeming with treponemes	-It is quiescence phase after the stage of secondary syphilis. - it varies in duration from 2 to 20 20 years.	-About 1/3rd untreated patient progress from late latent to tertiary phase. -characterized by Gumma - damages CNS, CVS, musculoskeletal system.
Management – -Benzathine penicillin G 2.4 million units, -Tetracycline 500 mg PO - Doxycycline 100 mg BID	Benzathine penicillin G 2.4 million units, -Tetracycline 500 mg PO - Doxycycline 100 mg BID	Benzathine penicillin G 2.4 million units, -Tetracycline 500 mg PO - Doxycycline 100 mg BID	-
			

In *Prasuti Tantra* –

A) Pregnancy – Pregnancy is associated with profound hormonal, immunological, metabolic, and vascular changes.

-Increased estrogen stimulates melanocytes, resulting in excessive melanin synthesis.
-Increased progesterone enhances sebaceous gland activity and vascular dilatation.

-Elevated cortisol reduces collagen synthesis and contributes to dermal thinning.

Skin diseases like Melasma, acne, hyperpigmentation, Striae gravidarum, spider angioma, Linea nigra, melasma, Hyperhidrosis, acne, AEP, PUPPP, pemphigoid gestationis, intrahepatic cholestasis of pregnancy

i) *Garbhini Kikkisa* – At 7th Month *Kikkisa* is seen having major features like *Kandu* and *Daha* leading to *Twak Sankocha, Twak Vaivarnya, Rekha Purna Vali*. *Vata-Pittanulomana* maintains skin elasticity and prevents cracking/stretching sensations. *Garbhini Kikkisa* is one of the common physiological skin

changes during pregnancy, characterized by linear atrophic streaks over the abdomen, breasts, thighs, buttocks due to stretching of the skin and hormonal influences.

ii)*Garbhini Vyapad/ Vyadhi - Kamala* : *Kamala Vyadhi* occurs due to *Dushti* of *Pitta* along with *Rakta* spreads throughout the body, producing yellow discoloration of skin and eyes, burning sensation, weakness, and in some cases itching. The itching in *Kamala* occurs due to vitiated *Pitta* and *Rakta* circulating in the *Twak*, leading to irritation and deposition of morbid substances in the skin. A modern perspective, pruritus in jaundice is due to accumulation of bile salts in the skin; the anti-inflammatory, antioxidant, and mild hepatoprotective properties of these drugs help in reducing skin irritation and supporting liver function indirectly.

iii) Polymorphic Eruption[5] -

PEP is an inflammatory dermatosis associated solely with pregnancy. No association have been found with atopy, pre-eclampsia, autoimmune phenomena. The striking association of PEP with abdominal striae mainly late pregnancy of primigravida have favored rapid, late abdominal wall distension with consecutive damage to connective tissue as an important aspect in the development in PEP. Starts on the abdomen, thighs, buttocks, around the belly button (periumbilical area), face, palms, vulval region & soles.

C/F - Small, pink, hive-like papules that coalesce into large, red, urticated (swollen) plaques, itching, sleep disturbance.

iv) Intrahepatic Cholestasis [5] – ICP is a liver condition that impairs bile flow, causing a build-up of bile acids in the bloodstream & mostly present in second half of pregnancy & resolve rapidly after delivery. Elevated total serum bile acid >11 micro mol/L.

c/f – a) Severe Pruritis

b) Prurigo lesion correlating with the duration of Pruritis especially on the palms, vulval region and soles.

v) Pemphigoid Gestation [5] – It is a rare autoimmune skin disease during pregnancy, characterized by an intensely itchy rash and fluid-filled blisters (bullae).

C/F – Erythema, wheals, blisters on abdomen (periumbilical involvement), palm, sole, face

vi) Atopic Eruption of Pregnancy (AEP) [5] - AEP is the most common pregnancy-related skin condition, accounting for roughly 50% of pregnancy dermatoses. AEP is an umbrella term for several pregnancy-related dermatoses that usually occur in women with a history of sensitive skin or a family history of eczema, asthma, or hay fever. Typically developing during the first or second trimester.

It generally presents in two forms –

a) Eczema-type (E-type): Inflamed, red, scaly, and itchy patches on typical eczema sites like the face, neck, and the creases of the elbows and knees.

b) Prurigo-type (P-type): Small, intensely itchy bumps (papules) that usually appear on the abdomen, back, and limbs.

C/F – Intensely itchy, dry, inflamed skin or small papules, typically developing during the first or second trimester.

vii) Leprosy - Leprosy (Hansen's disease) is a chronic infectious disease caused mainly by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves, and may also involve the eyes and mucosa.

Pregnancy → altered cell-mediated immunity → altered host response to *M. leprae* → increased risk of lepra reaction → worsening of nerve inflammation

Table No 15 : Pathological Aspects treatment modalities

Diseases	Common treatment	Special treatment

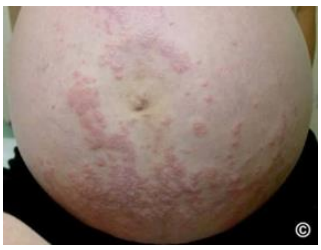
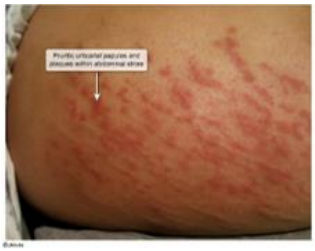
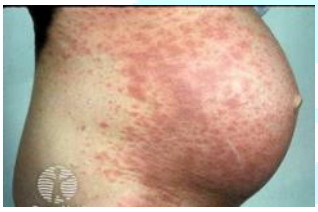
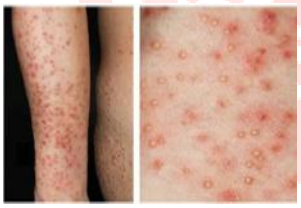
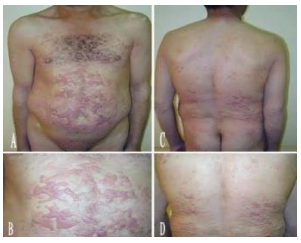
Polymorphic Eruption 		oil baths/ or emollients with 1-2 % menthol or urea, Corticosteroid – clobetasone butyrate 0.05 %, hydrocortisone butyrate 0.1%
Intrahepatic Cholestasis 	Lifestyle skincare modification. Corticosteroids Antihistamines	Ursodeoxycholic acid 15 mg/kg/day
Pemphigoid Gestation 		**Corticosteroids:** hydrocortisone or clobetasone
Atopic Eruption of Pregnancy (AEP) 		**Corticosteroids:** hydrocortisone or clobetasone, **Antihistamines** : loratadine **Calcineurin Inhibitors**: tacrolimus
Leprosy 		Rifampicin, Clofazimine, Dapsone

Table No 16: Pathological Aspects – *Garbhini*

Vikara	***Lakshna's***
*Garbhopaghatkar Bhava- Taila Abhyanga (Su.Sha.*3/16*)*	*Kushti*
*Garbhopaghatkar Bhava- Nakhopakartanat (Su.Sha.*3/16*)*	*Kunaki*
*Garbhopaghatkar Bhava- Avlekhnat (Su.Sha.*3/16*)*	*Khalita*
Garbhini Pittala Ahara Vihara – ()	*Khalati, Pinghala*
Garbhini Kaphaja Ahara Vihara ()	*Kandu*
*Garbhini Kikkisa (Ch.Sha.*8/32 *& Ash.Sam.Sha* 3/9 *& Bhel.Sha* 8/6)	*Kandu, Daha, Vaivarnya*
Garbhini Pandu (*Ha.Tri.*51/1)	*Vivarna,Pandutva , Varna*
*Garbhasya Updrava (Ha.Tri.*51/1*)*	*Vaivarnatwam*
Garbhini Varjya Ahara Varaha Mamsa Sevana (*Ch.Sha.*8/21)	*Atiparusha Roma*
Garbhini Varjya Ahara Varaha Ati Amla Sevana (*Ch.Sha.*8/21)	*Twak Vikara*
Garbhini Varjya Ahara Varaha Ati Lavana Sevana (*Ch.Sha.*8/21)	*Shighravali Palit Khalitya*
Upsuska & Upvistaka Vata (*Ash.Sha.*4/15)	*Shputita, Vivarna Parushaktwak*
Upsushka & Upavistaka- Pittaja (*Ash.Sha.*4/16)	*Pita Rakta Nakha, Kali Twak*
Upsuska & Upvistaka Kapha (*Ash.Sha.*4/17)	*Shweta Hasta Pada*
Garbhini Rajyakshma (*Ha.Tri.*51/1)	*Vivarna*
Mritagarbha (*Su.Sha.*8/12)	*Shyavpanduta*
Asadhya Mudagarbha (*Su.Ni.*8/6,11)	*Shitaangi Niloddhita Sira*

B) Post Partum – Physical stress of childbirth, lactation, sleep deprivation, and nutritional deficiencies can significantly affect the skin. Consequently, women may develop new skin disorders or experience exacerbation of pre-existing dermatoses such as eczema, psoriasis, acne, melasma, telogen effluvium, and infections.

C) *Sutika Vyadhi* : In *Dushprajata Chikitsa Acharya Kashyapa* mentioned skin conditions happening in a *Sutika* like *Pama, Vicharchika, Kitibha, Visphota,Visarpa, Dadru* in *Twak Vikara*. In other conditions like *Yoni Bheda, Yoni Kshata, Yoni Srava , Vatashteela, Yoni Shotha, Yoni Dosha, Yoni Shula* using anti-inflammatory, antibiotics, antioxidant drugs relive symptoms like excessive discharges, inflammation, pain and promotes better healing.

Pathological Aspects describing *Twak* and its *Vikara* mentioned in various *Samhitas*

Table No 16: Pathological Aspects – *Sutika*

Vikara	***Lakshna's***
Navjat Shisho- Upashirshak (Ash.Sam.Utt. 27/14*)*	*Varna*
*Sutika Roga (ka.Chi.*3/8-11*)*	*Kamala, Vicharchika , Visphotaka, Kitibha, Pama, Dadru, Visarpa*
*Sutika Pittajwara (Ka.Khi.*11/56-58*)*	*Daha, Pittasya Mukha*
*Stana Sampat (Cha.Sha.*8/53*)*	*Na Ati Pina*

3. Discussion –

3.1. *Twak Vikara* – Impact on Quality of Life of a female-

Skin disorders have a profound impact on an individual's quality of life (QoL), affecting physical, psychological, social, and occupational well-being. Visible skin lesions may result in embarrassment, low self-esteem, poor body image, anxiety, depression, and social withdrawal due to fear of stigma or discrimination. the chronic and recurrent nature of many skin diseases imposes a substantial financial burden due to repeated medical consultations, long-term treatment, and loss of work productivity. The impact of skin diseases extends beyond the affected individual to family members and caregivers, contributing to emotional stress and reduced family functioning.

3.2. Concept of *Purva Janma Krita Karma* manifesting as Skin Disorders:

In *Ayurveda*, the concept of *Purva Janma Krita Karma* actions performed in previous births is described as one of the factors that may contribute to the manifestation of skin diseases. The factors are *Daiva, Karma, Dosha, Dhatu, Agni, Srotas* and environmental/lifestyle factors. An individual's disease manifestation may depend on both:

i) *Daiva* – Effects of previous actions/unseen factors

ii) *Purushakara*– Present-life efforts and actions

3.3 Role of *Manas* in causing and aggravating Skin Disorders:

In *Ayurveda, Manas* is considered an important factor in the initiation, progression, and aggravation of *Twak Vikara* . The psychological state of an individual influences the equilibrium of *Dosha, Dhatu, Agni*, and *Ojas*, thereby affecting the normal functioning of the skin. Persistent psychological stress can disturb *Vata* and *Pitta Dosha* and, consequently, influence *Rakta Dhatu* and *Twak*, which are closely associated with the manifestation of skin pathology. From a contemporary perspective, the brain–skin axis provides a physiological basis for the relationship between psychological stress and skin disease. Stress activates the hypothalamic–pituitary–adrenal (HPA) axis and the sympathetic nervous system, resulting in changes in cortisol, catecholamines, inflammatory mediators, skin-barrier function. These changes may increase susceptibility to or exacerbate conditions such as acne vulgaris, atopic dermatitis, psoriasis, urticaria, seborrhoeic dermatitis, and pruritus.

3.4 Teratological effects of medicine in *Twak Vikara* in Conception, Pregnancy & Breastfeeding [6]-

Table No 17: Teratological effects

Drug	Conception/Pregnancy	Fetal effects	Breastfeeding
Isotretinoin	Contraindicated; highly teratogenic	Craniofacial, CVS & CNS malformations; miscarriage and premature birth	Avoid breastfeeding during treatment
Acitretin	Contraindicated; very long reproductive safety interval	Major congenital malformations, particularly craniofacial, cardiovascular and skeletal abnormalities	Avoid
Methotrexate	Contraindicated in pregnancy	Embryotoxicity, miscarriage and congenital malformations	Generally contraindicated/not recommended
Tetracyclines	Avoid particularly after the first trimester	Fetal/neonatal tooth discoloration and effects on bone;	Usually avoided for prolonged use,

		maternal hepatotoxicity with some preparations	especially in young infants
Topical corticosteroids	Generally compatible when appropriately used	High potency/prolonged excessive use may be associated with Fetal growth concerns	Usually compatible when used appropriately

3.5. Common management principles mentioned in *Ayurveda*–

According to *Ayurveda*, *Twak Vikara* primarily result from the vitiation of *Tridosha*, especially *Pitta* and *Kapha*, along with *Rakta, Mamsa, and Lasika Dushti. Panchakarma* is considered the principal *Shodhana Chikitsa* for eliminating vitiated *Doshas,* purifying *Rakta*, and preventing recurrence of skin diseases.

Table No 18: Common management principles mentioned in *Ayurveda*

Chikitsa	**Medicine**
Deepana Pachana	*Chitrakadi Vati, Hingwashtaka Churna, Jeerakarishta*
Snehapana	*Mahatiktaka Ghrita, Panchatiktaka Ghrita, Mahamanjishtadi Ghrita*
Sarvanga Abhyanga Baspa Sweda	*Nimba Taila, Ksheerbala Taila, Chandanadi Taila, Karanja Taila*
Vamana/Virechana	*Vamana – Madanphala, Yashtimadhu, Pippali, Lavana* *Virechana – Trivrut Lehya, Eranda Taila, Avipattikara Churna*
Basti	*Yoga Basti (Anuvasana & Niruha), Yapana Basti*
Raktamokshana	*Siravedha, Jalaukavacharana, Prachchhana, Alabu, Shringa*

3.6. Commonly used *Dravya's* for *Twak* & its *Vikara* –

Table No 19: Commonly used drugs for *Twaka* & it's *Vikara* mentioned in *Ayurveda*

Sr. No	***Mahakashaya***	***Chikitsa***
1.	***Varnya Mahakashaya***	*Chandanatungapadmakoshirmadhukamjjithasarivapasyasital ataeti Dashemani Varnyani Bhavanti* | (*Ch.Su.* 4/8)
2.	***Kushtaghna Mahakashaya***	*Khadirabhayamalakharidrarushkarasaptaparnargavadhakar avirvidangajatipravala Eti Dashemani Kushtaghnani Bhavanti* | (*Ch.Su.* 4/13)
3.	***Kandughna Mahakashaya***	*Chandananaladakritamalanaktamalanimbakutajasarshapam adhukadaruharidramustaneeti Dashemani Kandughnani Bhavanti* | (*Ch.Su.*4/14)
4.	***Dahaprashamana Mahakashaya***	*Lajachandanakashmaryaphalamadhukasharkaranilotpaloshirsarivaguduchihriberaniti Dashemani Dahaprashamani Bhavanti* | (*Ch.Su.* 4/41)
5.	***Shitaprashamana Mahakashaya***	*Tagaragurudhanyakashrugaverbhutikavachakantakaryagnimanthanashyonakapipplya Eti Dashemani Shitaprashamanani Bhavanti* | (*Ch.Su.* 4/42)

3.7. **Established Research**

Table No 20: Established Research

Sr. no	Article / journal	Result
1.	Management of skin disorders through *Ayurvedic* dermatology and internal *Ayurvedic* medicines[7]	It is concluded that a good number of herbal and compound medicines are mentioned in *Ayurvedic* texts for skin care, and management of skin diseases. Most of the dosage forms, including *Churna, Kwatha, Vati, Rasashaushadhi, Ghrita, Rasayana, Bhasma,* and others, are being administered internally as an ailments of skin disorders.
2.	A Clinical Study to Evaluate the Efficacy of *Darvyadi Leha* in *Garbhini Kamala* W.S.R. To Intrahepatic Cholestasis in Pregnancy- A Case Study[8]	*Garbhini kamala* has close resemblance with Intrahepatic cholestasis in Pregnancy in terms of similarities in manifesting sites. The stasis of bile in canaliculi with rise in canaliculi with rise in conjugated bilirubin is probably due to excess circulating estrogen. The main principles of management of *Garbhini kamala* are *Pitta Pradhana Tridosha Shamana, Vatanulomana, Srotoshodhana, Amapachana, Agnideepana*.
3.	Efficacy of *Ayurvedic* Herbal gel in the management of Dandruff: A case study[9]	After the 7th, 14th and 22nd day of assessment, variations in results were found on each symptom associated with Dandruff (*Darunaka*). Patients got relief in sign and symptoms with gradual improvement.
4.	*KIKKISA* - a) To Study of Efficacy of *Malati – Madhuka* Gel on *Garbhini Kikkisa* (Striae Gravidarum) [10]	The *Malati–Madhuka* Gel was highly effective in alleviating the most distressing symptoms. Complete relief in itching (*Kandu*) and burning (*Daha*) was achieved. Moderate improvement was observed in discoloration (*Vaivarnya*), reflecting the *Varnya* and *Pitta*-*Shamaka* properties of the ingredients.
	b) A Conceptual Study on the Effect of *Patoladi* Cream in the Management of Striae Gravidarum (*Garbhini Kikkisa*)[11]	This conceptual review highlights *Patoladi* cream – an herbal formulation with scientifically relevant ingredients – as a candidate for preventing or reducing pregnancy stretch marks.

4. Conclusion –

Skin disorders can significantly affect physical, psychological, social, and occupational well-being, thereby reducing the quality of life of women. Therefore, early recognition of cutaneous manifestations in gynaecological and obstetric practice is essential for timely diagnosis and appropriate management. An integrated approach combining *Ayurveda* principles, contemporary dermatological knowledge, hormonal and metabolic assessment, appropriate investigations, lifestyle modification, and individualized treatment may provide a comprehensive strategy for managing *Twak Vikara.*

Thus, understanding *Twak* from both *Ayurveda* and contemporary perspectives can strengthen the clinical approach to skin disorders in women and improve holistic care, quality of life, and reproductive health outcomes. Further clinical research is warranted to establish evidence-based correlations between *Ayurveda* concepts of *Twak Vikara* and contemporary dermatological conditions and to evaluate the efficacy and safety of *Ayurveda* interventions, particularly in pregnancy and other reproductive stages.

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6. Funding : Nil

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