Ayurveda has not a large detail of Keshbhumi. It is used as the origin place of Kesha (Hair). Aacharya Charka used this word in chapter of Trimarmiyachikitsa as place of Khalitya and described that Teja (Pitta) of our body in taking part with Vata and other Doshas scorches up the Keshbhumi (Scalp) giving instantaneous rise to Khalitya in males. Weather there is partial scorching than this gives rise to premature graying hair.\cite{1}

**Scalp**

**Defination:-**

The soft tissues covering the cranial vault form the scalp.

**Extent:-**

Anteriorly supraorbital margins

Posteriorly External occipital protuberance and nuchal lines

Each Sides Superior temporal lines

**Structure:-**

The scalp is made up of five layers.

1. Skin
2. Super facial Fascia
3. Deep Fascia
4. Loose areolar tissues
5. Pericranium

**Skin:-**

The skin is thick and hairy. It is adherent to the epicranial aponeurosis through the dense superficial fascia, as in palm and sole.
Superficial Fascia: -

It is more fibrous and dense in the center than the periphery of the head. It binds the skin to the subjacent aponeurosis, and provides the proper medium for passage of vessels and nerves of the skin.

Deep Fascia: -

Occipital frontalis muscles have two bellies, Occipitalis and frontalis, both of which are inserted into the epicranial aponeurosis. The epicranial aponeurosis or galena apponeurotica is free movable on the Pericranium along with the overlying and adherent skin and fascia.
Loose areolar tissues: -

It is the fourth layer of the scalp. It extents anteriorly eyelids and posteriorly highest and superior nuchal line and on each line the superior temporal line.

Pericranium:-

It is the fifth layer of the scalp. It is loosely attached to the surface of the bones but it is firmly adherent to their structures where the sutural ligaments bind the pericranium to the endocranium.

Applied:-

1. Because of the abundance of sebaceous glands, the scalp is common site for sebaceous cysts.
2. Since the blood supply of the scalp and the superficial temporal region is very rich; avulsed portion need not be cut away. They can be replaced in position and stitched; they usually take up and heal well.
3. Wounds of scalp bleed profusely because the vessels are prevented from retracting by the fibers fascia. Bleeding can be arrested by applying pressure against the bone.
4. Because of the density of fascia, subcutaneous hemorrhages are never extensive and the inflammation in this layer cause little swelling but much pain.
5. The layer of loose areolar tissue is known as The danger area of the scalp because of the emissary veins, which open here may transmit infection from the scalp to the cranial venous sinuses.
6. Collection of the blood in the layer of lose connective tissues cause generalized swelling for the scalp the blood may extent anteriorly in to the root of the noose and in to the eyelids causing black eyes.
7. Wounds of the scalp do not gape unless the epicranial aponeurosis is divided transversely.
8. Because of the pericranium is adherent to sutures collection of fluid deep to the pericardium known as cephalhaenatoma taking the shape of the bone concerned.

**Arterial supply of the scalp:**

**(Front of auricle)**

1. Supratrochlear
2. Supraorbital
3. Superfacial temporal Artery

**(Behind of the auricle)**

1. Posterior auricular artery
2. Occipital Arteries

Thus the scalp has a rich blood supply derived from both the internal and external carotid arteries. The two systems anastomosing over the temple

**Venous drainage:**

The veins of the scalp accompany the arteries and have similar names. Supratrochlear, Supraorbital- both veins continue down as the facial vein.

Super facial temporal veins drain in internal jugular vein.

Posterior auricular, Occipital vein drainage external jugular vein.

Emissary veins connect the extra cranial veins with the intracranial Venus sinus to equalize the pressure. The extra cranial infections may spread through these veins to intracranial venous sinus.

**Lymphatic Drainage:**
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The anterior part of scalp drains into the pre auricular or parotid lymph nodes. The posterior part of the scalp drainage into the posterior auricular or mastoid and occipital lymph nodes.

**Nerve Supply:**

The scalp supplied by ten nerve of each side. Out of these five nerves (Four sensory and one motor) enter the scalp in the front of auricles and the remaining five nerves (again four sensory and one motor) enter the scalp behind the auricle.

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