

6.3. Nirukti, Yogya, Ayogya, Prakara with modern correlations of Vedhan and Seevan

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1) Nirukti (Definition) & Canon

Sīvana (सीवन)—from सिव् "to sew"—is the **approximation of tissues** to restore anatomy and function **after** proper cleansing (śodhana), hemostasis, and shaping of a healthy, pocket-free wound.

Wound fit for any operative act/closure (vraṇa-guṇa):

तत्र आयतो विशालः समः सुविभक्तो निराश्रय इति व्रणगुणाः ॥८॥

आयतश्च विशालश्च सुविभक्तो निराश्रयः। प्राप्तकालकृतश्चापि व्रणः कर्मणि शस्यते ॥ ९॥ — Su. Su. 5/8-9

Meaning: Adequate length & breadth, even, cleanly cut edges, no pockets, and done at the right time.

Foreign-matter clearance before closure:

पांशुरोमनसादीनि चलमस्थि भवेच्च यत् ... तस्मादेतान् विशोधयेत् ॥ - Su. Su. 25/18-19

2) Yogya (Indications: what wounds should be sutured)

सीव्या मेदःसमुत्थाश्च भिन्नाः सुलिखिता गदाः ॥१६॥

सद्योव्रणाञ्च ये चैव चलसन्धिव्यपाश्रिताः ॥१७॥ — Su. Su. 25/16-17

Plain sense & modern correlations:

- मेद:समृत्था: lesions/wounds arising in **fat-rich tissue** → closures over subcutaneous planes (e.g., after excision of lipomatous lesions) benefit from layered Sīvana to obliterate dead space.
- भिन्नाः lacerated wounds requiring edge restoration.
- सुलिखिता गदा: clean, neatly incised wounds (e.g., surgical incisions) ideal for primary closure.
- सद्योत्रणाः **fresh wounds** (primary repair within the golden period).
- चलसन्धिव्यपाश्रिताः wounds near/over **mobile joints** (need secure closure patterns and, often, tension-relieving techniques/splintage).

Use these verses to justify **when** you choose primary Sīvana in exam answers.

3) Prakāra (Technique: materials, stitch patterns, needles, bite placement)

3.1 Suture materials & basic method

ततो व्रणं समुन्नम्य स्थापयित्वा यथास्थितम्। सीव्येत् सूक्ष्मेण सूत्रेण वल्केनाश्मन्तकस्य वा ॥२०॥ श्रणजक्षौमसूत्राभ्यां स्नाय्या बालेन वा पुनः।

मूर्वागुङ्ग्चीतानैर्वा सीव्येद्वेल्लितकं शनैः ॥२१॥ — Su. Su. 25/20-21

Meaning & modern mapping:

- Gently elevate and align wound edges to their anatomical position, then suture with a fine thread.
- Acceptable classical threads: bark fibres (valka), Ashmantaka fibre, hemp (śaṇa), linen (kṣauma), sinew (snāyu), hair (bāla), Murva and Gudūcī fibres—all to be used finely and gently ("vellitakaṃ śanaiḥ").

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• Modern equivalents: select fine, atraumatic sutures matched to tissue—e.g., monofilament nylon/polypropylene for skin, polyglactin (Vicryl) or Monocryl for subcutis, PDS for fascia; use the smallest size that achieves secure approximation with minimal tissue trauma.

3.2 Stitch patterns (named in the text)

सीव्येदगोफणिकां वाऽपि सीव्येद्वा तुन्नसेवनीम्। ऋजुप्रन्थिमथो वाऽपि यथायोगमथापि वा ॥२२॥ — Su. Su. 25/22

Interpretation used in classical surgical pedagogy (with common modern analogues):

- Gophanika a blanket/quilt-like stitch providing broad edge support → modern analogue: blanket stitch or continuous over-and-over for skin/edge reinforcement.
- Tunna-sevanī a continuous running suture line → modern analogue: running (simple continuous) or subcuticular depending on depth and plane.
- Rju-granthi simple straight knot technique → modern analogue: simple interrupted stitches.
- Yathā-yogam choose pattern appropriately to site, tension, contamination, and cosmesis.

In viva, state: "Gophaṇikā = blanket-type; Tunna-sevanī = running; Ŗju-granthi = simple interrupted—chosen yathā-yogam."

3.3 Needle forms, sizes, and where to use them

देशेऽल्पमांसे सन्धौ च सूची वृत्ताऽङ्गुलद्भयम् । आयता त्र्यङ्गुला त्र्यस्ना मांसले चाऽपि पूजिता ॥२३॥ धनुर्वका हिता मर्मफलकोशोदरोपिर । इत्येतास्त्रिविधाः सूचीस्तीक्ष्णाग्राः सुसमाहिताः ॥२४॥ — Su. Su. 25/23-24

Meaning & modern mapping:

- Sūcī vṛttā (curved/round-bodied), about two aṅgulas for thin-tissue regions and near joints (better arc control).
- Āyatā (elongated), ~three aṅgulas for deeper/longer reach.
- Tryasrā (triangular/three-edged) valued in muscular tissue (modern cutting or reverse-cutting needles for skin/firm tissue).
- Dhanur-vakrā (bow-curved) preferred over vital areas and over testis/scrotum/abdomen for controlled passage.
- All needles must be **sharp-tipped and well finished** (tīkṣṇāgrāḥ susamāhitāḥ).
- Modern equivalents: 3/8 or 1/2 circle needles; round-bodied for delicate/vessel/bowel; cutting/reverse-cutting for skin; taper-cut for tough fascia.

3.4 Bite size & distance from the wound edge

कारयेन्मालतीपुष्पवृन्ताग्रपरिमण्डलाः । नातिदूरे निकृष्टे वा सूचीं कर्मणि पातयेत् ॥२४॥ दूराहुजो व्रणौष्ठस्य सन्निकृष्टेऽवलुञ्चनम् ॥२६॥ — Su. Su. 25/25-26

Meaning & modern mapping:

- Keep bites/loops uniform—round like the tip of a jasmine stalk (think consistent bite geometry).
- Neither too far from the wound edge (causes pain & tension) nor too close (causes cheese-wiring/edge cut-through).
- Modern numbers to remember: for typical skin, bite width ~5-10 mm and spacing ~5-10 mm, adjusted to tissue thickness; closer, finer bites for face; wider for high-tension areas.

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4) Ayogya (When not to suture or to delay)

- **Dirty/contaminated wounds** or with **foreign matter/slough**—first **cleanse/debride** (śodhana), then reassess for delayed primary closure. *Su. Su. 25/18-19*
- Wounds not meeting vraņa-guņa (uneven edges, pockets, poor timing) → reshape to nirāśraya, then close. Su. Su. 5/8-9
- Unsafe geometry or line of closure that threatens sirā/snāyu → re-plan; wrong geometry increases pain/delay and leads to māṃsakandī (proud flesh). Su. Su. 5/15
- General caution near marma—unskilled suturing can be dangerous. Su. Su. 25/33

5) Modern correlations (ready to copy into your answers)

Classical cue	What you do today	Why it matches
Fine thread; gentle handling (25/20-21)	Small-calibre, atraumatic monofilament for skin; absorbable for deeper layers	Less tissue drag; lower infection; planes respected
Gophaṇikā / Tunna-sevanī / Ŗju-granthi (25/22)	Blanket/continuous or simple interrupted chosen yathā-yogam	Pattern by tension, contamination, cosmesis
Round vs cutting needles (25/23-24)	Round-bodied for subcutis/bowel; reverse- cutting for skin	Matches tissue resistance & lowers trauma
Uniform, not too far/close (25/25-26)	Bite 5-10 mm; spacing 5-10 mm (sitespecific)	Prevents pain/tension (too far) and cut-through (too close)
Vraņa-guņa + śodhana (5/8-9; 25/18-19)	Debride, hemostasis, pocket-free shaping, then close	Reduces infection and dehiscence

Removal times (practical): Face 5-7 d, scalp 7-10 d, trunk/upper limb 10-14 d, lower limb/joints 10-14+ d, tailored to tension/vascularity.

6) Contrast with Eṣaṇā and Vedhana (to avoid mixing up)

- Eṣaṇā (probing): एष्या नाडच: सशल्याश्च व्रणा उन्मार्गिणश्च ये ॥११॥ Su. Su. 25/11 (Sinus/foreign-body/aberrant tracts → probe to chart the path.)
- Vedhana (puncture): वेध्या: सिरा बहुविधा मूत्रवृद्धिरुदकोदरम् ॥१०॥ Su. Su. 25/10 (Veins, urinary distension, ascites → puncture/aspirate.)
- Sīvana (suturing): per 25/16-17 & 25/20-26 above. Keep these three strictly separate in answers.

7) High-yield viva lines (memorise with verse numbers)

- What to suture? Su. Su. 25/16-17 fat-plane lesions, lacerations, clean incised wounds, fresh wounds near mobile joints.
- **How to suture?** Materials & gentleness 25/20-21; patterns 25/22; needles 25/23-24; bite geometry 25/25-26.
- Pre-closure musts: vraṇa-guṇa (5/8-9), śodhana (25/18-19).

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8) Assessment

MCQs (Single best answer)

- 1. The **indication set** for Sīvana is given in:
 - a) Su. Su. 25/10 b) **Su. Su. 25/16-17** c) Su. Su. 25/11 d) Su. Su. 5/15
- 2. Gophaņikā in Su. Su. 25/22 most closely maps to:
 - a) Simple interrupted b) Purse-string c) Blanket/over-and-over reinforcement d) Vertical mattress
- 3. According to Su. Su. 25/23-24, tryasrā needles are best used for:
 - a) Delicate mucosa b) Muscular/skin tissues (cutting) c) Vessels d) Cartilage only
- 4. Su. Su. 25/25-26 warns that **placing bites too close** to the edge causes:
 - a) Excess pain only b) Edge cut-through/avulsion c) Better cosmesis d) Faster healing
- 5. Before Sīvana, pāṃśu-roma-nakha etc. must be removed (verse):
 - a) **Su. Su. 25/18-19** b) Su. Su. 5/8-9 c) Su. Su. 25/22 d) Su. Su. 25/30

Answer key: 1-b, 2-c, 3-b, 4-b, 5-a.

SAQs (3-5 lines each)

- 1. Write Su. Su. 25/16-17 and explain each indication with one modern example.
- 2. List the suture materials mentioned in Su. Su. 25/20-21 and give their modern equivalents.
- 3. Describe **Gophaņikā, Tunna-sevanī, Ŗju-granthi** with modern analogues (25/22).
- 4. Summarise the **needle choices** from 25/23-24 and where each is used today.
- 5. Explain the consequence of **too far vs too close** bites with 25/25–26, and give standard bite/spacing figures for forearm skin.

9) Closing summary (one line you can quote)

"Sīvana is indicated for fat-plane, lacerated, clean incised, fresh and joint-adjacent wounds (Su.~Su.~25/16-17), performed with fine sutures and appropriate patterns (25/20-22), using needle forms chosen by tissue (25/23-24), and uniform bites neither too far nor too close (25/25-26), after cleansing debris (25/18-19) and achieving a pocket-free wound (5/8-9)."

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