



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

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#### 1) Nirukti (Definition) & Canon

**Sivana** (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:

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

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

सीव्या मेदःसमुत्थाश्च भिन्नाः सुलिखिता गदाः ॥१६॥

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

##### Plain sense & modern correlations:

- **मेदःसमुत्थाः** — lesions/wounds arising in **fat-rich tissue** → closures over subcutaneous planes (e.g., after excision of lipomatous lesions) benefit from layered Sivana to obliterate dead space.
- **भिन्नाः** — **lacerated** wounds requiring edge restoration.
- **सुलिखिता गदाः** — **clean, neatly incised** wounds (e.g., surgical incisions) ideal for primary closure.
- **सद्योव्रणाः** — **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 Sivana 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॥

शण्जक्षीमसूत्राभ्यां स्नाय्वा बालेन वा पुनः ।

मूर्वागुडूचीतानेर्वा 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”).

- **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)

सीव्येद्गोफणिकां वाऽपि सीव्येद्वा तुन्नसेवनीम् ।

ऋजुग्रन्थिमथो वाऽपि यथायोगमथापि वा ॥२२॥ — Su. Su. 25/22

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

- **Gophaṇikā** — 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.
- **R̥ju-granthī** — **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; R̥ju-granthī = simple interrupted**—chosen **yathā-yogam.**”

### 3.3 Needle forms, sizes, and where to use them

देशेऽल्पमांसे सन्धौ च सूची वृत्ताऽङ्गुलद्वयम् ।

आयता त्र्यङ्गुला त्र्यस्रा मांसले चाऽपि पूजिता ॥२३॥

धनुर्वक्रा हिता मर्मफलकोशोदरोपरि ।

इत्येतास्त्रिविधाः सूचीस्तीक्ष्णायाः 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 ॥२५॥

दूराद्ब्रजो ब्रणौष्ठस्य 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.

#### 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 vṛaṇa-guṇa** (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
<b>Fine thread; gentle handling</b> (25/20-21)	Small-calibre, atraumatic <b>monofilament</b> for skin; <b>absorbable</b> for deeper layers	Less tissue drag; lower infection; planes respected
<b>Gophaṅikā / Tunna-sevanī / R̥ju-granthi</b> (25/22)	<b>Blanket/continuous</b> or <b>simple interrupted</b> chosen <b>yathā-yogam</b>	Pattern by tension, contamination, cosmesis
<b>Round vs cutting needles</b> (25/23-24)	<b>Round-bodied</b> for subcutis/bowel; <b>reverse-cutting</b> for skin	Matches tissue resistance & lowers trauma
<b>Uniform, not too far/close</b> (25/25-26)	<b>Bite 5-10 mm; spacing 5-10 mm</b> (site-specific)	Prevents pain/tension (too far) and cut-through (too close)
<b>Vṛaṇa-guṇa + śodhana</b> (5/8-9; 25/18-19)	Debride, hemostasis, <b>pocket-free</b> 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 नाड्यः सशल्यश्च व्रणा उन्मार्गिणश्च ये ॥११॥ — *Su. Su. 25/11*  
(Sinus/foreign-body/aberrant tracts → probe to chart the path.)
- **Vedhana (puncture):** वेध्याः सिरा बहुविधा मूत्रवृद्धिरुदकोदरम् ॥१०॥ — *Su. Su. 25/10*  
(Veins, urinary distension, ascites → puncture/aspirate.)
- **Sivana (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, 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:** **vṛaṇa-guṇa** (*5/8-9*), **śodhana** (*25/18-19*).



## 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. **Gophaṇikā** 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 **Gophaṇikā**, **Tunna-sevanī**, **Ṛju-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).”**