MECHANICAL INJURIES
MECHANICAL INJURIES ARE INJURIES PRODUCED BY PHYSICAL VOILENCE
INJURY

I.P.C Sec 44.

AN INJURY IS ANY HARM, WHAT EVER ILLEGALLY CAUSED TO ANY PERSON IN BODY, MIND, REPUTATION OR PROPERTY.

wound or injury is a break of the natural continuity of any of the tissues of the living body
CLASSIFICATION OF INJURIES

- MECHANICAL
- THERMAL
- CHEMICAL
1. Mechanical injuries

- Due to blunt force:
  - Abrasions
  - Contusions
  - Lacerations
  - Fractures and dislocations

- Due to sharp force:
  - Incised wounds
  - Chop wounds
  - Stab wounds

- Fire arms
  - Fire arm wounds
2. Thermal injuries.
   - Due to cold
     - Frost bite.
     - Trench foot.
     - Immersion foot.
   - Due to Heat.
     - Burns
     - Scalds.

3. Chemical injuries
   - Corrosive acids
   - Corrosive Alkalis

4. Physical injuries
   - Electricity, lightning, X-rays, Radio active substances, etc.,

5. Explosions
MECHANICAL

- ABRASION
- CONTUSION
- LACERATION
- INCISED
- STAB
- FIREARMMFRACTURES
THERMAL INJURIES

- BURNS (DUE TO FLAME OR HOT METALS).
- SCALDS (DUE TO MOIST HEAT).
- RADIATION BURNS (DUE TO X-RAYS, U.V RAYS, LASER BEAMS AND RADIO ACTIVE SUBSTANCES).
- ELECTRIC BURNS (DUE TO ELECTRIC CURRENT).
- LIGHTING BURNS.
- EXPLOSIVE BURNS (DUE TO HEAT MECHANICAL FORCE AND BLAST WAVE).
CHEMICAL INJURIES

- COROSIVE ACIDS.
- COROSIVE ALKALIS.
DEPENDING ON THE SEVERITY OF INJURY

- SIMPLE INJURY.
- GRIEVOUS INJURY.
DEPENDING UPON THE MOMENT OF DEATH

- ANTE MORTEM INJURY.
- POST MORTEM INJURY.
MEDICOLEGAL CLASSIFICATION

- SUICIDEL WOUNDS.
- HOMICIDAL WOUNDS.
- ACCIDENTAL WOUNDS.
- DEFENCE WOUNDS.
- FORGED/ FABRICATED/ FALSE WOUNDS.
PHYSICAL FACTORS

- DEGREE OF FORCE.
- AREA.
- DURATION.
- DIRECTION.
1) **Degree of Force** or K.E. applied:
Force = Mass $\times$ Acceleration
Kinetic Energy = $\frac{1}{2}$ Mass $\times$ Velocity

Energy depends on **mass** of weapon or projectile, but on the **square of its velocity**
Crash energy = $(\text{mph})^2 \times 0.034$, Stopping distance in feet
**Area**

Area over which force is applied:
- same force spread over larger area is less likely to injure at site of impact
- edge or tip of knife allows a great concentration of force applied
- edge of a plank is more damaging than its flat face
- heel of stiletto is more damaging than its sole

Soft object deforms and flattens
Duration over which force is applied: longer duration allows tissues at site of impact to deform and dissipate the applied energy. E.g., fall onto soft surface (increases duration and area of impact). Seat belt stretching slows down the rate of transfer of kinetic energy to the body and spreads the area of impact over the trunk (c.f. forehead on dash).
Direction of application:
Transfer of kinetic energy from weapon or projectile is **incomplete** with a glancing blow or exiting bullet (some wounding potential is wasted) and **complete** when the weapon or bullet come to rest on/in the body
BIOLOGICAL FACTORS

- MOBILITY OF THE BODY.
- ANTICIPATION AND CORDINATION.
- BIOMECHANICAL PROPERTIES OF TISSUE.
Mobility of the body part

Fixed parts absorbs all applied energy.
Mobile parts are able to transform KE into movement
Anticipation and coordination

e.g.- boxer rolling with a punch spreads out the duration of impact, catching a cricket ball, rolling with a fall
**Biomechanical properties of tissue**

Different tissues have different strengths and weaknesses

- Skin is elastic and more resistant than underlying tissues (Bruise > Laceration).
- Blood vessels more resistant to compression than stretching.
- Bone more resistant to bending than to torsion.
- Hollow or fluid-filled organs sensitive to compression.
- Brain (semi-fluid) more resistant to direct impact than rotational impact (--> shearing of nerve fibres).
- Bone and joint may transmit force to a weak point.
Abrasions
Abrasions

- Abrasion is defined as a superficial injury on superficial layers of epithelium or on mucous membrane, caused by a hard blunt and rough object.

- It is frictional injury.
CLASSIFICATION OF ABRASION

- SCRATCHES (LINEAR ABRASION).
- GRAZES (SLIDING OR SCRAPPING ABRASION).
- PRESSURE ABRASION (CRUSH ABRASION).
- PATTERNED ABRASION (CONTACT/IMPACT/IMPRINT ABRASION).
ABRASION

- This type of wound damages only the epidermis (uppermost skin layer), and should not therefore bleed. However, abrasions do usually extend into the dermis causing slight bleeding.

- Abrasions are commonly caused by a 'glancing' impact across the surface of the skin, but if the force is directed vertically down onto the skin surface it may be termed a 'crush' injury.

- These wounds are seen where an object has struck the skin (e.g., a blow from a fist), or where the injured person has fallen onto a rough surface, such as road.
ABRASION IN ROAD TRAFFIC ACCIDENT.
ABRASION

ABRASION ON THE FORE ARM WITH SLIGHT SCAB FORMATION
CHARACTERISTICS OF ABRASION

- They are superficial injuries.
- Are usually caused due to friction.
- The shape of the abrasion corresponds to the size of the object except in scratches.
- The site of abrasion is the site of impact.
- They bleed slightly.
- A large abrasion may be very painful and bleed profusely.
- They heal rapidly.
- After healing there is no scaring.
SCRATCHES

1. THEY ARE CAUSED BY A SHARP OR POINTED OBJECT PASSING ACROSS THE SKIN SUCH AS FINGURE NAIL PIN OR THORN.
SCRATCHES
PRESSURE ABRASION

is a type of abrasion which results from pressure of the object on the body, with out or with little friction.

- Ligature mark in hanging/strangulation.
- Tyre marks, during run over by a vehicle.
- Teeth bites and nail marks.
Pressure Abrasions
(Crushing Abrasions):
PRESSURE ABRASIONS

TYRE MARKS
GRAZES

- RESULTS WHEN THE BODY IS DRAGGED ON ROUGH SURFACE E.g DURING VHECULAR ACCIDENTS.

- THE INITIAL PART OF THE INJURY IS SERRATED AND THERE IS HEAPING UP OF THE EPITHELIUM.

- SURFACE SHOWS IRREGULAR PARALLEL LINES I.E FURROWS AND GROOVES.

- A VIOLENT LATERAL GRAZE, DUE TO RUBBING OF SKIN IT IS ALSO KNOW AS BRUSH BURNS.
GRAZED ABRASION
ABRASIONS IN ROAD TRAFIC ACCIDENTS GRAZES
PATTERN ABRASION

- Pattern of two parallel lines in blow with a stick. (Railway line pattern)
- Pattern of cycle chain.
- Pattern of whip.
- Pattern of teeth & nails.
Patterned abrasions
Patterned abrasions
Pressure Abrasions
(Crushing Abrasions):
Atypical Abrasions

Nail marks and teeth bites may conveniently be included in this category of abrasions though they may produce lacerations too, depending upon the force applied.

Nail marks are especially important in cases of child abuse, sexual offences and manual strangulation
AGE OF ABRASION

INITIALLY BLEEDING
1-2 HRS

CLOTTING
12-24 HRS

SCAB FORMATION (INITIALLY RED)
2-3 DAYS

SCAB DARK OR ALMOST BLACK
4-7 DAYS

SCAB BROWN
3-4 DAYS

SCAB STARTS FALLING
7-10 DAYS

SCABS FALLS OFF
10-14 DAYS

NORMAL SKIN
Age (Fate) of an Abrasion

- **Fresh:** The area will appear reddish.
- **12-24 Hours:** The exudation dries up to form a reddish scab.
- **2-3 Days:** The scab is reddish brown.
- **4-5 Days:** The scab is dark brown in appearance.
- **5-7 Days:** Scab is brownish black in appearance and starts falling off from the margins.
- **7-10 Days:** The scab shrinks and falls off,
Differential Diagnosis

- Erosion of the skin produced by insects, ants, etc:
- Excoriation of the skin by excreta:
Character and manner of injury may be known from its distribution.

- In throttling, crescentic abrasions due to fingernails are found on the neck.
- In smothering, abrasions may be seen around the mouth and nose.
- In sexual assaults, abrasions may be found on the breasts, genitals, inside of the thighs and around the anus.
- Abrasions on the face of the assailant indicate a struggle.
They give an idea about the site of impact and direction of the force.

They may be the only external signs of a serious internal injury.

Patterned abrasions are helpful in connecting the wound with the object which produced them.

The age of the injury can be determined, which helps to corroborate with the alleged time of assault.

In open wound, dirt, dust, grease, or sand are usually present, which may connect the injuries to the scene of crime.
MEDICOLEGAL ASPECTS OF ABRASION

- Type of weapon / object of assault.
- Age of injury & therefore time of crime.
- Direction of injury.
- Whether injury is antemortem or post mortem.
CONTUSION (bruise)

CONTUSION IS DEFINED AS AN INJURY PRESENT SUBCUTANEOUSLY OR UNDER THE MUCOUS MEMBRANE WITH EPITHELIUM BEING INTACT, AND IS CAUSED BY THE IMPACT OF HARD AND BLUNT OBJECT- LEADING TO RUPTURE OF CAPILLARIES SUB-CUTANEOUSLY AND THEREFORE EXTRAVASATION OF BLOOD.
CHARACTERISTICS OF A CONTUSION

1. CONTUSION IS A SUB CUTANEOUS INJURY, INVOLVING RUPURE OF CAPILLARIES AND TEAR OF SUB CUTANEOUS TISSUE.

2. OVERLYING EPITHELUM IS INTACT.

3. IS USUALLY CAUSED BY A HARD & BLUNT OBJECT.

4. MAY BE PRESENT ON EXTERNAL SURFACE OF BODY OR ON INTERNAL VISCERA – KNOWN AS ECCHYMOSIS.

5. MAY BE ASSOCIATED WITH ABRASION – KNOWN AS CONTUSED ABRASION.
6. Usually round in shape some time shape of the object patterned bruise.

7. Size of the injury is always more than the impact.

8. Site of the bruise may be the site of impact or away from the impact due to gravity.

9. May not be seen in dark people.

10. Deep contusion may become visible externally, after 1-3 days.

11. A deep contusion may become visible only after death – Spilsbury Phenomenon.

FACTORS INFLUENCING CONTUSION

1. AGE
2. SEX
3. COMPLEXION
4. PATHOLOGICAL CONDITIONS
5. CHRONIC ALCOHOLICS
6. AMOUNT OF FORCE
7. TYPE OF OBJECT
8. EFFECT OF GRAVITY
9. SITE OF BODY
AGE OF CONTUSION

INITIALLY RED  ➔  BLUE (HAEMOSIDERIN)

FEW HOURS TO 3 DAYS

GREEN (HAEMOTOIDIN)  ➔  BLUISH BLACK / BROWN (HAEMOSIDERIN)

5-6 DAYS  ➔  4 DAY

YELLOW (BILIRUBIN)  ➔  NORMAL SKIN

7-12 DAYS  ➔  2 WEEKS

NORMAL SKIN
### DIFFERENCES BETWEEN ANTEMORTEM & POSTMORTEM CONTUSION

<table>
<thead>
<tr>
<th>ANTE MORTEM CONTUSION</th>
<th>POST MORTEM CONTUSION</th>
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</thead>
<tbody>
<tr>
<td>1. SWELLING IS USUALLY PRESENT.</td>
<td>1. NIL.</td>
</tr>
<tr>
<td>2. COLOUR CHANGES, AS PER STAGE OF HEALING SEEN.</td>
<td>2. NIL.</td>
</tr>
<tr>
<td>3. COLOUR NOT UNIFORM – PALE AT CENTER.</td>
<td>3. UNIFORM.</td>
</tr>
<tr>
<td>4. MARGINS MAY BE ABRADED OR LACERATED.</td>
<td>4. USUALLY NOT.</td>
</tr>
<tr>
<td>5. FEATURES OF INFLAMATION AND VITAL REACTIONS SEEN.</td>
<td>5. ABSENT.</td>
</tr>
<tr>
<td>6. BLOOD CANNOT BE EASILY WASHED AWAY.</td>
<td>6. CAN BE EASILY WASHED.</td>
</tr>
<tr>
<td>7. ENZYME LEVELS ARE RAISED.</td>
<td>7. NIL.</td>
</tr>
</tbody>
</table>
MEDICO LEGAL IMPORTANCE OF CONTUSIONS

- Patterned bruises may connect the victim and the object or weapon.

- The age of the injury can be determined by colour changes.

- The degree of violence may be determined by their size.

- Contusions are usually accidental sometimes homicidal and rarely suicidal.
PATTERNED BRUISE OF RAIL TRACK APPEARANCE
PATTERNED BRUISING
LACERATION

Is defined as the injury caused by heavy, hard and blunt object involving damaged to some deeper layers and deeper body parts like dermis, muscles, bones and internal viscera.
Lacerations

These wounds are commonly known as 'gashes, tears or cuts' of the skin. The skin surface is split or torn following blunt trauma, and the force causes the full thickness of the skin to be damaged. Lacerations therefore bleed profusely.
Lacerations have ragged wound edges, as they have been torn apart and not neatly incised as in a surgical wound. However, scalp lacerations sometimes resemble incised wounds when they have been caused by a regular shaped object. If the wound is examined closely (eg with a hand-held magnifying glass), the ragged edges can be visualised, along with,

- crushing and bruising.
- Hairs driven into the tissues.
- Tissue strands (nerves, fibrous brands, vessels) may cross the depths of the wound.
TYPES OF LACERATION

- Split Laceration
- Stretch Laceration
- Avulsions
- Tears
- Cut Lacerations
LACERATION OF HAND
LACERARION OF LIVER
LACERATION OF SCALP
CAUSES OF DEATH IN LACERATION

- NEUROGENIC SHOCK.
- INJURY TO INTERNAL VISCERA.
- FAT EMBOLISM.
- HAEMORRHAGE.
- SECONDARY INFECTION.
- CRUSH SYNDROME.
AGE OF INJURY IN LACERATION

- Initially bleeding.
- Clotting after 12-24 hours.
- Pus formation - 18-36 hours.
- Granulation tissue - 1-2 weeks.
- Healing is always by scarring.
MEDICO LEGAL IMPORTANCE OF LACERATION

- TIME SINCE INCIDENT CAN BE ESTIMATED.
- LACERATIONS ARE USUALLY HOMICIDAL OR ACCIDENTAL.
- SUICIDAL LACERATIONS ARE RARE.
- WEAPON CAN BE IDENTIFIED.
INCISED WOUNDS

Incised wounds are sharp cut-like injuries, made by knives or broken glass etc.

The edges of the wound will vary according to the nature of the cutting edge of the object, in that a razor will leave regular margins, whereas an axe may leave the wound margins crushed and bruised, resembling a laceration.
CHARACTER OF A INCISED WOUND

- MARGINS
- WIDTH
- LENGTH
- SHAPE
- HAEMORRHAGE
- DIRECTION
CHARACTERISTICS OF AN INCISED WOUNDS

MARGINS - THE EDGES ARE CLEAN-CUT WELL DEFINED AND USUALLY EVERTED. THE EDGES MAY BE INVERTED IF A THIN LAYER OF MUSCLE IS ADHERENT TO SKIN AS SEEN IN SCRODUM.
- **WIDTH** – The width is greater than the edge of the weapon.

- **LENGTH** – The length is greater than its width and depth.

- **SHAPE** – It is usually spindil shape due to greater retraction of the edges in the center.
HAEMORRHAGE – AS THE VESSELS ARE CUT CLEANLY THE HAEMORRHAGE IS MORE.

DIRECTION – INCISED WOUNDS ARE DEEPER AT THE BEGINNING BECAUSE MORE PRESSURE IS EXERTED ON THE KNIFE AT THIS POINT. THIS IS KNOWN AS HEAD OF THE WOUND. TOWARDS THE END OF THE CUT THE WOUND BECOMES INCREASINGLY SHALLOW TILL FINALLY AS THE KNIFE LEAVES THE SKIN ALONE IS CUT. THIS IS KNOWN AS TAILING OF THE WOUND.
INCISED WOUND

TAIL OF THE WOUND

HEAD OF THE WOUND
INCISED WOUND

SHOWS HEAD AND TAIL OF THE WOUND
## DIFFERENCE BETWEEN INCISED AND LACERATED WOUND

<table>
<thead>
<tr>
<th>INCISED WOUND</th>
<th>LACERATED WOUNDS</th>
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</thead>
<tbody>
<tr>
<td>1. BY SHARP OBJECTS OR WEAPON.</td>
<td>1. BY BLUNT OBJECTS OR WEAPONS.</td>
</tr>
<tr>
<td>2. SITE: ANYWHERE ON BODY.</td>
<td>2. ANYWHERE.</td>
</tr>
<tr>
<td>3. MARGINS: SMOOTH, EVEN CLEAN-CUT AND EVERTED.</td>
<td>3. IRREGULAR AND OFTEN UNDERMINED.</td>
</tr>
<tr>
<td>4. ABRATION ON EDGES: ABSENT.</td>
<td>4. USUALLY PRESENT.</td>
</tr>
<tr>
<td>5. BRUIISING: NO BRUIISING ON ADJUSENT TISSUES.</td>
<td>5. BRUIISING OF SURROUNDING AND UNDERLYING TISSUES.</td>
</tr>
<tr>
<td>6. SHAPE: LINEAR OR SPINDIL SHAPE:</td>
<td>6. VARIES, USUALLY IRREGULAR.</td>
</tr>
<tr>
<td>7. DIMENSIONS: USUALLY LONGER THAN DEEP.</td>
<td>7. USUALLY LONGER THAN DEEP.</td>
</tr>
<tr>
<td>8. DEPTH OF WOUND: STRUCTURES CLEANLY CUT TO THE DEPTH OF THE WOUND.</td>
<td>8. SMALL STRAND OF TISSUES AT THE BOTTOM BRIDGE ACROSS MARGINS.</td>
</tr>
<tr>
<td>9. HAIR BULBS: CLEANLY CUT.</td>
<td>9. CRUSHED OR TORN.</td>
</tr>
<tr>
<td>10. BONES: MAY BE CUT.</td>
<td>10. MAY BE FRACTURED.</td>
</tr>
<tr>
<td>11. FOREIGN BODIES: ABSENT.</td>
<td>11. USUALLY PRESENT.</td>
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</table>
CHOP WOUNDS

- They are deep gaping wounds caused by a blow with the sharp cutting edge of a fairly heavy weapon, like a hatchet, an axe, or a butcher's knife.
CHOPED WOUNDS

- The dimensions of the injury corresponds to the penetrated blade of weapon.
- The depth of the injury may be same throughout, usually it is deeper at the part nearer to assailant.
- Neck and limbs may be chopped off.
- The margins of the injury are usually lacerated.
- The surrounding skin is contused.
CHOPED WOUD
CHOPED WOUND
CHOPED WOUND
A STAB WOUND (PUNCTURE) IS DEFINED AS AN INJURY CAUSED BY A SHARP POINTED WEAPON / OBJECT, WHEN THE SHARP TIP IS THRUSTED INTO THE BODY PART.

(STAB WOUND CAN RESULT, EVEN IF THE POINT IS BLUNT e.g. BY HORN OF A BULL OR END OF AN IRON ROD).
TYPES OF STAB WOUND

- PUNCTURED WOUND.
- PENETRATING WOUND.
- PERFORATING WOUND.
- CONCEALED PUNCTURE WOUND.
PUNCTURED WOUND

ANY WOUND, WHERE DEPTH IS THE GREATEST DIMENSION, AND IT IS CAUSED BY A SHARP POINTED OBJECT, IT IS STAB/PUNCTURED WOUND.
PENETRATING WOUND

- WHEN THE SHARP POINT OF THE OBJECT PENETRATES INTO ONE OF THE THREE BODY CAVITIES, IT IS A PENETRATING WOUND.
PERFORATING WOUND

- If the sharp tip of weapon perforates the part through and through so as to cause a wound of entry and a wound of exit, it is labelled as perforating wound.
CONCEALED PUNCTURE WOUND

A PUNCTURE WOUND WHICH IS CONCEALED OR HIDDEN.
CHARACTERISTICS OF A STAB WOUND

GENERAL

1. IT IS CAUSED BY A SHARP POINTED OBJECT.
2. DEPTH IS THE GREATEST DIMENSIONS.
3. A WOUND OF ENTRY AND A WOUND OF EXIT MAY BE CAUSED.
1. The length of wound of entry is slightly less than the width of the blade, because of elastic recoil of skin.

2. Length of wound of entry is larger than the exit because of the tapering tip.
SHAPE

- Depends up on the nature of blade.

1. If the blade is single sharp edge - injury is wedge shape or triangular.

2. If the object is double sharped - than injury is elliptical.

3. If the object is circular than the injury is circular.

4. If the object is squarish then the injury is cruciate.
Seen in this clay model is the pattern of a stab wound from a double edge knife on the left and a single edge knife on the right.
THE EDGES OF THE WOUND ARE CLEAN CUT.

THERE IS USUALLY NO BRUISING ABRASION OF THE MARGINS.

IN FULL PENETRATION OF THE BLADE ABRASION AND BRUISE MAY BE PRODUSED BY THE HILT OF THE KNIFE.
DEPTH

- DEPTH IS GREATER THAN THE LENGTH OF THE BLADE OF THE KNIFE.

- DEPTH OF THE INJURY DEPENDS UPON:
  1. SHARPNESS OF THE TIP.
  2. LENGTH OF THE BLADE.
  3. AMOUNT OF FORCE USED.
  4. BODY PART STRUCK.
  5. WHETHER THE PART STRUCKED IS CLOTHED OR NOT.
SINGLE EDGE KNIFE WITH HILT
This is a single-edge blade stab wound in which there is a "hilt" mark at the left. The sharp blade edge is at the right.
STAB WOUND
This is a stab wound with a single edge blade. Note the sharp point of the blade at the left and the notch of the opposite side of the knife at the right. The shape of stab wounds can vary considerably, depending upon whether the incision is along the axis of, or perpendicular to, Langer's lines. Those perpendicular will tend to pull apart and gape open, while those parallel to the lines of stress will tend to remain slit-like.
The violent nature of the crime is demonstrated by the numerous stab wounds. The number and location of the stab wounds suggests extreme anger with a sexual motivation. The assailant in this case was a former boyfriend.
DEFENCE WOUNDS

- THESE WOUNDS ARE ALWAYS HOMICIDAL IN NATURE.

- THESE WOUNDS ARE ALWAYS SEEN ON THE HANDS AND LEGS.
A possible stance of an assailant and victim during a knife attack - illustrating the reason for defensive wounds being found on the hands and outer aspects of the forearms
DEFENCE WOUND
DEFENCE WOUNDS
Here is a typical "defense wound" on the forearm of the victim of an assault with a sharp weapon, producing the laceration.
Here are defense wounds on the hand of a victim whose assailant was attacking with a knife.
SELF INFLICTED INJURIES

- They are multiple and parallel or nearly so in any one area.
- They are uniform in depth and direction.
- They are relatively minor.
- Hesitation marks or tentative cuts or trial wounds are present.
- They are multiple trivial and one lethal injury.
- Weapon may be present in the site.
SELF INFLICTED INJURY
SUICIDAL CUT THROT INJURY

Fig. 6.44: Homicidal cut-throat injury exposing thyroid cartilage of the larynx, cut across with profuse bleeding and blood stains.

Fig. 6.45: Cut throat injuries in a child (homicide). Defense cuts are present over the hands and fingers.

Fig. 6.46: An incised wound on neck.

Fig. 6.47: Multiple, deep incised wounds on left side of neck elliptically placed and parallel to one another resembling suicidal incised wounds produced by right-handed person.
DIFFERENCE BETWEEN SUICIDAL AND HOMICIDAL WOUNDS

SUICIDAL

- Usually on the accessible parts of the body.
- Above down wards from left to right in a right handed persons.
- Number of wounds are multiple and parallel.
- Clothes are not cut or damaged.

HOMICIDAL

- On any part of the body.
- Particular direction is not necessary.
- Not necessary.
- Clothes are damaged at the site of injury.
HARA - KIRI

- It is a ritual suicidal injury.
- In which the victim inflicts a single large wound on the abdomen with a short sword while in a sitting position or falls forward up on a ceremonial sword and pulls out intestine.
KAMAL PUJA