



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of
AYURVEDA & YOGA



Year - 2026

Volume 4, Issue 1

“A CONCEPTUAL STUDY OF HANGING AND ITS MEDICOLEGAL ASPECTS”**Dr. Kalpesh S. Pawar¹, Dr. Sanjay B. Nandedkar²**

1. P.G. Scholar, Dept. of Agadtantra, YMT Ayurved Medical College, Kharghar, Navi Mumbai
2. Professor & HOD Dept. of Agadtantra, YMT Ayurved Medical College, Kharghar, Navi Mumbai

ABSTRACT:

Various parts of the world continue to practise hanging, a centuries-old method of execution, sparking intense debates and controversies. This article developed into the concept of hanging, examining its historical context, types, and the physical and psychological effects it has on individuals. The process and concept of hanging as a method of execution are also discussed, with arguments for its simplicity and cost-effectiveness countered by concerns over its cruelty and inhumanity. The article ultimately argues for the abolition of hanging, advocating for more humane methods of execution that prioritise human dignity and rights. Hanging is a form of violent asphyxial death caused by the suspension of the body by a ligature around the neck, where the constricting force is the weight of the body itself. It is a mechanical interference with the air passages and the blood vessels of the neck.

KEY WORDS:- Hanging , Death, Deadbody, Asphyxia , Medico-legal

Corresponding Details:**Dr. Kalpesh S. Pawar**

Plot No 13 A Laxmi Vihar Colony Shahada road Shirpur dist Dhule

Mobile No. 7719039578

E-Mail: pawarkalpesh192@gmail.com

How to cite article:

**Dr. Kalpesh Pawar, Dr. Sanjay B. Nandedkar****A Conceptual Study of Hanging And Its Medicolegal Aspects, Sanjeevani Darshan - National Journal of Ayurveda &****Yoga 2026; 4(1): 11-14 : <http://doi.org/10.55552/SDNJAY.2026.4102>**

INTRODUCTION

Hanging is defined as the mode of violent asphyxial death in which entry of air to the lungs is prevented by constriction of the neck because of suspension of the body by a ligature tied round the neck so that the weight of the body is the constricting force on the neck. constricting force is endogenous). It is not essential that the complete body weight should constrict the neck; death is possible even if a part of body weight constricts the neck, because 3-5 kg of weight is sufficient to constrict and occlude the arteries.

Classification

By Degree of Suspension:

Complete: The body is fully suspended; no part of the body touches the ground.
Partial: The body is partially supported (kneeling, sitting, or reclining). A weight of only 2–5 kg is enough to compress the jugular veins and carotid arteries.

By Position of the Knot: Typical: The knot is at the occiput (midline of the back of the head).
Atypical: The knot is at any other position (e.g., the side of the neck or under the chin).

Signs and Symptoms

Immediate Phase: Flashes of light, ringing in the ears (tinnitus), and a feeling of numbness.
Loss of Consciousness: Occurs almost instantly due to cerebral ischaemia.
Convulsions: Violent movements of the limbs may occur just before death. Physical Manifestations: Cyanosis (bluish skin), protrusion of the tongue, and staring/bulging eyes.

Fatal Period

Immediate: Death can be instantaneous due to vagal inhibition (reflex cardiac arrest).
Average: Usually occurs within 3 to 5 minutes. Resuscitation: Survival is possible if the victim is cut down within 1–2 minutes, though brain damage from hypoxia remains a risk.

Causes of Death

Asphyxia: Obstruction of the airway by the root of the tongue being pushed back.
Cerebral Ischaemia: Compression of the carotid arteries. Venous Congestion: Compression of the jugular veins.

Vagal Inhibition: Stimulation of the carotid sinus leading to reflex cardiac arrest.
Fracture-Dislocation: Typically seen in judicial hanging (long drop) involving the C2–C3 vertebrae.

Post-Mortem (PM) Appearance

External Findings
Ligature Mark: The most vital evidence. It is situated high in the neck, above the thyroid cartilage, and is oblique, non-continuous (fading at the knot), and parchment-like.
Saliva Dribbling: A "sure sign" of ante-mortem hanging. Saliva runs out of the corner of the mouth opposite the knot due to pressure on the salivary glands while the heart is still beating. Post-mortem lividity is found in the hands and feet (glove and stocking distribution) if the body remains suspended.

Internal Findings

Neck Muscles: Bruising of the neck muscles is rare but may occur in violent drops.
Hyoid Bone: Fracture may occur, particularly in older victims where the bone is brittle.
Carotid Arteries: Transverse tearing of the inner lining (intima) known as Amussat's sign.

Discussion

The primary medico-legal challenge is determining the manner of death. While hanging is the most common method of suicide, forensic experts must rule out "post-mortem hanging" (where a body is hung to stage a suicide after a homicide). The presence of saliva dribbling and the specific oblique nature of the ligature mark are critical in distinguishing hanging from ligature strangulation.

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Conclusion

Hanging is a complex medico-legal phenomenon where the ligature mark and saliva dribbling serve as the "silent witnesses". A meticulous autopsy combined with a scene investigation is essential to rule out foul play and ensure an accurate cause of death.

Prevention

Mental Health Support: Strengthening suicide prevention hotlines and psychiatric care.
Environmental Safety: Removing "ligature points" (hooks and tall bars) in high-risk areas like prisons or psychiatric wards.
Community Education: Recognizing behavioral warning signs in individuals at risk.

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Source of Support : None Declared
Conflict of Interest : Nil



Sanjeevani Darshan

National Journal of Ayurveda & Yoga