

Original Research

Socio-Demographic Profiling and Trends of Medico-Legal Autopsies at a Tertiary Care Teaching Hospital: A Three-Year Retrospective Study

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Abstract:

A retrospective study was conducted at Department of Forensic Medicine & Toxicology at Goa Medical College Bambolim-Goa from Month of 1st January 2023 to 31st December 2025 {3 years} to study the profile, distribution and types of medicolegal autopsies. It consisted of sample size of 3565 cases which included almost all types of medicolegal cases. Natural death cases were seen in 39.3% & unnatural in 60.61% cases. Overall, 76% were known subjects and 24% unknown & 83.3% were male subjects and 16.6% females. Among natural cases 41-50 yrs age group accounted for 19% of deaths and among unnatural 61-70 yrs for 21.8% cases. Among Natural cases respiratory system diseases accounted for highest number 38.9% cases and among unnatural deaths motor-vehicular accident cases accounted for 29.5% cases. This study basically defines the unnecessary load on autopsy surgeon in Goa as quite significant number of natural deaths cases were subjected to autopsy because of MLC nature of cases.

Key Words:Medicolegal Autopsy; natural death; respiratory system; Motor-vehicular accident

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Introduction:

NCRB accidental deaths & suicides in India 2023 report shows 0.3% increase in suicide cases with 72.8% males & 27.2% females. 90% of accidental deaths are attributed to unnatural causes with RTA as leading followed by drowning, poisoning & fires.¹

A medico-legal case is any type of case where the accompanying registered medical practitioners (RMP), after obtaining a detail history and examining the patient, thinks that some investigation or procedure by law enforcement agencies is required to establish and fix responsibility for the case in accordance with the law or

legal ground.² MLC constitutes road traffic accidents, sexual offences, assault, poisoning, suicidal attempt, burns, drug overdose, hanging, drowning etc.³ Profiling of medicolegal cases is an integral aspect for the prevention of preventable casualties in future and to study the burden of the medicolegal cases in area.⁴

It was constantly observed that in Goa every year there was stepwise rise in number of autopsy cases at Goa Medical College hence this study was undertaken to estimate the exact burden, percentage & types of cases, age wise and sex wise distribution of cases.

This is a 03year retrospective study for the year 2023, 2024 & 2025 which accounted for total sample size of 3565 cases.

Objectives

1. To estimate the number of natural and unnatural cases.

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Received on 21.02.2026

Accepted on 20.03.2026

2. To study the identity status of cases
3. To study age and sex distribution of cases.
4. To study the manner of death of cases.
5. To study the profile and types of cases subjected to autopsy.

Materials and Methods:

The sample {continuous sampling} consisted of all cases subjected to autopsy examination at Department of Forensic Medicine & Toxicology at Goa Medical College Bambolim-Goa from month of 1st January 2023 to 31st December 2025 {3 years}. Data like age, sex, identity status was collected from request letter, police report, inquest panchanama, postmortem register and autopsy reports. The data was collected as per the predesigned proforma which was compiled and analysed. Manner of death was ascertained from police report form & Cause of death from autopsy reports.

It is descriptive, retrospective, record-based study. Permission was not taken from Ethical Committee as it was a record-based study without involving live subjects or experimentations. A total of 3565 cases were subjected to autopsy in 3years time frame the results of which are described below in various forms such as charts, tables, etc. The data was analysed by using SPSS Statistics for Windows. Statistical tests: Descriptive statistics with percentile strengths is calculated. Inclusion criteria – all cases autopsied in between 2023-2025. Exclusion criterionil.

Observation and Results:

As shown in table no.1 which shows year wise data, a total of 3565 subjects were autopsied out of which 39.39 % cases suffered Natural deaths and 60.61% suffered unnatural deaths as shown in Figure no. 1.

As depicted in Table no.2 identity status of majority of subjects was identified by I.O. Among the natural cases

61% subjects were known and 39 % unknown. Among the unnatural cases, 85% subjects were known and 15 % unknown. Combined data analysis of natural and unnatural cases showed 76% known and 24% unknown.

Year	2023	2024	2025	Total
Natural	472	498	434	1404
Unnatural	726	731	704	2161
Total	1198	1229	1138	3565

Table no. 1 showing year wise distribution of cases year

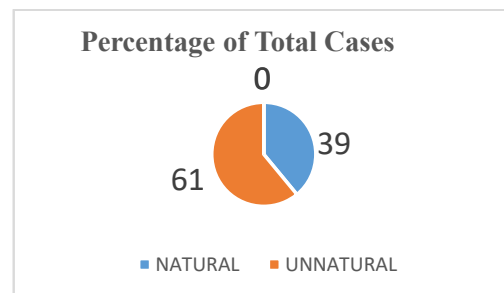


Figure no. 1 showing Percentage of cases

As shown in detail in table no.3, it was observed that every year the number of male subjects subjected to autopsy was always higher than females. It was observed that among the Natural deaths, 80 % were Male subjects and 20% Female and among unnatural deaths 85.5% Males and 14.5% Females. Average analysis showed 83.36 % males & 16.63% females & Male: Female ratio 5:1.

As shown in table no 4 it was observed that among the Natural cases the age group between 41 to 50 showed highest number of cases accounting for 19 % of cases followed by age group between 51-60 & 61-70 accounting for 16.6 % each.

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Among the unnatural cases the age group between 61-70yrs showed highest number of cases accounting for 21.8 % of cases

followed by age group between 31-40 & 41-50 accounting for 17.9 % each.

Natural	Year				Unnatural	Year				
Identity	2023	2024	2025	%	2023	2024	2025	%	Total	%
Known	284	304	274	61	604	610	626	85	2702	76
Unknown	188	194	160	39	122	116	100	15	593	24
Total	472	498	434	100	726	731	704	100		100

Table no.2 showing identity status of subject cases

Year	2023		2024		2025		Total		%	
Sex	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Natural	382	90	396	102	346	88	1124	280	80	20
Unnatural	608	118	616	115	624	80	1848	313	85.5	14.5
Total	990	208	1012	217	970	168	2972	593	Average 83.36	Average 16.63

Table no 3 showing sex distribution of cases.

Natural					Unnatural				Combined %
Age Group	2023	2024	2025	%	2023	2024	2025	%	
0-10	8	9	12	2.06	18	26	22	3.05	2.6
11-20	14	19	16	3.49	34	29	30	4.3	3.8
21-30	64	74	42	14.9	80	88	74	11.1	13
31-40	79	76	70	16	142	123	122	17.9	17
41-50	99	86	82	19	124	142	122	17.9	18.5
51-60	80	89	64	16.5	108	103	110	14.8	15.5
61-70	77	70	86	16.5	162	160	150	21.8	19
71-80	38	40	34	7.9	35	36	44	5.3	6.5
81-90	13	17	16	3.2	09	12	14	1.6	2.4
91-100	0	18	12	2.1	14	2	16	1.9	2
>101	0	0	0	0	0	0	0	0	0
Total	472	498	434	100	726	731	704	100	100

Table no 4. Showing age wise cases distribution

Manner	Year 2023	2024	2025	Total	Percentage
Suicidal	271	282	288	841	39 %
Accidental	432	432	389	1253	58 %
Homicidal	23	17	27	67	3 %
Total	726	731	704	2161	100 %

Table No.5 Distribution of Unnatural Cases Based on Manner

System	2023	2024	2025	Total	%
Cardiovascular	137	158	128	423	30
Respiratory	180	196	171	517	38.9
Hepatobiliary	60	60	52	172	12.2
Pancreatic	8	1	6	15	1.06
Nephrotic	1	0	0	1	0.07
Central Nervous	35	38	31	104	7.4
Shock	22	18	25	65	5.8
Septicaemia	25	26	19	70	4.9
Blood Dyscracias	3	1	2	6	0.4
Intestinal Volvulus	1	0	0	1	0.07
Total	472	498	434	1404	100 %

Table No 6. Profile of Natural Cases System Wise

CAUSE OF DEATH	2023	2024	2025	TOTAL	%
Hanging	148	160	162	470	21.7
Drowning	99	78	57	234	10.8
Burns	26	20	14	60	2.7
Motor Vehicular Accident	204	220	214	638	29.5
Fall From Height	78	80	82	240	11.1
Suspected Poisoning	36	35	34	105	4.8
Maternal Death	04	00	1	5	0.2
No Opinion	45	40	34	119	5.5
Reserved Pending	13	22	20	55	2.5
Railway Accident	13	10	16	39	1.8
Head Injury	25	31	34	90	4.1
Electrocution	15	14	14	43	1.9
Physical Assault	10	12	16	38	1.7
Strangulation	1	1	1	3	0.1
Smothering	2	3	1	6	0.2
Snake Bite	1	3	1	5	0.2
Firearm	3	2	2	7	0.3
Choking	3	0	1	4	0.1
Total	726	731	704	2161	100

Table no. 7. Profile of Unnatural Cases Based Upon Types of Cases and Cause of Death

Table no.5 shows distribution of unnatural cases based on manner where it was seen that accidental deaths accounted for 58% of cases followed by suicidal {39%} and homicidal {3%} being least.

As shown in table no 6 maximum number of natural death cases were linked to respiratory system {38.9 %}, followed by cardiovascular system {30%}, followed by

hepatobiliary {12.2%}. Only a single case of intestinal volvulus was reported in year 2023.

Table no. 7 shows profile of unnatural cases based upon types of cases and cause of death. It was observed that motor-vehicular accidents accounted for 29.5%, hanging for 21.7%, fall from height

11.1%, drowning 10.8% cases and lowest was choking 0.1% cases.

Discussion:

It is noticed that though Goa being a small State, quite a number of autopsies are conducted at Goa Medical College & also at South Goa District Hospital accounting for an average of 1850 autopsies per year which is quite an alarming number considering the demography. Also, many referrals from nearby areas of Maharashtra & Karnataka also adds onto the load on hospital. Probably it may be due to lot of migrant influx, tourist destination, well connected highways & railway network. The figures itself speak for the load of autopsies on the Forensic doctors in Goa. Not only autopsies, both Centre's also conducts clinical forensic examinations, age estimation, weapon examination, accused examinations, blood grouping examination, collection of samples of blood on FTA card, etc.

In the present study it was observed that always the number of unnatural death cases outnumbered the Natural death cases every year as shown in table no.1 & fig no.1. But the number of Natural cases being subjected to autopsy was almost more than 1/3rd of total cases accounting to 39% which reveals an unnecessary burden on autopsy surgeons.

As shown in table no 2. In case of natural death cases, 61 % subjects' identities were investigated & revealed by the investigating officers and 39% unrevealed. Among unnatural death cases 85% cases were known subjects and 15 % unknown. Among natural death cases the number of unknown subjects was quite significant {more than double} than among unnatural deaths as most of unknown subjects were beggars and died due to natural disease process of lungs, liver, septicaemia, etc. Among unnatural deaths majority of deceased identity was known & determined by the Investigating

officers from pocket contents, ID cards, from next of kin, relatives and friends of deceased. Overall Combined data analysis of natural & unnatural deaths revealed identity in 76% cases and 24% unknown.

Results were similar to *Sivasankary R, Passi P, Verma A, et al* study revealed unidentified bodies accounted for 15.3% of all autopsies.⁵ *Narendra Singh et al* study revealed 83.6% as identified subjects & 16.3% as unidentified similar to our study.⁶ *Anand M. et al* study revealed 8% unidentified & 92% identified similar to our study.¹²

In this study it is observed that the majority of deceased subjects were male as regards both natural and unnatural deaths accounting for 80 & 85.5 % respectively average being 83.3%. It is always seen that most of natural disease processes are more common in males than female's hence higher number of male subjects among natural deaths. Higher number of males among unnatural deaths may be due to males being bread owners in the family subjected to motor-vehicular accident due to work related travel, fall at workplace, etc. Again, males often have high stress level and poor patience and may become victims in scuffle, physical assault, etc. Also factors such as revenge, jealousy is seen to be more common among males which can result in infliction of homicidal injuries.

The results of our study were in close conjunction to *Tasgaonkaret al* study in Raigad Maharashtra which revealed 85.6% males & 14.3% females.⁷ Results were similar to studies of *Nikhil Jagtap et al*,² *Narendra Singh et al*,⁶ *Rahul A. Mehta et al*, *M. Deepak et al*, *Soni Verma et al*, *AHMED SAEED DMJ et al*, *Anand Mugadlimath et al*, *Jitendra Tomar et al*, *Pankaj Sahu et al*, *Vikrant Kalokhe et al*, *Khaja Azizuddin Junaidi*, *Tanuja R. Brahmankar et al*, *Shodhan Rao Pejavar et al*, *Santhosh Chandrappa Siddappa*, *Anjanamma TC*, *Dr. Ashok Gupta et al*,

Nuwadatta Subedi, Madan Prasad BBaral.⁶⁻²³

As shown in Table no 4, in our study we observed that among the natural death cases highest number of subjects were in age group of 41-50 years accounting for 19 % of cases followed by joint second highest in 51-60- & 61-70-years accounting for 16.5% each. The age group between 41-70 years accounted for 52% of cases which was quite significant. This age group constitutes middle and elderly age subjects commonly and various natural disease processes commonly manifest or shows signs and symptoms during this age. Also, due to reduced immunity in elderly and due to senility, they are more prone to infections and natural diseases, etc.

Among the unnatural death cases highest number of subjects were in age group of 61-70 years accounting for 21.8 % of cases followed by joint second highest in 31-40- & 41-50-years accounting for 17.9% of cases each. Zero cases were seen among more than 101 years age group in both categories. In this group majority of subjects were in 61-70 yrs age group as they are more prone to accidents, fall, burn injuries, drowning, etc.

Combined data analysis revealed 61-70yrs as highest accounting for 19%, followed by 41-50{18.5 %}, third highest 31-40 {18.5%}, fourth highest 51-6oyrs {15.5%}. Since these percentages are very close by, we can infer that cumulatively 31-70 yrs age group accounts for majority of autopsies.

Findings of our study were similar to *Anjanamma TC et al* where 31-40 yrs age group was commonly involved & *Atreya A et al* where 41-50 years and 31-40 yrs accounted for majority of cases.^{20,24} Finding were in contradiction to *Nikhil Jagtap et al*, *Manju L et al*, *Avinash Waghmode et al*, *Narendra Singh et al*, *Tasgaonlar et al*, *Trangadia, Rahul A. Mehta et al*, *M. Deepak et al*, *Soni Verma*

et al, *ahmed Saeed Dmj et al*, *Anand Mugadlimath et al*, *Jitendra Tomar et al*, *Pankaj Sahu et al*, *Vikrant Kalokhe et al*, *Khaja Azizuddin Junaidi*, *Tanuja R. Brahmanekar et al*, *Shodhan Rao Pejavar et al*, *Santhosh Chandrappa Siddappa, Dr. Ashok Gupta et al*, *Nuwadatta Subedi, Madan Prasad Baral*.^{2-19,21-23} wherein 21-30 yrs age group was commonly involved.

As depicted in Table no 5. We observed accidental deaths contributing to major chunk of cases. Since Goa being a busy Tourist state and a hub for daily wage laborer's many motor-vehicular accidents takes place commonly with Rent a bike or car & mostly reckless driving by tourist is the main cause. Also, many people visiting the beaches get accidentally drowned in sea water. Many people due to heavy workload sustain accidental falls at workplace or at home. Also, faulty electrical connections at construction site have led to accidental contact with live electric wire and electrocution. Also, some people get accidentally bitten by snake while at work. Suicidal cases accounted for 38.9% cases which were mainly hanging and suicidal poisoning cases. Goa being a farming area commonly organo-phosphorous, herbicides, pesticides and rattol paste are easily available and has become easy source for suicidal consumption. Majority of Homicidal cases were seen mainly among the migrant population as compared to native Goan population. Majority of Homicidal cases were of stab wounds, ligature strangulation, smothering and head injury cases.

Results of our study were almost similar to *Pankaj Sahu et al* study where accidental deaths accounted for 58%, suicidal 24%.¹⁴ Also *Avinash H.Waghmode et al*, *M. Deepak et al*, *Jitendra Tomar et al*, *Khaja Azizuddin Junaidi et al*, *Santhosh Chandrappa Siddappa et al*, *Anjanamma TC et al*, *Nuwadatta Subedi et al* showed similar results.^{4,9,13,16,19,20,22} Results were

dissimilar to *Ahmed saeed dmj et al* wherein homicidal cases were more 79%, suicidal 8.9% & *Madan Prasad B et al* wherein suicidal cases were more 59% and accidental 27.4%.^{11,23}

It was observed that respiratory system {38.9%} conditions was leading cause of death among natural disease subjects followed by cardiac conditions {30%}, followed by hepatobiliary conditions {12.2%}, followed by haemorrhagic & septicemic shock accounting for 10.7% cases as shown in table no 6. In general majority of deaths were often associated with cardiac, respiratory, hepatic organ pathologies. Among the lung pathologies commonly they were associated with infective aetiology, tuberculosis etc. infections are more commonly associated with advancing age and in immunocompromised state. Among cardiac causes coronary artery diseases accounts for majority of sudden deaths. Due to advancing age and associated atherosclerosis, chronic hypertension, diabetes mellitus, alcoholism, smoking people now a days are more to suffer from ischemic heart disease. As regards hepatobiliary cases liver cirrhosis and fatty liver is more commonly seen. Due to obesity, sedentary lifestyle, hyperlipidaemia, alcoholism liver diseases are becoming more common. Results of our study were similar to *Soni Verma et al* where respiratory system causes accounted for 42.34% followed by cardiovascular for 28.86% {10}. Alcohol being very common commodity in Goa and due to easy availability, IHD and liver cirrhosis cases has risen significantly.

As depicted in table no.7 highest cases among unnatural deaths profile was seen in motor-vehicular accident cases reason being Goa being a busy and well-connected state with Roadways and highways accounts for many accidents. Also, people who consume alcohol and drive are at increased risk of accident. Also, reckless driving by tourist on

unfamiliar roads and often use of Google maps/ phone while driving leads to disturbed concentration and increased risk of accidents. Goa being a state which receives quite a significant amount of rainfall which leads to potholes and poor road conditions increases the accidental risk. Second highest were hanging cases all of which were suicidal the reason being lot of work stress, family pressure, competitiveness, emotional disturbance, psychiatric illness, financial losses, people choose hanging as easy and simple mode of suicide. Also, easily availability of ligature materials like nylon rope, dupatta, saree, etc in the households has contributed to increased hanging cases. Third highest were fall cases be it a fall at home or at workplace. Many people sustained accidental fall. People who consume alcohol, drugs are prone for repeated falls. Falls at workplace consisted of fall at construction site which were not properly protected at the borders/boundaries. Fourth highest were drowning cases. The reason being Goa a tourist destination for Indian and foreign tourist and lots of beaches people who go to swim/ bathing in beach water accidentally gets drowned specially when under influence of alcohol or drugs. Also, lot of natural waterfalls in rainy season attracts local and foreign tourist & also while conducting motor sports & amusement activities in water tend to get accidentally drowned. Few cases of smothering, strangulation, choking, firearms were reported. In decomposed cases majorly the opinion was not given as regards cause of death and accounted for 5.5 % cases. Since Goa being a relatively peaceful state not many firearm cases were seen.

Results of this study were similar to *Nikhil Jagtap et al* wherein RTA {47%} contributed to majority of cases followed by fall {16.6%}.² *Avinash H.Waghmode et al* study revealed RTA in 48.6% & fall in

17.6% cases.⁴ Similar results were seen in Jitendra Tomar et al study.¹³

Similar results were seen in *Dr. Manju et al, Narendra Singh et al, Rahul A. Mehta, et al, M. Deepak et al, Pankaj Sahu et al, Vikrant Kalokhe et al, Khaja Azizuddin Junaidi et al, Shodhan Rao Pejavar et al, Santhosh Chandrappa Siddappa et al, Dr. Ashok Gupta et al, Atreya A, et al*, wherein RTA were leading types of cases among unnatural deaths.^{3,6,8,9,14-16,18,19,21,24} RTA cases were second highest into *Anand Mugadlimath et al* study.¹²

As regards fall cases similar results were seen in *Vikrant Kalokhe et al* study which accounted for 12.3% cases¹⁵ and *Santhosh Chandrappa Siddappa et al*,¹⁹ *Dr. Ashok Gupta et al*²¹ but in contradiction to *Khaja Azizuddin Junaidi et al* where 3.8% cases were of fall.¹⁶

Similar results as regards drowning deaths were seen in *Pankaj Sahu et al* study accounting for 13.4%.¹⁴

As regards hanging and drowning cases results of our study were closely related to *Madan Prasad Baral et al* study hanging accounting for 16.3% and drowning 10.7% cases.²³ Similar results were seen in *Atreya A et al* study²⁴ revealing hanging & drowning is more common in Nepal. As regards hanging and drowning cases results of our study was in contradiction to *Nikhil Jagtap et al, Dr. Manju et al, Avinash H. Waghmode et al, Narendra Singh et al, Rahul A. Mehta, M. Deepak et al, Ahmed saeed dmj et al, Anand Mugadlimath et al, Jitendra Tomar et al, Khaja Azizuddin Junaidi et al, Shodhan Rao Pejavar et al, Santhosh Chandrappa Siddappa et al*.^{2-4,6,8,9,11-13,16,18,19}

As regards electrocution cases results similar to our study were seen in *Narendra Singh et al, M. Deepak et al & Soni Verma et al* accounting for 2% of cases.^{6,9,10} Also similar observation seen in *Jitendra Tomar et al, Vikrant Kalokhe et al, Khaja Azizuddin Junaidi et al, Dr.*

Ashok Gupta et al, Atreya A, et al.^{13,15,16,21,24}

As regards burns cases results similar to our study were seen in *Ahmed saeed dmj et al* wherein they observed 2.5% cases.¹⁴ Similar results were seen in *Nikhil Jagtap et al, Dr. Manju et al, Dr. Vijay N Tasgaonkar et al, Rahul A. Mehta, M. Deepak et al, Pankaj Sahu et al*.^{2,3,7-9,14} But results were in contradiction to *Anand Mugadlimath et al* study wherein 37.5% cases were burns cases¹² and to *Atreya A et al* study wherein burns accounted for 33% of cases.²⁴

Poisoning cases accounted for 4.8% cases & results were very closely similar to *Dr. Vijay N Tasgaonkar et al, Pankaj Sahu et al, Tanuja R. Brahmanekar et al* where they observed 2.5%, 3.2%, 4% respectively.^{7,14,17} Similar results seen in *Avinash H. Waghmode et al, M. Deepak et al, Shodhan Rao Pejavar et al, Atreya A et al*.^{4,9,18,24} Results were in contradiction to *Khaja Azizuddin Junaidi et al* where he observed 14.5%.¹⁶

Strangulation cases accounted for 0.1% cases and was exactly similar to *Dr. Ashok Gupta et al* study.²¹ Physical Assaults accounted for 1.7% cases and similar results observed in *Shodhan Rao Pejavar et al*.¹⁸

Snake bite cases accounted for 0.2% cases and similar to *Dr. Vijay N Tasgaonkar et al, Jitendra Tomar et al* where they observed 0.4% & 0.7% cases resp.^{7,13} Results were in contradiction to *Nikhil Jagtap et al* where he recorded 6.4%.²

Firearm related deaths was seen in 0.1% cases and exactly similar to *Avinash H. Waghmode et al* study.⁴

Conclusion:

Natural death cases accounted for 39.3% & unnatural for 60.61% cases. Majority of subject's identity was known and overall, 85% were known and 15% unknown. 83.3% were males and 16.6%

females. Among natural cases 41-50 yrs age group showed highest number of cases i.e. 19% and among unnatural 61-70 yrs for 21.8% cases. Among Natural cases respiratory system diseases were responsible for highest cases 38.9% and among unnatural deaths motor-vehicular accident seen in 29.5% cases. Unnecessary natural death cases lead to increased load on autopsy surgeons in Goa which can be reduced if the treating doctor certifies the cause of death after ruling out foul play. Also, the strict protocol has to be followed by admitting doctors as regards which cases to be made as MLC.

Source of funding- none

Conflict of interest- none.

IEC Approval: As per institutional IEC

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