Clinical Research

Application of Satkaryavada based on theory of Karya-Karana Vada

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Abstract

Cikitsa in Ayurveda is based on Karya-Karana Siddhanta. Satkaryavada is an independent view of Samkhya regarding Karya-Karana. According to this principle, the Karya is present in Karana in subtle form before its manifestation. All the Karyas are possible only by the Sat Karana (existent cause). On this ground a hypothesis has been formulated and applied. The hypothesis was that since Karana is present in a drug it will perform the Karma. The clinical study was planned to study the Anulomana Karma of Haritaki in patients of Anaha. The drug was used in 38 patients. These were divided into two groups. In group “A” 26 patients were provided with haritaki tablet, while in group “B” 12 patients were provided with placebo tablets. In group “A” 7.69% of patients got complete relief, followed by 38.46% patients who got marked relief; 42.31% of patients got moderate relief, while 11.54% patients got mild relief. Group A showed highly significant results in comparison to group B.

Key words: Anaha, Anulomana, Haritaki, Satkaryavada

Introduction

Darsana Sastra and Ayurveda are contemporary to each other. The concepts Karana (cause) described in both are similar to some extent, but due to differences in Prayojana (aim), these are advocated in different way. Darsana thought begin from the origin of this universe, and of Ayurveda also. Universe is nothing but modification of Guna (attributes). The modification is of Karana (cause) into Karya (effect). Anything in and off this world is produced by some cause. Every cause has an effect, and this effect may be a cause for another effect. Right from Sristi to evolvement of human being to Rogotpatti at each and every event, Karya Karana Siddhanta (cause and effect theory) can be found and explained.

Regarding the Karya-Karana Vada, Samkhya philosophy presents its view in form of Satkaryavada. Satkaryavada is based on five syllogisms.[1] This theory believes that only Sat Karana (existent cause) can produce Karya. In other words it could be said that Karya remains present in Karana in unmanifested form.[2]

The main aim of Ayurveda is Dhatu Samya, and this is called as Karya also.[3] To produce this Karya, six Karanas are mentioned in Caraka Samhita.[4] These six Karanas are Samanya, Visesa, Dravya, Guna, Karma, and Samavaya. These Karanas are divided into two on the basis of existence[5]—Sattasiddha (actual existence) and Bhatisiddha (virtual existence). Sattasiddha are which have a really existing influence. Bhatisiddha are the objects that are more intellectual than real.

Out of the six Karanas, Dravya, Guna, and Karma are Sattasiddha. They are Sat Karana, while the other three Samanya, Visesa, Samavaya are Bhatisiddha, which means these Karanas are not existing with their individual existence but their existence is seen to be with Sat Karana.

Although, Samanya and Visesa are the basics of Cikitsa in Ayurveda, they cannot act without the base Dravya, Guna, and Karma which are Sat (existent) Karanas. Hence, one can conclude that the Cikitsa (treatment) in Ayurveda is done only by Sat Karana. Out of the three Sat Karana, Cikitsa is mainly based on Guna. Although the Dravya is said to be principal, it cannot exist without Guna and Karma. As the Dravya is such a cause in which other two causes Guna and Karma always remain with Nitya Sambandha[6] (permanent relationship), that is, never separated from the Dravya. This Guna stays in unmanifested State in Dravya, and becomes manifested when combines with body. Satkaryavada also states the same “Karya remains present in Karana before manifestation.”

The drug Haritaki has the potency to perform the action of Anulomana[7] as per classics, this was practically evaluated.

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Based on the above fundamental that always a Sat Karana is required to produce a Karya, a hypothesis has been primed with the following objective:

Aims and objectives
1. To evaluate the Anulomana effect of Haritaki in the patients of Anaha.
2. To assess the comparative effect of Haritaki and placebo.

Materials and Methods

Criteria for selection
For the study of Anaha, patients were selected from O.P.D and I.P.D of basic principles department, I.P.G.T and R.A, Jamnagar.
- Patients having age between 50 and 70 years.
- Patients having the symptoms of Anaha as per classics.[8]
- Patients having complaints of unsatisfactory motion.
- Patients having complaints of bowel not getting completely evacuated.
- Patients having complaints of not passing flatus (Apana vayu).

Exclusion criteria
- Patients having age less than 30 years and more than 70 years.
- Patients with other systemic disease like Krmi, Grahani, and Atisara.
- Patients in which Haritaki is contraindicated.[9]

Routine hematological, stool, and urine investigations were carried out to rule out underlying pathology, for exclusion.

Registered patients were grouped into two
- Group A: Haritaki Tablet was administered at a dose of 3 g/b.i.d (500 mg tablet ×6) for 10 days with Usna jala in Apana Kala, before meals.
- Group B: Placebo (tablets of wheat flour) 3 g/b.i.d (500 mg tablet ×6) for 10 days with Usna jala in Apana Kala, before meals.

Study protocol and statistical tests
During the study randomized sampling method was followed for selection of patients.

Paired “t” test was applied for the assessment of symptoms, before and after treatment, while unpaired “t” test was applied for the comparison of results between both groups.

Criteria for assessment
Improvement in associated symptoms was assessed by scoring and gradation pattern.

Results
A total of 42 patients were registered in this study, out of which 30 patients were in group “A” and 12 in group “B.” All the patients in group B completed the course, while 26 patients completed the course in group A, and the rest four discontinued.

In chief complaints:

Group A: Maximum 84.21% relief was observed in complaint of irregular Mala Pravriti (defecation), followed by 78.95% relief found in the complaint of solid consistency; 68.42% relief was observed in complaint of difficulty in Pravahana and duration of defecation; 57.14% relief was seen in the complaint of Sula (pain) during the time of defecation; and 58.33% and 54.17% relief was seen in complaints of unsatisfactory motion and less stool quantity as per diet, respectively.

Group B: Placebo drug showed that maximum 75% relief was observed in complaints of unsatisfactory motion, followed by 61.53% relief in complaint of difficulty in Pravahana, 50% relief in complaint of odor, 40% relief in the complaints of irregular Mala Pravriti and solid consistency; 33.33% and 14.28% relief in complaints of duration of defecation and less stool quantity as per diet, respectively [Figure 1].

In the complaints of unsatisfactory motion, group B shows 75% relief, while group A shows 54.17% relief. The treatment group A is only showing better results than group B, but average is always affected by higher values. In Group A, 19 patients had the complaint, out of which 12 patients got relief, while in group B 6 patients had the complaint, out of which 4 patients got relief.

Associated complaints: Amaja Anaha
Group A: Maximum 61.54% relief was observed in complaint of Amasaya Gaurava (heaviness in abdomen) followed by 58.52% relief found in the complaints of Amasaya Sula (pain in abdomen); 42.86% and 42% relief was observed in complaints of Trisnadhikya (excessive thirst) and Siroidah (heaviness in head), respectively 35.29% relief was seen in the complaint of Udgar Vighatana; and 28.57% relief was seen in complaints of Pratisyaya.

Group B: Placebo drug showed maximum 60% relief in complaint of Udgar Vighatana followed by 57.14% relief found in the complaint of Amasaya Sula; 53.3% relief was seen in complaint of Siroidah, 28.57% relief was seen in the complaints of Amasaya gaurava, 11.11% and 0% relief was observed in complaint of Trisnadhikya and Pratisyaya, respectively [Figure 2].
**Purisaja Anaha**

Group A: Maximum 90.91% relief was observed in complaints of Mala Vibandha, followed by 25% relief found in the complaints of Katisula and Prithasula each; 20% and 14.29% relief was observed in the complaints of Katistambha and Prusthastambha.

Group B: Placebo drug showed maximum 62.50% relief was observed in complaint of Mala Vibandha, followed by 50% relief found in the complaint of Katisula [Figure 3].

**Total effect of therapy**

Group A: 11.54% patients had mild improvement, while 42.31% patients had moderate improvement. In 7.69% patients, complete remission was seen, and 38.46% patients had marked improvement.

Group B: In 50% patient, no changes were observed, while 16.67% of patients had mild improvement; 8.33% patient had moderate improvement, while 25% patient had marked improvement [Figure 4].

**Discussion**

The principles of Darsana are accepted in Ayurveda, but altered according to its aim. One such principle given by the Samkhya is Satkaryavada which is in respect to Karya Karana Vada. This theory is accepted as it is in Ayurveda and applied in various aspects dealt in the texts.

Satkaryavada is applied massively in the field of Cikitsa. For the purpose of Cikitsa always a drug is required, which is the Karana. This Karana adopted should always be a Sat Karana, i.e., existent Karana. Satkaryavada is based on five syllogisms. Each of them fulfills the present hypothesis which states “since, the Karana is present in Haritaki so it will perform the action of Anulomana, the placebo does not have the Karana present so it will not perform the function.”

Satkaryavada in Anulomana effect of Haritaki in patients of Anaha

- Karana—Haritaki
- Karya—Anulomana
- Karya Yoni—Anaha

Asat Akaranat—This factor denotes the presence of Karana. Sat Karana should be present to produce Sat Karya. Here, Karana Haritaki is present to produce Anulomana.

Upadana Grahanat—This Hetu depicts selection of causative material for producing effect. Whenever Anulomana Karma is desired, Haritaki is opted.

Sarvasambhavabhavat—This Hetu states that everything cannot be produced from everything and everywhere. Haritaki performs certain functions not all.

Saktasya Sakya Karanat—This Hetu states that potent cause can only produce effect. Haritaki has the potency to perform the action of Anulomana.

Karana Bhavachacca—This Hetu states that Karya have the same properties as of Karana.

In the clinical study the results were in accordance with the hypothesis. Group A, i.e. Haritaki tablet showed highly significant (P<.001) results in all symptoms, while group B showed insignificant results.

Group A, Haritaki tablet shows highly significant results (P<.001) in comparison to group B (placebo) in relief of chief complaints.

Group A shows highly significant (P<.001) results in Amaja Anaha, in comparison to Group B.

**Probable mode of action of Haritaki**

In Amaja Anaha: Haritaki is Prthivi+Akasa+Vayu Mahabhuta dominant. Akasa Mahabhuta creates pores in Ama, and due to Usna Virya Pacana of Ama occurs. Usna Jala used as Anupana, also has Dipana, Pacana properties which is supporting in the action. After the Ama Pacana, the Avarana of Vayu is removed, and it moves in its normal direction.
Haritaki is having *Sara Guna* which leads to *Mala Prerana* and the *Parthiva* dominancy propels to *Adho marga*.

In *Purisaja Anaha*: *Haritaki* and *Usna Jala* (hot water) together decreases the *Rukṣata* (roughness) and increase the bulk in intestine, and due to increased bulk, peristaltic movements are increased leading to normal defection.

The *Sara Guna* of *Haritaki* leads to *Prerana* of *Mala*, and *Usna Jala* increases the *Mrduta* of *Srotasa* due to oozing. All these factors together lead to normal defection.

**Conclusions**

1. *Ayurveda* has accepted the concepts of *Darsana*, but altered it in accordance with aim.
2. *Cikitsa* in *Ayurveda* is based on *Karya-Karana*.
3. The drug *Haritaki* is capable of performing the action of *Anulomana*.

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हिंदी सारांश

**दर्शन में सत्कार्यवाद तथा आयुर्वेद में प्रयोग**

**आकांक्षा अनुपम, आर. आर. द्विवेदी**

आयुर्वेद एक सर्वपारिष्द शास्त्र है, जिसका अर्थ है कि इस शास्त्र में अन्य शास्त्रों के सिद्धांतों का समन्वय किया गया है, परन्तु शास्त्र के प्रयोजनानुसार उन्हें बदला गया है। आयुर्वेद के इस सिद्धांत दर्शन से लिये गये हैं। सत्कार्यवाद एक ऐसा सिद्धांत है जिसका उलेख साध्य दर्शन में किया गया है, सुधि के सम्बन्ध में। परन्तु आयुर्वेद में इसका प्रयोग विशेष स्थल में किया गया है। सत्कार्यवाद के अनुसार कारण में कार्य की सत्ता, व्यक्त होने के पूर्व भी विद्यमान रहती है। इस तथ्य को सिद्ध करने के लिए सांख्य ने पाँच हेतुओं का वर्णन किया है यथा – असाध्यताद, उपयोगान्वयनात, सर्वसम्भवाभावात, शक्त्यशक्त्यकारणात् एवं कार्यप्रकारात्। इस मतानुसार, सभी कार्य सत्ता कारण द्वारा ही संभव होते हैं। सत्कार्यवाद का स्वतंत्र वर्णन आयुर्वेद में नहीं है, परन्तु उस तथ्य का सर्वथा प्रयोग किया गया है। आयुर्वेद में चिकित्सा कार्य कारण पर आधारित है। आयुर्वेद का मुद्रय प्रयोजन तथा कार्य धातु सम्बंध है, तथा यह यह कारणों द्वारा संभव है।