



## Clinical Research

Application of *Satkaryavada* based on theory of *Karya-Karana Vada*Akansha Anupam<sup>1</sup>, R. R. Dwivedi<sup>2</sup><sup>1</sup>Lecturer, Department of Basic Principles, Uttarakhand Ayurvedic College, Rajpur, Dehradun, Uttarakhand,<sup>2</sup>Professor and Head, Department of Basic Principles, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

## Abstract

*Cikitsa* in *Ayurveda* is based on *Karya-Karana Siddhanta*. *Satkaryavada* is an independent view of Samkhyas 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.<sup>[1]</sup> 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.<sup>[2]</sup>

The main aim of *Ayurveda* is *Dhatu Samya*, and this is called as

*Karya* also.<sup>[3]</sup> To produce this *Karya*, six *Karanas* are mentioned in *Caraka Samhita*.<sup>[4]</sup> These six *Karanas* are *Samanya, Visesa, Dravya, Guna, Karma, and Samavaya*. These *Karana* are divided into two on the basis of existence<sup>[5]</sup>—*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*<sup>[6]</sup> (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*<sup>[7]</sup> 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 30 and 70 years.
- Patients having the symptoms of *Anaha* as per classics.<sup>[8]</sup>
- 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.<sup>[9]</sup>

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 *Sirovidaha* (heaviness in head), respectively 35.29% relief was seen in the complaint of *Udgara Vighatana*; and 28.57% relief was seen in complaints of *Pratisyaya*.

Group B: Placebo drug showed maximum 60% relief in complaint of *Udgara Vighatana* followed by 57.14% relief found in the complaint of *Amasaya Sula*; 33.33% relief was seen in complaint of *Sirovidaha*, 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].

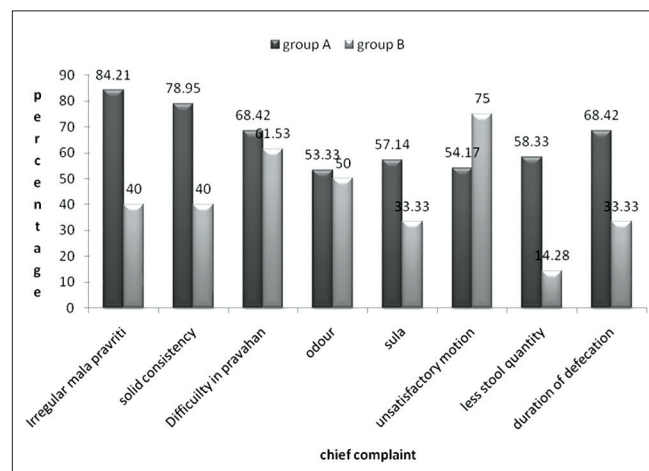


Figure 1: Relief in chief complaints in both the groups

### 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 *Pristhasula* 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*<sup>[1]</sup>—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 Grahana*<sup>[1]</sup>—This *Hetu* depicts selection of causative material for producing effect. Whenever *Anulomana Karma* is desired, *Haritaki* is opted.

*Sarvasambhavabhavat*<sup>[1]</sup>—This *Hetu* states that everything cannot be produced from everything and everywhere. *Haritaki* performs certain functions not all.

*Saktasya Sakya Karanat*<sup>[1]</sup>—This *Hetu* states that potent cause can only produce effect. *Haritaki* has the potency to perform the action of *Anulomana*.

*Karana Bhavaccha*<sup>[1]</sup>—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

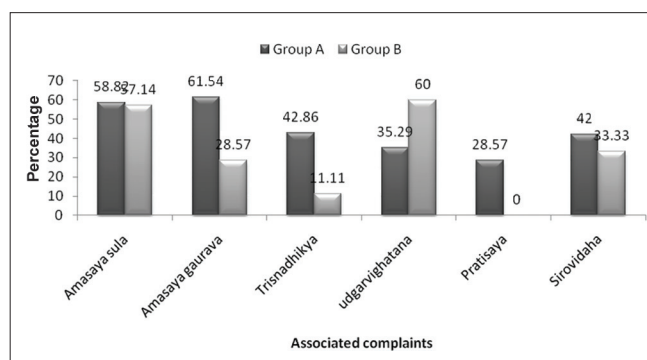


Figure 2: Relief in associated complaints in both the groups

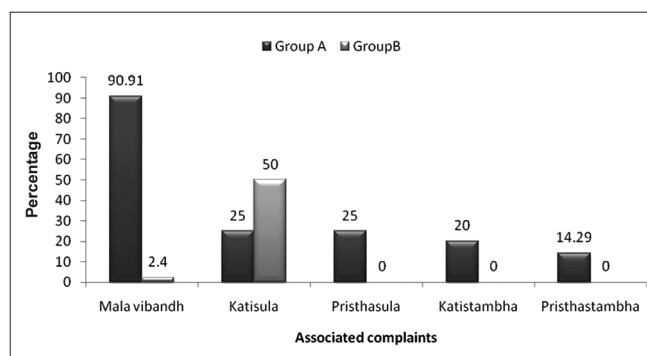


Figure 3: Relief in associated complaints in both the groups

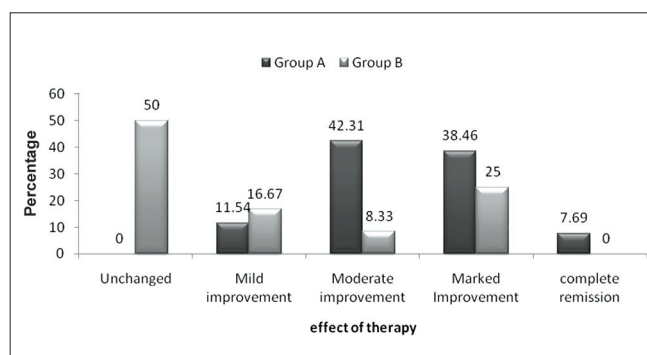


Figure 4: Over all effect of the treatment

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 *Prthvi+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*<sup>[10]</sup> 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 *Ruksata* (roughness) and increase the bulk in intestine, and due to increased bulk, peristaltic movements are increased leading to normal defecation.

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 defecation.

## 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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## हिन्दी सारांश

# दर्शन में सत्कार्यवाद तथा आयुर्वेद में प्रयोग

आकांक्षा अनुपम, आर. आर. द्विवेदी

आयुर्वेद एक सर्वपारिषद शास्त्र है, जिसका अर्थ है कि इस शास्त्र में अन्य शास्त्रों के सिद्धान्तों का समन्वय किया गया है, परन्तु शास्त्र के प्रयोजनानुसार उन्हें बदला गया है। आयुर्वेद के कई सिद्धान्त दर्शन से लिये गये हैं। सत्कार्यवाद एक ऐसा सिद्धान्त है जिसका उल्लेख सांख्य दर्शन में किया गया है, सृष्टि के सम्बन्ध में। परन्तु आयुर्वेद में इसका प्रयोग भिन्न स्वरूप 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 – असदकरणात्, उपादानग्रहणात्, सर्वसम्भवाभावात्, शक्तस्य शक्यकरणात् एवं कारणभावाच्च। इस मतानुसार, सभी कार्य सत् कारण द्वारा ही संभव होते हैं। सत्कार्यवाद का स्वतंत्र वर्णन आयुर्वेद में नहीं है, परन्तु इस तथ्य का सर्वथा प्रयोग किया गया है। आयुर्वेद में चिकित्सा कार्य कारण पर आधारित है। आयुर्वेद का मुख्य प्रयोजन तथा कार्य धातु साम्य है, तथा यह षड् कारणों द्वारा संभव है।