



## Research Article

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### THE CONCEPT OF SATKARYAVADA WITH SPECIAL REFERENCE TO AETIOPATHOGENESIS AND MANAGEMENT OF VICHARCHIKA

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#### ABSTRACT

Darshanika "satkaryavada" has been immensely utilized by Ayurveda for framing down its fundamental principles. The Concept of Satkaryavada in the context of Karya-karana vada is given by Darshana (Philosophical text) and has been well advocated in chikitsa in Ayurveda. According to this theory, before the operation of cause, the effect is existent in latent form in cause. But the knowledge of any fundamental concept is incomplete without its practical applicability. So, this paper attempts to evaluate the applied aspect of satkaryavada in Ayurveda by comparative study of effectiveness of allergen withdrawal and internal use of kandughanamaha kasaya in the management of Vicharchika. For the purpose of clinical study, a total of 30 patients were randomized into two trial groups. In the first group, the specific allergen responsible for vicharchika i.e allergic dermatoses found by patch test, was withdrawn whereas in the second group the specific allergen found was not withdrawn and effect of kandughanamaha kasaya was evaluated internally in the patient of Vicharchika. Assessment was done on both subjective and objective criteria. In group I, symptoms were relieved by 61.53% which was highly significant ( $p < 0.001$ ) and in group II, symptoms were relieved by 40% i.e. statistically significant ( $p < 0.05$ ). The study concluded that the doctrine of satkaryavada, holds a applied as well as practical utility as the allergen withdrawal proves out to be more effective than internal use of kandughanamaha kasaya in the management of Vicharchika.

**Keywords:** Satkaryavada, Darshana, Karya-karana vada, Vicharchika, Darshana.

#### INTRODUCTION

Ayurveda shastra is said to be "sarvaparisa" which means Ayurveda being an independent shastra has incorporated few concepts and fundamentals from different texts like vedas, upanisads and darshana shastra etc. Many theories were established regarding the evolution of universe in ancient time, one of them is cause and effect theory which is karya-karana siddhanta<sup>1</sup> in terms of darshana.

Every cause has an effect, and this effect may be a cause for another effect. Right from evolution of universe to origin of human being to manifestation of diseases at each and every event satkaryavada can be found and explained<sup>2</sup>.

Satkaryavada is the existence theory of effect<sup>3</sup>. Satkaryavada simply states "Karya is present in karana in an un-manifested form" <sup>4</sup>i.e. pre-existence of the effect in the cause. Before the operation of cause, the effect is existent in latent form in cause. Only the manifestation of cause is mandatory for appearance of effect. Karya remains present in subtle form in karana, prior to its manifestation. After manifestation the karya becomes gross, and karana subtle.

According to ancient Ayurvedic literature, vicharchika is a type of kshudra kustha<sup>5</sup> (Minor obstinate skin diseases). Vicharchika has been simulated with allergic contact dermatitis on the basis of its sign and symptoms. Allergic contact dermatitis clinically presents as papular eruption, itching, erythema, bulla or vesicles

according to allergic response<sup>6</sup>. If contact dermatitis persists due to continued or repeated exposure to allergen. The skin becomes dry, scaly and thicker as a result of acanthosis, hyperkeratosis, edema and cellular infiltration in the dermis leads to eczematous change. These three points can be acknowledged by satkaryavada. There is always need of a karana to produce a karya. From where this karana is possible, without knowing this one cannot proceed as karana is required to produce a karya i.e. chikitsa. Hence, It can be concluded that chikitsa in Ayurveda is achieved by karana<sup>7</sup>.

A number of studies have already been carried out focusing on clinical aspect of diseases so the present research was planned, to find out the specific allergen (karana) in the patient of vicharchika (karya) with special reference to allergic dermatoses with the help of allergy patch test (Indian Standard Battery Antigen) and to evaluate the effect of kandughanamaha kasaya (decoction) internally on the patient of vicharchika as itching is the main symptom and cause of vicharchika.

#### Aims and Objectives

- To explore the concept of satkaryavada as described in Ayurvedic as well as philosophical texts.
- To study the aetiopathogenesis of vicharchika as described in Ayurvedic classics as well as in modern dermatology with special referenceto allergic dermatoses.

- To find out the specific allergen in patient of vicharchika with the help of Allergy patch test.
- To evaluate the effect of kandughanamaha kasaya internally on the patients of vicharchika.
- To compare the effectiveness of allergen withdrawal and internal use of kandughanamaha kasaya in the management of vicharchika.

## MATERIAL AND METHODS

### Study Protocol

#### Conceptual

The available literature was scrutinized for the study of satkaryavada with special referenceto aetiopathogenesis and management of vicharchika in various Ayurvedic and philosophical texts

#### Clinical

**Trial type:** Randomized trial

**Sample size:** Total 30 patients (15 in each Group) were registered fulfilling all the inclusion criteria.

**Selection Criteria:** The clinical trial was conducted in P.G. department. of Samhita and Siddhanta of R. G. G. Ayu. Hospital, Paprola and the patients were randomly selected from the OPD of Skin Care Unit and Derma Research lab.

#### Inclusion criteria

- i. Patients willing to participate in the trial.
- ii. Patients having sign and symptoms of Vicharchika as per classics

#### Exclusion criteria

- i. Infants and patients below the age of 12 years.
- ii. Patients on immunosuppressive drugs or steroid therapy.
- iii. Presence of local infection or skin disease on proposed site of allergy patch test.
- iv. Pregnancy, lactating woman and purpereum.
- v. Failure of patients to follow up successive visits.

Routine hematological, urine and stool examinations were also carried out to rule out any underlying pathology for exclusion . The registered patients were grouped into

#### Trial Group I

In this group it has been tried to find out the specific allergen in patients of Vicharchika (Allergic dermatosis) with the help of Allergy Patch Test (Indian Standard Battery) and allergen found was withdrawn.

#### Trial group II

In patients of this group allergen found was not withdrawn and effect of Kandughanamaha kasaya was evaluated internally on the patient of Vicharchika (allergic dermatosis) as itching is a main symptom and aggravating cause of Vicharchika. The patients were given a dose of 40 ml of decoction orally twice a day for 6 weeks.

- Follow up (during trial) - Total 3 sittings with the interval of 15 days.
- Follow up (after completion of trial) - After 15 days

#### Criteria of assessment

Improvement in associated symptoms was assessed by scoring and gradation method.

#### Subjective criteria

- Rajyo/Thickening of skin.
- Atikandu /Severe itching.
- Bahusrava/Serous discharge.
- Pidika /Presence of papule, plaque or vesicle .

#### Objective criteria

- Allergy patch test

#### Statistical design

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 .

Study is carried out as per International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or as per Declaration of Helsinki guidelines.

## RESULT AND DISCUSSION

A discussion based on shastras, with conceptual or practical oriented study definitely gives one or other more fruitful conclusion. Ayurveda has inherited the doctrine of karya karana from darshanas. On the basis of description of karya karana vada in darshanas, it has been evaluated in present study that for production of effect three categories of causes are required-samvayi karana (Inherent cause), asamvayi karana (Non inherent causes) and nimitta karana (Occasional causes)<sup>8</sup>. Applying this theory to aetiopathogenesis of diseases in Ayurveda, doshas should be considered as samvayi karana and not nimitta karana as vata, pitta and kapha are the root cause of all the diseases. The combination of vitiated doshas and dushyas (dosha dushya sammurchana) is asamvayi karana ,as this union is the cause of origin of diseases in the body.

In present study, Vicharchika w.s.r. to allergic dermatoses/allergic contact dermatitis has been studied within framework of satkaryavada, it has been assessed that tridoshvaishmya is samvayi karana with the dominancy of kapha dosha <sup>9</sup>and pitta dosha dhatu dushti<sup>10</sup> (dosha-dushya sammurchana) is asamvayi karana and mithya aahara and mithya vihara (Incompatibilities) etc. are nimitta karanas of vicharchika. So far the aetiopathogenesis of allergic contact dermatitis is concerned, genetic predisposition may be considered as samvayi karana, allergens or antigens may be considered as nimitta karanas and IgE + mast cell +allergen complex may be recognized as asamvayi karana.

According to description of nimitta karana in darshanas, it acts as a stimulus for samvayi karana and renders previously indeterminate entity as determinate. The first and foremost efforts be made during treatment is avoidance of causative factors which are responsible for disease. Keeping in view this preventive and curative aspect of nimitta karanas, these factors were evaluated in the present study to render suitable help to patients in addition to treatment with kandughanamaha kasaya, following diagnostic parameters were incorporated in the present study e.g. allergy patch test<sup>11</sup>.

#### Probable mode of action of kandughanamaha kasaya

The yoga comprises of "Chandana, Nalad, Kritmala, Naktmala, Nimba, Kutaja, Sarshapa, Madhuka, Daruharidra and

Mustaka<sup>12,14</sup> having the properties of kaphahara, Pitta Shamana(palliative) , Rakta shodhan ( purifactory )and Kushthghna etc.

- Almost all the ingredients of the yoga have laghu and ruksha property with the predominance of tikta (bitter) and kshaya( astringent) as pradhana rasa, due to which the drugs act on vitiated kapha dosha as well as pitta dosha and minimize the vitiation of rakta and meda dhatu.
- Most of the drugs are kapha shamaka(palliative and conservative) and pitta shamaka so they are very helpful in relieving vicharchika which is caused by vitiation of kapha and pitta.
- All the drugs have tridoshghna action mainly kapha-pittahara and kapha-vatahara, along with rakta prasadana, medo lekha, kushthghna, shothahara actions etc. Thus the drug which was used in the trial to relieve kandu was having exact combination of properties, which also enabled it to counteract the disease process especially manifestation of vicharchika.

Thus all the above said contents of drug together prevented kandu as well as further progression of the disease.

#### Effect of therapy on subjective criteria

The effect of both the trial was observed in 30 patients of vicharchika for the present study. Effectiveness of allergen withdrawal and internal use of kandughanamaha kashaya is discussed as below :

1. In group I Rajyo was relieved by 58.3%, which was highly significant statistically (p <0.001), while in group II percentage relief in Rajyo was 40.65% which was highly significant statistically at the level of p <0.001.
2. Atikandu was relieved up to 74.27% in group I which was highly significant statistically (p<0.001) while in group II it was up to 49.76% which was also highly significant (p<0.001).
3. The percentage relief in the patients of group I in Bahusrava was 64.51% which was significant (p<0.001,) while in that of group II it was 47.16% which was also statistically significant (p =0.001, <0.05)

4. Pidika of group I was relieved by 58.40% which was statistically significant (p<0.001) and in group II it was relieved by 31.7% which was statistically significant (p <0.05).

#### Effect of Therapy on objective criteria

In group I, symptoms were relieved by 61.53% which was highly significant (p<0.001) and in group II, symptoms were relieved by 40% i.e. statistically significant (p <0.05).

While comparing the data of both groups difference was significant in Atikandu and pidika while difference was insignificant in Rajyo and Bahusrava.

In intergroup comparison of objective criteria (Allergy patch test) of both groups difference was significant at (p <0.05).

It means results of group I were better in comparison to group- II (mean difference was more in group I).

According to the doctrine of satkaryavada, if karana (allergen) was not removed it leads to manifestation of disease (karya). It proves that allergen withdrawal prevented the clinical features at onset of allergic manifestation (allergic Contact Dermatitis). Allergen avoidance deactivates T cells. Hence there is no recognition of allergen. The B cell would not be activated and there is no differentiation into plasma cells, at that point there is no synthesis of antibodies of IgE isotype. The IgE antibodies do not recognize epitopes of the allergen molecule, which circulate around the body through the lymphatic system and does not bind to its FcεRI receptor on mast and basophil cells<sup>13</sup>. So no allergic manifestation of allergic contact dermatitis/Eczema occurred. Since the Specific allergen found in patients of Vicharchika (Allergic dermatoses) with the help of Allergy Patch Test (Indian Standard Battery) was withdrawn.

#### Comparative Assessment

Inter group comparison is done to study the comparative effect of both the therapies on each criteria statistically along with relief difference. The data has been recorded and presented.

**Table 1: Intergroup statistical analysis of Subjective Criteria (Gr. I & Gr. II)**

Clinical Features	% Relief		% relief difference		't'	P	Remarks
	Gr.- I	Gr.-II					
Rajyo (thickening of skin)	58.3	40.65	17.65	BT	1.974	>0.05	NS
				AT	2.034	>0.05	NS
Ati kandu (severe itching)	74.27	49.76	24.51	BT	0.271	>0.05	NS
				AT	2.172	<0.05	S
Bahusrava (serous discharge)	64.51	47.16	17.35	BT	2.702	<.05	S
				AT	0.292	>.05	NS
Pidika (papule/plaque/ vesicle)	58.40	31.7	26.7	BT	1.673	>0.05	NS
				AT	2.477	<0.05	S

BT: Before Treatment, AT: After Treatment

**Table 2: Intergroup statistical analysis of allergy patch test (Gr. I & Gr. II)**

Clinical Features	% Relief		% relief difference		't'	P	Remarks
	Gr.-I	Gr.-II					
Minimum Erythema, Erythema with papule & edema; erythema with papule, edema + vesicles.	61.53	40	21.53	BT	12.22	<0.001	HS
				AT	3.055	<0.05	S

BT: Before Treatment, AT: After Treatment

#### CONCLUSION

Conclusion is determination established by investigating in various ways and deducting by means of various reasons. On the basis of the present study, it can be concluded that the theories of

darshanas are immensely scientific in nature as darshnika satkaryavada has both applied as well as clinical aspects . Satkaryavada has been applied extensively by our acharyas for the purpose of elimination of disease. The knowledge of karana/karya is necessary for nidana parivarjana ( avoidance of

disease causative factors), samprapti vighattan (pathogenesis) and chikitsa. The result of the study shows that allergen withdrawal was more sufficient to treat vicharchika (with special reference to allergic dermatoses) as compared to internal use of kandughanamaha kasaya. Also the various major and minor skin ailments can be categorised under the various chapters likewise classified in modern dermatological texts. As allergic contact dermatitis has a relapsing nature, a similar study should be conducted for a longer duration so as to know the lasting of the clinical effects. We can hope that present study will be helpful to the future scholars who intend to work in this field.

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