

### 11.12. Kalaya khanja Pangu

## Khanja · Kalayā-khanja · Pangu

(lameness / bilateral waddling gait / crippling paresis in the lower limbs - all placed under the 80-fold Vātavyādhi list)

**Textual locus** - Each term is enumerated in the Vātavyādhi catalogue of **Aṣṭāṅga-hṛdaya**, **Nidāna-sthāna 15** and **Cāraka-saṃhitā**, **Cikitsā-sthāna 28**.

The root passages do not give individual verses of management; the treatment principles are drawn from the general Vātavyādhi section of **A.H. Cikitsā-sthāna 24** and **CŚ 28**.

I am **deliberately paraphrasing** rather than quoting a śloka line-by-line; that way we avoid the risk of a mis-numbered or corrupted citation.

### 1 ▶ Clinical key-notes

Entity	Classical sense	Modern clinical picture
<b>Khanja</b>	Limping of one leg because the limb is <i>short, weak or painful</i> ; the patient drags it side-ways.	Unilateral antalgic gait after old fracture, hip dislocation, poliomyelitis, severe osteoarthritis.
<b>Kalayā-khanja</b>	“Double-khanja” - both lower limbs limp with a waddling or duck-walk.	Bilateral hip pathology, old Perthes disease, pseudo-myopathic gait.
<b>Pangu</b>	Limb is present but <b>cannot bear weight</b> ; severe weakness or flaccid paralysis.	Paraplegic-like picture after spinal cord insult, post-polio, muscular dystrophy.

All three share a **Vāta-pravṛtti** seated in *śira-snāyu-asthi* of the pelvic girdle and lower extremity; Khanja and Kalayā-khanja receive an extra dose of **Kapha / āma āvaraṇa** (heaviness, swelling).

### 2 ▶ Etiopathogenesis (Hetu → Samprāpti)

1. **Trauma / fracture / hip dislocation** → local धातु-क्षय + deranged Vāta.
2. **Chronic nutritional debility, ageing** → marrow depletion → Vāta dries sinews.
3. **Exposure to cold & damp, day-sleep after heavy meal** → Kapha-āvaraṇa covers Vāta pathways, creating stiffness and heaviness.
4. **Srotas-rodha** in the hip-knee-ankle chain → limb cannot flex-extend smoothly → limping or complete non-function (Pangu).

### 3 ▶ Samprāpti-vighaṇana (Break-the-chain logic)

[If Kapha/āma signs] – Rūkṣa Sweda + Deepana-Pācana → mild Virecana  
 ↓  
 Sneha-pāna (internal) + Abhyanga (external)  
 ↓  
 Snigdha Sweda (Patra-Piṇḍa / Śāṣṭika-piṇḍa)  
 ↓  
 Local Kati / Janu / Piṭhu-basti + Upanāha  
 ↓

Yoga-Basti course (Nirūha + Anuvasana) 8- or 15-day

↓

Bṛhmaṇa food, physiotherapy, and long Rasāyana

*Rationale:* melt any Kapha plug → lubricate & heat the sinews → feed joint surfaces → pacify root Vāta in colon → rebuild muscle & bone.

## 4 ▶ Chikitsā-sūtra (extracted from AH 24 & CS 28)

1. “Rūkṣa-sweda and deepana if Kapha/āma blocks Vāta.”
2. “Pure Vātika deformities start with Sneha → Snigdha-sweda.”
3. “Basti is half the cure of every Vātavyādhi.”
4. “Abhyanga, Upanāha and Agnikarma around the hip/knee restore mobility.”  
(Suśruta reserves Agnikarma for contracture trigger-points.)
5. “After pain eases, employ Bṛhmaṇa & Rasāyana to replace wasted tissues.”

## 5 ▶ Practical Chikitsā outline

### 5.1 Kapha-āvaraṇa clearing (when swelling, heaviness, sticky tongue)

Modality	How long	Remarks
Valuka Sweda (hot sand)	2-3 days, 15 min	Liquefies Kapha
Hiṅgvāṣṭaka cūrṇa	2 g t.i.d.	Deepana-pācana
Eranda-taila Virechana	25 ml single night	Soft oily purge

### 5.2 Sneha & Snigdha-Sweda (core for all three)

| Internal | Kṣīrabala 101 Taila 10-15 ml b.i.d. × 7 days |  
| External | Mahānārāyaṇa / Balāśvagandhā Taila abhyanga → Patra-Piṇḍa Sweda or Śāṣṭika-Śāli Pinda (if muscle wasting) 20 min |

### 5.3 Local joint feeding

Technique	Area	Medium
Kati-basti (hip) or Janu-basti (knee)	affected joint	Warm Kṣīrabala Taila 30 min
Upanāha	overnight poultice	Nirgundi leaf + sesame + saindhava
Mild Agnikarma	trigger-points of contracture	Quick touch with red-hot panchaloha rod

### 5.4 Basti (systemic Vāta pacification)

*Yoga-basti 8-cycle*

- Odd days: Daśamūla-nirūha 500 ml (kvātha + honey + saindhava + taila)
- Even days: Kṣīrabala-anuvasana 60 ml

For Pangu with marked flaccidity, opt for **Kala-basti 16-cycle**.

### 5.5 Rasāyana & Bṛhmaṇa (week 5 → 12)

Rasāyana	Dose	Benefit
Aśvagandhā-lehya	10 g h.s.	Muscle & nerve bulk

<b>Rasāyana</b>	<b>Dose</b>	<b>Benefit</b>
<b>Śuddha Śilājatu</b>	250 mg b.i.d.	Bone/cartilage mineralisation
<b>Guḍūcī-satva</b>	500 mg b.i.d.	Anti-oxidant, micro-circulation
<b>Bala-taila Nasya</b>	4 drops/nostril at night	Nourishes hip-spinal nerves

## 6 ▶ Chikitsā-yojanā (40-day teaching template)

<b>Days</b>	<b>Major steps</b>	<b>Expected milestone</b>
1-4	Rūkṣa Sweda + Deepana; castor purge	Heaviness ↓, tongue clean
5-12	Sneha-pāna, Abhyanga + Patra-Sweda	Pain ↓ 50 %, gait easier
13-18	Kati/Janu-basti + Upanāha	Joint ROM ↑
19-26	Yoga-basti cycle	Able to bear weight, limp ↓
27-40	Rasāyana + physiotherapy	Steady gait (Khanja), waddling ↓ (Kalayā-khanja), weight-bearing improved (Pangu)

## 7 ▶ Pathyā • Apathyā

### □ Do

Warm, ghee-rich diet, bone-broth soup  
 Garlic milk at night, sesame-laddu  
 Daily oil massage to hip-knee-ankle  
 Gentle physiotherapy: hip-knee ROM, supported squats, walking in warm pool  
 Woollen support, avoid drafts

### □ Avoid

Cold, dry snacks, iced drinks  
 Sour curd at night, excess pulses  
 Sitting on cold floor long hours  
 High-impact jumps, heavy squats while acute  
 Riding motorbike in chill wind

## 60-second recap

- **Khanja / Kalayā-khanja / Pangu** are lower-limb Vāta disorders distinguished by extent (uni- vs bilateral vs non-weight-bearing).
- Melt any Kapha-āvaraṇa first; then **Sneha-Sweda → Basti** is the golden ladder.
- Local **Kati-/Janu-basti** feed the capsule; Rasāyana rebuilds wasted muscle.
- A disciplined Pathyā regime plus physiotherapy completes the cure and prevents relapse.