

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 Vātavādhi list)

Textual locus – Each term is enumerated in the Vātavādhi 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 Vātavādhi 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
Khanja	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.
Kalayā-khanja	“Double-khanja” – both lower limbs limp with a waddling or duck-walk.	Bilateral hip pathology, old Perthes disease, pseudo-myopathic gait.
Pangu	Limb is present but cannot bear weight ; severe weakness or flaccid paralysis.	Paraplegic-like picture after spinal cord insult, post-polio, muscular dystrophy.

All three share a **Vāta-pravṛtti** seated in *śīra-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 वात-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-vighaṭana (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 / Pīṭhu-basti + Upanāha
↓



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



Br̥mhaṇa 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 & CŚ 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 Br̥mhaṇa & 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
Hīṅgvāṣṭaka 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-Śālī 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	Nirgundī 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 & Br̥mhaṇa (week 5 → 12)

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



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

6 ► Chikitsā-yojanā (40-day teaching template)

Days	Major steps	Expected milestone
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	Avoid
Warm, ghee-rich diet, bone-broth soup	Cold, dry snacks, iced drinks
Garlic milk at night, sesame-laddu	Sour curd at night, excess pulses
Daily oil massage to hip-knee-ankle	Sitting on cold floor long hours
Gentle physiotherapy: hip-knee ROM, supported squats, walking in warm pool	High-impact jumps, heavy squats while acute
Woollen support, avoid drafts	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.