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Folk Medicinal Practices of Shekhawati Region : A Living Heritage of Traditional Healing

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Abstract: **Shekhawati, situated in northeastern Rajasthan, India, is a region renowned for its vibrant culture, artistic architecture, and rich tradition of folk medicine. Local healers, referred to as vaidyas, hakims, and bhopas, have preserved unique indigenous knowledge systems that utilize the local flora for the treatment of a wide spectrum of illnesses affecting people and livestock. The paper documents and analyzes Shekhawati's ethnomedicinal practices during 2013, exploring the environmental context, healer training, methods of diagnosis, preparation and administration of remedies, and challenges faced in knowledge transmission. The blend of oral tradition, magico-religious rituals, and empirical plant-based therapies constitutes a living heritage, threatened by social modernization and environmental pressures. Field surveys and literature indicate urgent needs for systematic conservation and documentation, highlighting the region's medicinal diversity and potential for the future of integrative healthcare.**

Keywords: Shekhawati, folk medicine, ethnobotany, Rajasthan, traditional healers, indigenous knowledge, medicinal plants, cultural heritage.

1. Introduction

Folk medicinal practices thrive in cultural landscapes where local communities maintain deep connections to their ecosystems. Shekhawati, a historical region spanning Jhunjhunu and Sikar districts, offers a striking example of how geographic and social factors shape traditional healing. This heritage is anchored in generations of observation, experimentation, and transmission of medical wisdom via oral and experiential means.

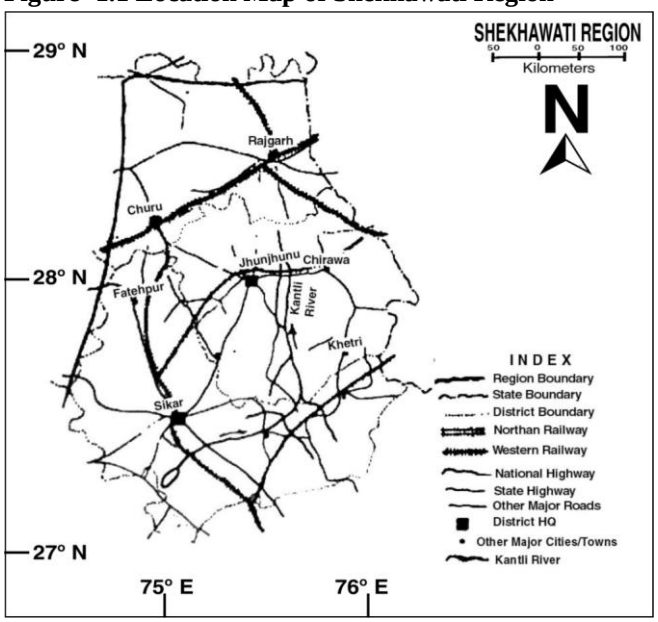
Shekhawati's terrain encompasses semi-arid plains interspersed with the Aravalli hills, including notable sites like Lohargal, Mansadevi, Khetri, Babai, Sakambari, Singhana, and Harshnath. Local vegetation includes hardy shrubs, herbs, and trees adapted to challenging conditions. The region's communities—Hindus, Muslims, tribal groups—share knowledge across religious and cultural boundaries, promoting a broad repertoire of treatments.

The folk medical tradition is shaped by restricted access to modern health infrastructure, particularly for remote and marginalized populations. This has made folk healing not only a necessity but also a respected local science.

2. Study Area

Figure-1.1 shows the area under study i.e. Shekhawati region which is located in the north-eastern part of Rajasthan state and the region has geographical extension from 26°26' to 29°20' N latitude and 74° 44' to 76°34' E longitude on the map of Rajasthan. The area under study covers fully or partly three districts, namely Churu, Jhujhunun and Sikar. Churu district's out of 7, only 3 tehsils fall under Shekhawati region (Churu, Rajgarh and Taranagar) whereas Jhunjhunu district as a whole with its six tehsils (Buhana, Chirawa, Khetri, Jhunjhunu, Nawalgarh and Udaipurwati) in which Buhana tehsil emerged out as a new tehsil on the map of Jhunjhunu district (2001), it was no more existence in the year of 1991 and Sikar district also covered fully with it's six tehsils (Data Ramgarh, Fatehpur, Laxmangarh, Neem ka Thana, Sikar and Shri Madhopur).

Figure- 1.1 Location Map of Shekhawati Region



The region has 23 Panchayat Samitis in all. Thus, the region under study has 15 tehsils in total with it's total 15343 sq. km. geographical area which makes 5.6% of the state's total. At the part of district-wise contribution by area point of view in Shekhawati region it is observed that part and portion of Churu

district contributes 29%, Jhunjhunu district contributes 31% and Sikar by 40%, respectively.

Among these tehsils area point of view, the tehsil of Churu is largest one and Buhana smallest, respectively. District-wise area point of view Sikar stands at first position which is followed by Jhunjhunu and lowest contribution is made by Churu i.e. 1683 sq. km. only.

At the part of population, Shekhawati region contributes 8.7 percent of the state's total in which sex-ratio is 948 females per thousand males in Total Population whereas it is very low i.e. 887 in Child Population for the area under study. The region obtains high Literacy rate which is about 10% more than that of the state's average. Among tehsils, Buhana ranks at first position while as Neem ka Thana contributes lowest in this aspect. The region obtains high density (244) i.e. 50 percent more than that of state's average which is 165 persons per sq. area 2001. The region has also Slum population but it is very low or to say negligible i.e. 2.5% only of the urban area's total. The whole region has distribution of two types of soils; Sandy soil and Red Loamy soil. The former soil type has obvious distribution in Churu district, the areas of sand dunes topography; the later soil group is mostly distributed over the districts of Jhunjhunu and Sikar (classification based on dominancy, availability and agricultural productivity). The distribution of soil type and it's physical as well as chemical nature is a significant aspect from vegetation as well as plant species distribution point of view.

On the basis of another type of soil type classification according Prof. Thorpe and Smith based on the origin of the soil, the observations revealed in this direction that Remosols type of soil has distribution in the areas of sand dunes topography; all three tehsils of Churu districts have, Red sandy soil which is more alkaline in nature. Hilly topography soil and Riverine soil have their distribution according the distribution of habitat of study area.

3. Transmission of Folk Medical Knowledge

3.1. Oral Tradition and Family Lineages

Knowledge about plants and therapies pass orally within families, guarded as valuable intellectual property. Healer apprentices learn by observing elders, participating in plant collecting, preparation, and community rituals. Often, knowledge is inherited through patrilineal or matrilineal lines, with women serving as birth attendants and men specializing in broader healing roles.

3.2. Roles and Status of Healers

Various specialists coexist:

1. Vaidyas: Herbalists well-versed in plant lore and regional Ayurveda.

2. Bhopas: Ritual healers blending magico-religious and physical remedies.

3. Hakims: Unani/folk practitioners, especially in Muslim communities.

4. Birth Attendants: Women with expertise in gynecological and childbirth-related herbs.

Healers may treat both people and animals, thus extending their impact into veterinary domains.

Scientific Name	Local Name	Ailment Treated	Preparation/Use
Calligonum polygonoides	Phog	Typhoid, animal urinary issues	Extract, decoction
Cassia tora	Phunwad	Childhood fever, boils, joint pain	Leaf decoction, poultice
Chenopodium album	Chilva	Urinary issues, colic, cough, piles	Cooked as vegetable, extract
Citrullus colocynthis	Gar-tumba	Constipation, animal digestive	Powder, roasted fruit
Impatiens balsamina	Timadia	Boils, wounds, swellings	Leaf extract
Lawsonia inermis	Mehdi	Jaundice, fever, micturition	Leaf/seed extract
Leucas urticaefolia	Darkan	Cold, cough, fever, swelling	Infusion/decoction, bandage
Martynia annua	Bichhu kanto	Rheumatism, boils, swelling	Leaf paste
Mimosa hamata	Lajwanti	Weakness, bleeding wounds	Seed powder, extract
Mollugo cerviana	Chirio ghas	Post-childbirth uterine cleanser	Cooked as vegetable

4. Diversity of Folk Medicinal Practices

4.1. Survey Methodology

Systematic ethnobotanical surveys conducted during 2013 established rapport with local chiefs and medicine men. Fieldwork involved interviews with healers, birth attendants, woodcutters, shepherds, and headmen, cross-verifying plant uses and efficacy.

4.2. Catalog of Medicinal Plants

Nearly 48 dicotyledonous and 2 monocotyledonous species have ethnomedicinal significance in Shekhawati. Some notable examples are:

4.3. Preparation and Administration

Remedies are crafted as decoctions, powders, infusions, pastes, or roasted plant parts. Various administration modes are documented—oral, topical, or as bandages. Combined rituals (mantras, auspicious timings) enhance perceived efficacy and align with broader cultural beliefs.

5. Diagnosis and Therapeutic Traditions

5.1. Ethnic Disease Concepts

Healers classify disease via symptoms, seasonality, spiritual causes, and locally codified syndromes. Some conditions correspond to Ayurvedic or Unani nosologies, while others are specific to the local worldview (e.g., "evil eye," "hot wind" illnesses).

5.2. Socio-Religious Integration

Healing frequently blends physical and spiritual domains. Temple healers may employ sacred groves, and rituals such as prayers, offerings, and incantations are conducted alongside herbal treatments. Such magico-religious elements affirm the healer's role and bolster community trust.

6.Environmental Context and Plant Conservation

6.1. Threats to Medicinal Heritage

Uncontrolled exploitation, habitat loss, drought, and overgrazing—aggravated by modern development—endanger key medicinal species such as Calligonum polygonoides and Sarcostema viminale. Commercial demand for certain herbs only heightens unsustainable harvesting.

The erosion of oral knowledge, driven by youth migration and modernization, also threatens the transmission of medicinal wisdom. Urgent documentation and community-based conservation are essential.

7. Ethnobotanical Case Studies

Field studies highlight local practices such as:

7.1. Use of Leucas urticaefolia: Infusions for child cough and fever, bandaging roasted leaves for swelling.

7.2. Citrullus colocynthis: Roasted fruit for animal digestive complaints.

7.3. Cassia tora: Poultices for boils and joint pain, emphasizing empirical efficacy and simple access.

Rare plant collections are sometimes restricted to elders or chiefs, emphasizing the value placed on medicinal secrets.

8. Folk Medicinal Practice In Transition

8.1. Factors Influencing Change

1. Declining interest among youth due to perceived lack of prestige and economic opportunity.
2. Encroachment of allopathy and government health programs.
3. Habitat degradation reduces the abundance and diversity of medicinal plants.
4. Migration fragments traditional knowledge circuits.

Remote areas, folk medicine remains a principal healthcare provider, offering vital low-cost solutions and preserving regionally specific biodiversity.

9. Conservation and Policy Recommendations

9.1. Documentation Initiatives: Oral traditions must be systematically surveyed, digitized, and archived for posterity.

9.2. Community Engagement: Participatory conservation approaches, leveraging local leadership and healers' expertise.

9.3. Sustainable Harvest Management: Regulation and education to balance commercial and traditional uses.

9.4. Education: Inclusion of folk medicinal knowledge in local curricula to foster awareness and pride.

9.5. Research Integration: Collaboration between healers and botanical/medical researchers to evaluate safety, efficacy, and potential for new drug development.

10. Conclusion

Shekhawati's folk medicinal practices show enduring vitality, despite modern challenges. The healer's art—rooted in plant wisdom, ritual, and family lore—is both a medical and cultural asset, offering practical solutions and grounding community identity. Preserving this living heritage demands both systematic conservation and respect for the epistemological richness of traditional healing.

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