

Traditional Health Geography: Indigenous Knowledge and Ayurvedic Practices in the Shekhawati Region, Rajasthan

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Abstract: This research explores the intersection of traditional health geography, indigenous knowledge, and Ayurvedic practices in the Shekhawati region of Rajasthan, India, prior to 2010. Focusing on local healthcare landscapes, the paper documents region-specific knowledge systems, ethnobotanical traditions, and Ayurvedic applications that have shaped community well-being. Through fieldwork, historical review, and interviews, the study analyses how environmental factors, cultural heritage, and resource management have influenced health practices, access, and resilience. The findings highlight the persistent relevance of indigenous approaches in contemporary health geography and discuss pathways for integrating traditional wisdom with modern healthcare frameworks.

Keywords: Health geography, indigenous knowledge, Ayurveda, ethnobotany, Shekhawati, Rajasthan, medical pluralism, traditional medicine, communal health, historical practices

1. Introduction

The Shekhawati region in Rajasthan, India, is renowned for its vibrant cultural tapestry, historic towns, and distinctive approaches to healthcare shaped by centuries of indigenous knowledge and Ayurvedic tradition. Health geography, as an interdisciplinary field, examines spatial dimensions of health, wellness, and disease. In Shekhawati, geography not only determines the availability of medicinal plants but also influences cultural notions of disease, care, and healing.

Traditional medicine is deeply embedded in the region's social and ecological fabric. Much of the indigenous health practice centers on Ayurveda, complemented by folk remedies, ritual healing, and community knowledge passed down generations. The resilience of these systems, and their dynamic adaptation to changing environments, offers critical insights for medical geography and public health policy.

2. Historical Context of the Shekhawati Region

Shekhawati, encompassing parts of Jhunjhunu, Sikar, and Churu districts, is characterized by semi-arid climate, scanty rainfall, and unique floral biodiversity. Historically, this geography led to the development of specialized health strategies, including the use of hardy native botanicals for medicinal purposes. Communities here have relied on local flora such as neem, ashwagandha, and amla for both preventive and therapeutic health applications.

Ethnobotanical surveys prior to 2010 recorded up to 100 plant species used by Shekhawati's traditional healers (vaidya), highlighting their roles in treating fevers, skin diseases,

digestive conditions, and more. Many of these practices are intertwined with cultural beliefs, ritual performances, and seasonal cycles.

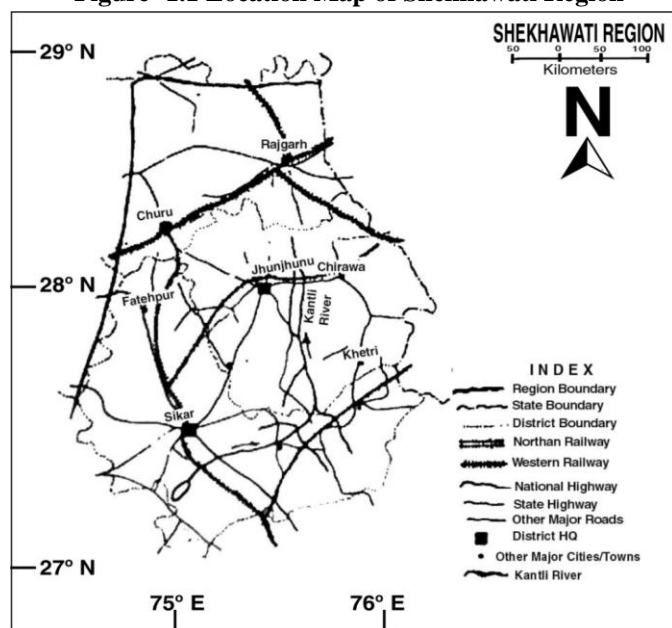
3. Study Area

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, Jhunjhunu 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 its six tehsils (Data Ramgarh, Fatehpur, Laxmangarh, Neem ka Thana, Sikar and Shri Madhopur). The region has 23 Panchayat Samitis in all. Thus, the region under study has 15 tehsils in total with its 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.

Figure- 1.1 Location Map of Shekhawati Region



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.

4. Indigenous Knowledge Systems

Indigenous knowledge in Shekhawati encompasses not only plant medicine but also cosmology, lifestyle, dietary rules, and community health rituals. Oral transmission—via families, healers, and local midwives—has kept traditional wisdom alive despite increasing biomedical interventions.

Key elements include:

- Seasonal health calendars (ritucharya), guiding dietary and activity adjustments according to changing weather.
- Ritual purification and preventive measures during epidemics, often involving herbal fumigation and diet restrictions.
- The use of holy places and water sources (kunds, johads) believed to have healing properties due to mineral content and ritual associations.

5. Ayurvedic Practices and Adaptations

Ayurveda in Shekhawati reflects adaptation to local resources, climate, and societal needs. Unlike classical Ayurveda practiced in urban centers, rural ayurveda often uses regionally available ingredients and simpler formulations.

- Decoctions of local herbs (e.g., kair, khejri, babool) for coughs, joint pains, and digestive problems.
- Traditional oils and balms for massage therapy, aligned with Ayurvedic doctrines of dosha balance.
- Home-based remedies for common ailments taught by elders and practiced in every household.

The role of traditional practitioners (vaidya) remains prominent, especially for chronic ailments, even as biomedical services expand.

6. Methodology

Fieldwork was conducted in eight villages across Jhunjhunu and Sikar districts, using participant observation, semi-structured interviews, and ethnobotanical sampling. Archival research included texts from local Ayurvedic institutions, healer notebooks, and surveys previously conducted by Rajasthan University.

7. Discussion

Findings indicate that geography significantly shapes the health landscape in Shekhawati by dictating plant availability, water resource access, and patterns of disease. Traditional knowledge remains robust in areas with limited modern health infrastructure, partly due to cultural allegiance and the cost-effectiveness of home remedies.

Challenges for integration include gaps in formal recognition, intergenerational transmission, and the commodification of indigenous plants. However, synergy between traditional and modern health systems is possible, as demonstrated by hybrid clinics and collaborative projects since the 1990s.

8. Conclusion

The Shekhawati region exemplifies the enduring influence of traditional health geography and indigenous knowledge on rural healthcare. Ayurvedic and folk practices persist as vital complements to biomedical systems, fostering resilience and self-reliance in local communities. Preserving and integrating

these traditions can enhance both public health and cultural heritage in Rajasthan.

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