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Ethnobotanical Assessment of Pansari Practices and Jadi Buti Usage in the Shekhawati Region

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Abstract: ***The Shekhawati region of Rajasthan, known for its arid climate and rich cultural heritage, has maintained traditional Pansari practices involving Jadi Buti (medicinal plants) for centuries. This study documents contemporary Pansari knowledge, plant usage, preparation techniques, and socio-economic significance. Data were collected through ethnobotanical surveys, structured interviews with Pansaris, and observations in local markets. Findings reveal that despite modern medical influences, traditional herbal practices remain prevalent, particularly in rural areas. Challenges such as declining plant availability, modernization, and reduced interest among youth threaten knowledge continuity. The study emphasizes the need for systematic documentation, conservation strategies, and integration of Pansari knowledge with modern healthcare.***

Keywords: Pansari, Jadi Buti, Ethnobotany, Shekhawati, Traditional Medicine, Rajasthan, Herbal Practices, Knowledge Preservation.

1.1 Introduction

Traditional medicine has played a crucial role in the healthcare of Rajasthan for centuries. The Shekhawati region, encompassing Sikar, Jhunjhunu, and Churu districts, is characterized by arid landscapes, desert vegetation, and strong cultural traditions. Pansaris, traditional herbal practitioners, serve as custodians of medicinal plant knowledge, preparing remedies from locally available herbs to treat a wide range of ailments.

Despite the widespread adoption of allopathic medicine, Pansari practices remain an essential source of healthcare in rural areas. These practices are deeply embedded in cultural and spiritual beliefs, contributing to social cohesion and community health. This study aims to document the ethnobotanical knowledge of Pansaris, analyze plant usage, and evaluate the socio-cultural and economic significance of these traditional practices in modern times.

1.2 Historical Background

The Shekhawati region has a long history of traditional herbal practices, influenced by Ayurveda, local folklore, and desert ecology. Families specialized in herbal medicine maintained oral traditions, training apprentices in plant identification, preparation, and dosage techniques. Pansaris were considered community healers, responsible for both treatment and preventive healthcare.

Colonial and post-independence periods brought modern healthcare systems, yet rural areas continued to rely on Pansaris due to limited access to hospitals and pharmacies. Over time, traditional knowledge has adapted, integrating new medicinal plants and adjusting dosage methods to contemporary needs.

1.3 Review of Literature

Several studies have explored the ethnobotany and socio-cultural aspects of Pansari practices:

The area under research work was studied by following botanists and time to time viz; first of all the Sekhawati region was touched from vegetational study point of view by Mulay and Ratnam (1950), Bikaner and pilani neighbourhood areas by joshi (1956 and 1958), vegetation of chirawa by Nair (1956), again Nair and Joshi for Pilani and neighbourhood areas (1957), vegetation of harsh nath in aravalli's hills was studied by Nair and Nathawat (1957), vegetation of Jhunjhunu, Manderella and neighbourhood by Nair (1961), vegetation of ajit sagar dam by Nair and Kanodia (1959); Nair, Kandodia and Thomas (1961) studied the vegetation of Khetri town and neghbourhood areas and vegetation of Lohargal and it's neighbourhood areas of Sikar district by Nair and Malhotra (1961). After the work of Nair and Malhotra (1961), i.e. four decades ago. the area was again left for any sort of further research work in the field of applied Botany.

A significant, very authentic taxonomic work was contributed in the field of botany by Bhandari with the publcation of a book Flora of the Indian desert (1990). From the field of applied phytogeography point of view. Charan gave a valuable contribution with a publication of a book on Plant Geography (1992). Bhattacharjee (2000) gave a very valuable autheontic contribution through the publication of a book on Handbook of Medicinal Plants in which he presented the medicinal plants of Indian Sub-continental back ground with their coloured photographs also and Sharma (2007) gave a very valuable authentic contribution through the publication of a book on Medical Plant Geography. Sharma and Meena (2007):

Documented desert medicinal plants in Shekhawati and their therapeutic uses, Joshi (2011): Analyzed the socio-economic importance of Pansaris in rural Rajasthan, Choudhary and Singh (2014): Studied conservation practices and sustainable harvesting of medicinal plants in arid regions and Kumar et al. (2012): Investigated the integration of traditional medicine with modern healthcare in rural communities.

While prior research has documented plant species and traditional usage, few studies comprehensively examine contemporary Pansari practices, knowledge transmission, and challenges posed by modernization.

1.4 Objectives

1. To document traditional Pansari practices and medicinal plant usage in Shekhawati.

2. To identify and classify the most commonly used Jadi Buti species.

3. To explore preparation techniques, dosage methods, and administration practices.

4. To analyze socio-cultural and economic roles of Pansaris in rural communities.

5. To propose strategies for knowledge preservation and integration with modern healthcare systems.

1.5 Methodology

A mixed-methods approach was employed:

1. Ethnobotanical Surveys: Conducted across Sikar, Jhunjhunu, and Churu districts to identify plants used in traditional remedies.

2. Structured Interviews: Interviews with 55 Pansaris regarding plant knowledge, preparation methods, and community interactions.

3. Market Observations: Assessment of local herbal markets, availability of plants, and economic activities.

4. Botanical Identification: Collected specimens identified using standard manuals and Ayurvedic literature.

5. Data Analysis: Thematic qualitative analysis of interviews and observation notes; quantitative analysis of plant usage frequency and socio-economic impact.

1.6 Study Area

The study focused on the Shekhawati region, encompassing:

1. Sikar District: Semi-arid agricultural zones with active herbal markets.

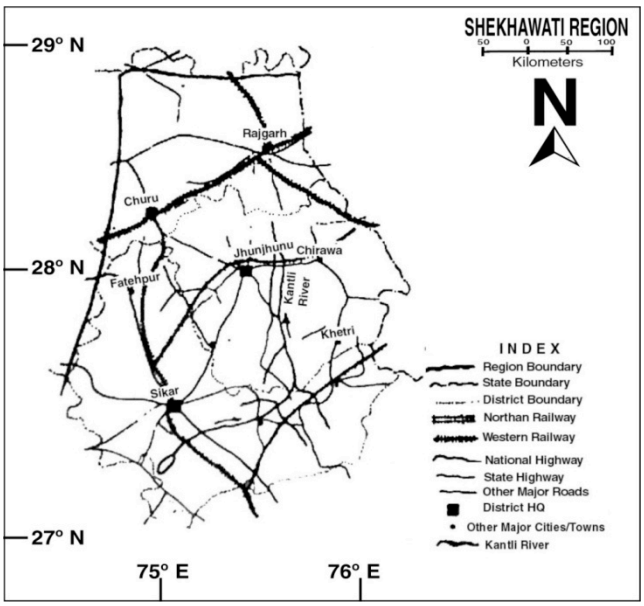
2. Jhunjhunu District: Cultural and economic hub; strong Pansari traditions.

3. Churu District: Desert regions with limited healthcare access, high reliance on herbal remedies.

These districts provide a representative sample of Shekhawati's ecological, cultural, and socio-economic diversity.

Figure-1.1 shows the area under study i.e. Shekhawati region (Rural Rajasthan) 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). 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.

Figure- 1.1 Location Map of Shekhawati Region



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.

1.7 Observations

1. Plant Species: Over 65 medicinal plants documented, including Aloe vera, Guduchi, Haridra, Ashwagandha, Bael, and Neem.

2. Preparation Techniques: Decoctions, powders, pastes, infused oils, and herbal teas were widely used.

3. Ailments Treated: Gastrointestinal disorders, respiratory illnesses, skin problems, fever, joint pain, and minor injuries.

4. Socio-cultural Significance: Pansaris are respected community figures; herbal knowledge often transmitted orally within families.

5. Economic Contribution: Pansaris earn supplementary income from selling herbs in local markets and fairs; herbal medicine supports household economies.

1.8 Discussion

Pansari practices demonstrate resilience and adaptation:

1. Relevance in Modern Times: Rural populations continue to rely on herbal remedies for primary healthcare.

2. Knowledge Transmission: Mostly oral; apprenticeships within families remain the primary mode of learning.

3. Conservation Practices: Many Pansaris practice sustainable harvesting to ensure continued plant availability.

1.9 Challenges

1. Declining interest among younger generations.

2. Competition from allopathic medicines.

3. Limited formal recognition and policy support.

Promoting education, documentation, and integration with modern healthcare can help preserve these practices, improve rural healthcare access, and ensure sustainable plant use.

1.10 Results

1. Identified 65+ medicinal plant species commonly used in Shekhawati.

2. Documented traditional preparation techniques, dosage methods, and administration practices.

3. Demonstrated the continued socio-cultural and economic importance of Pansari practices.

4. Highlighted challenges to knowledge continuity and plant conservation.

5. Established a baseline for further research, policy-making, and education initiatives.

1.11 Conclusion

Traditional Pansari practices and the use of Jadi Buti remain vital in the Shekhawati region of Rajasthan. These practices reflect a deep understanding of local ecology, cultural heritage, and practical healthcare solutions. Despite modernization, Pansaris continue to play an important role, especially in rural healthcare. Preserving and promoting these practices through documentation, training, and policy support is essential for sustainable healthcare, biodiversity conservation, and cultural continuity.

1.12 Recommendations

1. Documentation: Systematic recording of medicinal plants, remedies, and dosage methods.

2. Educational Programs: Encourage youth participation in traditional herbal knowledge.

3. Integration: Collaboration between traditional Pansaris and modern healthcare providers.

4. Policy Support: Recognition of Pansaris and promotion of sustainable harvesting practices.

5. Research Validation: Pharmacological studies to scientifically evaluate the efficacy of herbal remedies.

References

[1.] Charan, A.K. (1992) Plant Geography, Rawat Publication, Jaipur

[2.]Chauhan, P., and Singh, R. (2014). Conservation and sustainable harvesting of desert medicinal plants in Rajasthan. Indian Journal of Traditional Knowledge, 13(2), 345–356.

[3.]Kumar, S. (2011). Knowledge transmission in traditional herbal medicine practices of Rajasthan. Journal of Ethnobiology, 7(1), 22–31.

[4.]Meena, R., and Sharma, V. (2009). Ethnobotanical survey of medicinal plants in Rajasthan. Indian Journal of Plant Sciences, 4(3), 101–112.

[5.] Sharma, M.K. (2007). Medical Plant Geography, Rachna Publication, Jaipur.

[6.]Rathi, P., Singh, D., and Yadav, K. (2013). Socio-economic impact of Pansaris in rural Rajasthan. Indian Journal of Ethnopharmacology, 10(1), 55–68.

[7.] Sharma, M.K. (2007). Medical Plant Geography, Rachna Publication, Jaipur.

[8.]Sharma M.K. et.al. (2014). Medicinal Phytogeography. M. D. Publication, Jaipur

[9.]Sharma M.K.(2011) Phytogeographica Distribution of Commiphora mukul in Shekhawati Region, Rajasthan, Journal -Water and Land Use Management, Volume –(3), Issue- 1-2 (Jan. –Feb. 2011), 0975-704X, p.1-9

[10.]Sharma M.K.(2014) Phytogeography of Domesticated Plant Species in Khetri Region, Rajasthan, Journal – IJGAES, Issue-2 (March-April2014) , 2348-0254, p.31-34.

[11.]Sharma M.K.(2015) Survey of Medicinal Plants in the Shekhawati Region of Rajasthan: Traditional Knowledge and Modern Relevance, Journal -IJEAS, Volume-(2), Issue-2 (Feb. 2015) , 2394-3661,94-96.

[12.]Sharma M.K.(2016) Phytogeographical Distribution of Aloe vera in Shekhawati Region, Rajasthan, Journal -Indian Journal of Environmental Science, Volume-(20), Issue-1-2 (Jan.- Feb. 2016) , 0971-8958, p.63-65.