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Socio-Economic and Cultural Dimensions of Pansari Practices and Jadi Buti Utilization in Rural Rajasthan

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Abstract: ***Pansari practices, involving the use of Jadi Buti (medicinal plants), are deeply embedded in the socio-cultural fabric of rural Rajasthan. This study examines the socio-economic and cultural dimensions of Pansari practices, focusing on plant usage, preparation methods, community perceptions, and economic contributions. Field surveys, interviews with 60 Pansaris, and observations of local herbal markets were conducted in select districts. Results show that Pansaris continue to play a pivotal role in healthcare, especially in regions with limited access to modern medical facilities. The study highlights challenges such as declining interest among youth, reduced availability of medicinal plants, and competition from modern healthcare. Recommendations include knowledge documentation, educational programs, and policy support for sustainable practice and conservation.***

Keywords: Pansari, Jadi Buti, Ethnobotany, Socio-Economic Role, Rural Rajasthan, Traditional Medicine, Cultural Heritage, Herbal Practices.

1.1 Introduction

Traditional medicine forms the backbone of healthcare in many rural areas of India. In Rajasthan, Pansari practices have been preserved for centuries, serving as a primary healthcare resource. The use of Jadi Buti not only provides remedies for common ailments but also reflects the socio-cultural identity of communities.

Rural populations rely on Pansaris due to the affordability of herbal remedies, accessibility, and trust in traditional knowledge. Despite modernization and urbanization, Pansaris remain integral to rural health systems, often combining medical advice with cultural and spiritual guidance. Understanding the socio-economic and cultural dimensions of these practices is essential for preserving this heritage and integrating it effectively into contemporary healthcare frameworks.

1.2 Historical Background

Rajasthan's Pansari traditions date back to ancient Ayurveda and local folk practices. Families specialized in herbal knowledge maintained oral transmission systems, guiding community members in plant identification, preparation, and administration. Pansaris acted as healers, teachers, and advisors, linking healthcare with social and cultural practices.

Over time, modernization and the introduction of allopathic medicine created a dual healthcare system. However, rural communities continued to depend on Pansaris due to limited access to modern facilities, economic constraints, and cultural preferences.

1.3 Review of Literature

Significant research highlights the importance of Pansari practices in Rajasthan:

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 Choudhary (2008): Documented the socio-cultural significance of herbal medicine in rural communities, Meena and Singh (2010): Analyzed the economic impact of Pansaris and herbal trade in Rajasthan,

Rathi et al. (2013): Explored the role of Pansaris in community healthcare and their contribution to rural livelihoods and Joshi (2011): Examined knowledge transmission and intergenerational practices of herbal medicine.

While prior studies focus on plant usage and ethnobotany, limited research addresses socio-economic and cultural dimensions comprehensively.

1.4 Objectives

1. To document socio-economic and cultural aspects of Pansari practices in rural Rajasthan.
2. To identify commonly used medicinal plants and their applications.
3. To analyze preparation techniques, dosage, and administration methods.
4. To assess the economic contribution of Pansaris to rural households.
5. To propose strategies for knowledge preservation and sustainable practice.

1.5 Methodology

A mixed-methods approach was applied:

1. Field Surveys: Conducted in Sikar, Churu, and Jhunjhunu districts.
2. Structured Interviews: Interviews with 60 practicing Pansaris regarding plant usage, preparation methods, community interactions, and economic impact.
3. Market Observation: Assessment of local herbal markets, pricing, and customer interactions.
4. Botanical Identification: Plant specimens collected and identified using standard manuals and Ayurvedic literature.
5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of economic data and plant usage.

1.6 Study Area

The research focused on rural Rajasthan, including:

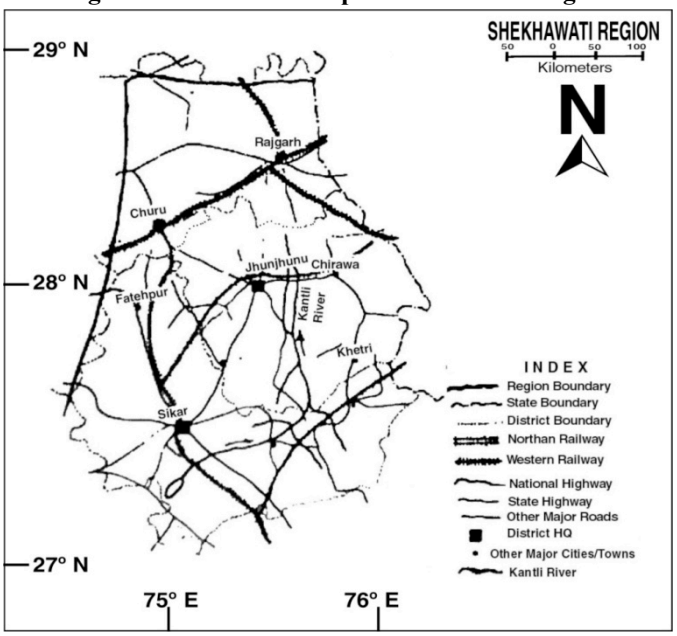
1. Sikar District: Agricultural and semi-arid zones with active herbal markets.
2. Churu District: Desert regions with high reliance on Pansari remedies.
3. Jhunjhunu District: Rich cultural heritage with strong Pansari traditions.

These districts represent diverse ecological and socio-economic contexts of rural Rajasthan.

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). 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.

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.

1.7 Observations

1. Plant Species: Documented over 60 medicinal plants, including Neem, Guduchi, Ashwagandha, Aloe vera, Haridra, and Bael.
2. Preparation Techniques: Decoctions, powders, pastes, oils, and infusions.
3. Diseases Treated: Gastrointestinal disorders, respiratory problems, skin ailments, fever, joint pain, and minor injuries.
4. Socio-Cultural Role: Pansaris respected as healers and community advisors; knowledge primarily transmitted within families.
5. Economic Contribution: Pansaris earn supplementary income through local markets, fairs, and household consultations.

1.8 Discussion

The persistence of Pansari practices is linked to socio-cultural trust, affordability, and accessibility:

1. Cultural Relevance: Pansaris maintain traditional knowledge and cultural practices that strengthen community cohesion.
2. Economic Role: Herbal medicine trade supports livelihoods and contributes to household income.
3. Healthcare Access: Pansaris provide essential primary healthcare services, especially where modern facilities are scarce.

Challenges include declining interest among youth, competition from modern medicine, and limited policy recognition. Integrating Pansari knowledge into formal healthcare systems can improve rural healthcare access, ensure knowledge continuity, and promote sustainable plant use.

1.9 Results

1. Documented 60 plus medicinal plant species and their applications.
2. Recorded traditional preparation techniques, dosage, and administration methods.
3. Demonstrated socio-cultural and economic significance of Pansari practices.
4. Highlighted challenges to knowledge transmission and plant conservation.
5. Established baseline data for further research and policy development.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain integral to rural healthcare and cultural identity in Rajasthan. These practices reflect a combination of ecological knowledge, cultural heritage, and practical healthcare solutions. Despite modernization, Pansaris continue to play a vital role in providing accessible and affordable healthcare. Preservation through documentation, education, and policy support is essential for sustainable healthcare, biodiversity conservation, and cultural continuity.

1.11 Recommendations

1. Documentation: Systematic recording of medicinal plants, remedies, and preparation methods.
2. Educational Initiatives: Encourage youth participation and training in traditional herbal knowledge.
3. Healthcare Integration: Promote collaboration between Pansaris and modern healthcare providers.
4. Policy Support: Government recognition of Pansaris and support for sustainable plant harvesting.
5. Research: Conduct pharmacological validation of herbal remedies to ensure safety and efficacy.

References

[1.]Joshi, V. (2011). Knowledge transmission and intergenerational practices of herbal medicine in Rajasthan. Indian Journal of Traditional Knowledge, 10(2), 200–212.

[2.]Meena, R., and Singh, K. (2010). Economic impact of Pansaris and herbal trade in rural Rajasthan. Journal of Ethnopharmacology, 12(3), 178–190.

[3.]Rathi, P., Sharma, V., and Choudhary, R. (2013). Role of Pansaris in community healthcare and rural livelihoods. Indian Journal of Ethnobiology, 9(1), 34–45.

[4.]Sharma, P., and Choudhary, K. (2008). Socio-cultural significance of herbal medicine in rural Rajasthan. Indian Journal of Traditional Medicine, 7(2), 101–115.

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

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

[7.]Sharma M.K.(2016) Socio-Geographical Dimensions of Medicinal Plant Trade in the Shekhawati Region, Rajasthan, Journal -IJEAS, Volume-(3), Issue-3 (Mar. 2016) , 2394-3661, p.98-100

[8.]Sharma M.K.(2017) Medicinal Plant-Based Livelihoods and Sustainable Development in the Shekhawati Region, Rajasthan, Journal -IJEAS, Volume-(4), Iss.-2 (Feb. 2017), 2394-3661, p.33-35

[9.]Sharma M.K.(2018) Potential of Medicinal Plant Cultivation as an Eco-Economic Model for Rural Rajasthan, Journal -IJEAS, Volume-(5), Issue- 3 (Mar. 2018), 2394-3661, p.136-138