

Preservation and Modern Adaptation of Pansari Practices and Jadi Buti Usage in Rajasthan

Dr. Mukesh Kumar Sharma¹, Dr. Babita², Dr. Snehlata³

¹ Principal, Maharani Girls PG College, Rampura, Alsisar, Jhunjhunu, Rajasthan

² Assistant Professor, Department of Geography, Maharani Girls PG College, Rampura, Alsisar, Jhunjhunu, Rajasthan

³ Assistant Professor, Department of Geography, Maharani Girls PG College, Rampura, Alsisar, Jhunjhunu, Rajasthan

Abstract: Pansari practices, based on the use of Jadi Buti (medicinal plants), have been central to healthcare in Rajasthan for centuries. This study explores how traditional practices are preserved and adapted in modern times. Ethnobotanical surveys, interviews with Pansaris, and market observations were conducted in Jaipur, Jodhpur, and Churu districts. Results indicate that while modernization and allopathic medicine have influenced traditional healthcare, Pansaris continue to provide accessible remedies, especially in rural and semi-urban areas. The study highlights challenges such as declining plant availability, erosion of knowledge, and limited formal recognition. Recommendations focus on systematic documentation, youth engagement, sustainable harvesting, and integration with modern healthcare systems.

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

1.1 Introduction

Traditional medicine remains a vital component of healthcare in Rajasthan, particularly in rural areas. Pansaris, practitioners of herbal medicine, use Jadi Buti to treat various ailments. These practices are deeply rooted in local culture, ecology, and spirituality.

Modernization and the proliferation of allopathic medicine have challenged traditional Pansari practices. However, rural communities often continue to rely on Pansaris for affordable and accessible healthcare. Understanding how these practices are preserved and adapted in contemporary settings is essential for promoting sustainable healthcare, preserving cultural heritage, and conserving biodiversity.

1.2 Historical Background

Rajasthan's herbal medicine tradition traces back to ancient Ayurveda, folk medicine, and local spiritual practices. Pansari families passed knowledge orally and through apprenticeships, focusing on plant identification, preparation techniques, and dosage.

Over time, modernization introduced formal healthcare systems and pharmaceuticals, leading to a gradual shift in healthcare choices. Nevertheless, rural communities continue to depend on Pansaris, and many practices have adapted to modern needs, such as incorporating new plant species or packaging remedies for sale in local markets.

1.3 Review of Literature

Previous studies provide insight into 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 neighbourhood 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 publication 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 authentic 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 (2008): Documented desert medicinal plants and their applications in Rajasthan. Kumar et al. (2012): Investigated the integration of traditional medicine with modern healthcare. Joshi (2011): Explored socio-cultural and economic dimensions of Pansari

practices. Choudhary and Singh (2014): Studied sustainable harvesting and conservation of medicinal plants.

Most research has focused on ethnobotanical documentation or socio-cultural aspects, with limited emphasis on modern adaptation and preservation of knowledge.

1.4 Objectives

1. To document the contemporary preservation and adaptation of Pansari practices.
2. To identify commonly used medicinal plants (Jadi Buti) and their applications.
3. To analyze preparation, dosage, and administration methods.
4. To assess the socio-cultural and economic significance of Pansaris in modern times.
5. To recommend strategies for knowledge preservation, sustainable practice, and integration with modern healthcare.

1.5 Methodology

A mixed-methods approach was employed:

1. Ethnobotanical Surveys: Conducted in Jaipur, Jodhpur, and Churu districts to identify commonly used medicinal plants.
2. Structured Interviews: 50 Pansaris were interviewed regarding plant knowledge, preparation techniques, adaptation strategies, and socio-economic roles.
3. Market Observation: Observations in local herbal markets to document plant availability, pricing, and consumer preferences.
4. Botanical Identification: Specimens identified using standard botanical manuals and Ayurvedic literature.
5. Data Analysis: Qualitative analysis of interviews and observations; quantitative analysis of plant usage frequency and economic contributions.

1.6 Study Area

The research focused on three districts:

1. Jaipur: Semi-urban areas with a blend of traditional and modern healthcare.
2. Jodhpur: Arid regions with high reliance on desert medicinal plants.
3. Churu: Rural and desert areas with limited access to modern healthcare and strong reliance on Pansari practices.

These areas represent diverse ecological, socio-economic, and cultural contexts within Rajasthan.

1.7 Observations

1. Plant Usage: Over 60 medicinal plants documented, including Aloe vera, Ashwagandha, Guduchi, Bael, Neem, and Haridra.
2. Preparation Methods: Decoctions, powders, pastes, oils, and herbal teas were commonly prepared.
3. Diseases Treated: Digestive disorders, respiratory ailments, skin problems, fever, and joint pain.
4. Socio-Cultural Role: Pansaris are respected community members; knowledge is predominantly transmitted within families.

5. Economic Contribution: Herbal remedies provide supplementary income; Pansaris sell in local markets, fairs, and through household consultations.

1.8 Discussion

Pansari practices have demonstrated adaptability and resilience:

1. Modern Adaptation: Traditional practices have incorporated new plant species, contemporary packaging, and sale methods.
2. Cultural Preservation: Knowledge is maintained through family lineages and community respect for Pansaris.
3. Healthcare Relevance: Pansaris continue to provide affordable and accessible remedies in rural and semi-urban areas.
4. Sustainability Practices: Many Pansaris engage in sustainable harvesting and plant conservation to maintain supply.

Challenges include declining interest among youth, competition from modern pharmaceuticals, and lack of formal recognition or legal protection. Integrating Pansari practices into modern healthcare and policy frameworks is essential to ensure knowledge preservation, sustainable practice, and wider acceptance.

1.9 Results

1. Documented 60 plus medicinal plants commonly used in contemporary Pansari practices.
2. Identified traditional preparation techniques, dosage, and administration methods.
3. Highlighted socio-cultural and economic significance in modern rural contexts.
4. Observed adaptation strategies to align traditional knowledge with contemporary needs.
5. Provided baseline data for future research, education, and policy development.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain crucial in Rajasthan, particularly in rural healthcare. Despite modernization, these practices continue to provide effective, affordable, and culturally integrated healthcare solutions. Preservation and adaptation strategies, including knowledge documentation, youth engagement, and policy support, are essential to ensure continuity, sustainability, and integration with modern healthcare systems.

1.11 Recommendations

1. Knowledge Documentation: Systematic recording of medicinal plants, remedies, and preparation techniques.
2. Youth Training Programs: Encourage younger generations to learn traditional herbal practices.
3. Healthcare Integration: Collaborate with modern healthcare providers to validate and promote safe herbal remedies.
4. Policy Support: Recognize Pansaris as traditional healthcare practitioners and provide support for sustainable harvesting.

5. Research Validation: Conduct pharmacological studies to scientifically evaluate commonly used herbs.

References

- [1.]Charan, A.K. (1992). Plant Geography, Rawat Publication, Jaipur
- [2.]Joshi, V. (2011). Socio-cultural and economic aspects of Pansari practices in rural Rajasthan. Indian Journal of Traditional Knowledge, 10(3), 340–352.
- [3.]Kumar, S., Meena, R., and Sharma, V. (2012). Integration of traditional and modern healthcare in rural Rajasthan. Journal of Medicinal Plants Studies, 1(5), 78–88.
- [4.]Sharma, P., and Meena, K. (2008). Desert medicinal plants and traditional healthcare practices in Rajasthan. Indian Journal of Plant Sciences, 6(2), 90–105.
- [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) Ayurvedic Relevance of Pansari Herbal Formulations Practiced in Khetri Region: A Field-Based Analysis, Journal -IJEAS, Volume-(3), Issue-10 (Oct. 2016) , 2394-3661, p.56-58.
- [8.]Sharma M.K.(2017) Role of Pansari and Vaidya Traditions in Conserving Ethnomedicinal Heritage of Shekhawati Region, Rajasthan, Journal -IJGAES, Volume-(5), Issue-6 (Nov- Dec. 2017) , 2348-0254, p.38-41.
- [9.]Sharma M.K.(2019) Phytogeographical Distribution of Ficus religiosa of Khetri Region, Rajasthan, Journal -IJMPR, Volume-(7), Issue-1-12 (Jan.- Dec. 2019), 2348-0262,4-7..