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Ethnopharmacological Practices of Pansaris and the Role of Jadi Buti in Rural Healthcare of Rajasthan

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Abstract: ***Traditional Pansari practices in Rajasthan, based on the use of Jadi Buti (medicinal plants), play a crucial role in rural healthcare. This study explores the ethnopharmacological knowledge of Pansaris, documenting medicinal plant usage, preparation methods, and their socio-cultural and economic significance. Field surveys, interviews with 55 Pansaris, and local market observations were conducted in Jhunjhunu, Churu, and Sikar districts. Findings reveal that despite the increasing influence of modern medicine, traditional herbal practices remain essential, especially in areas with limited healthcare infrastructure. Challenges such as plant scarcity, erosion of traditional knowledge, and limited formal recognition are identified. Recommendations include systematic documentation, sustainable harvesting practices, youth education, and integration with modern healthcare systems.***

Keywords: Pansari, Jadi Buti, Ethnopharmacology, Rural Healthcare, Rajasthan, Herbal Medicine, Traditional Knowledge, Sustainable Practices.

1.1 Introduction

Rajasthan's arid climate and desert ecology have fostered a rich tradition of herbal medicine. Pansaris, traditional herbal practitioners, are custodians of ethnopharmacological knowledge, preparing remedies from locally available plants to treat diverse ailments.

Modernization and allopathic medicine have influenced healthcare choices, but rural communities continue to rely on Pansaris for accessible, affordable, and culturally integrated healthcare. Understanding ethnopharmacological practices, including plant selection, preparation methods, and socio-cultural relevance, is critical for knowledge preservation, sustainable use of medicinal plants, and integration with modern healthcare.

1.2 Historical Background

The use of herbal medicine in Rajasthan dates back to ancient Ayurveda, folk traditions, and local spiritual practices. Pansari families historically preserved medicinal knowledge orally, focusing on plant identification, preparation techniques, and dosage methods.

During the colonial period, modern medicine began to influence traditional healthcare, yet rural communities maintained reliance on Pansaris due to affordability, accessibility, and cultural trust. Contemporary Pansari practices reflect a blend of tradition and adaptation, incorporating new medicinal plants and modified preparation techniques.

1.3 Review of Literature

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 Singh (2008): Documented desert medicinal plants and traditional usage in

Rajasthan. Meena and Joshi (2010): Examined the socio-economic importance of Pansaris in rural communities.Kumar et al. (2012): Investigated the integration of traditional medicine with modern healthcare systems.Choudhary and Meena (2014): Studied sustainable harvesting and conservation of medicinal plants.

These studies highlight plant usage and socio-economic aspects but often lack a comprehensive understanding of ethnopharmacological practices in modern contexts.

1.4 Objectives

1. To document the ethnopharmacological practices of Pansaris in rural Rajasthan.

2. To identify commonly used medicinal plants (Jadi Buti) and their therapeutic applications.

3. To examine preparation methods, dosage patterns, and administration practices.

4. To assess the socio-cultural and economic significance of Pansari practices.

5. To provide recommendations for sustainable preservation and integration with modern healthcare.

1.5 Methodology

The study employed a mixed-methods approach:

1. Ethnobotanical Surveys: Conducted in Jhunjhunu, Churu, and Sikar districts to identify commonly used medicinal plants.

2. Structured Interviews: 55 Pansaris were interviewed regarding plant knowledge, preparation techniques, dosage, and socio-economic roles.

3. Market Observation: Local herbal markets were observed to document plant availability, pricing, and consumer behavior.

4. Botanical Identification: Collected specimens were identified using botanical manuals and Ayurvedic references.

5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of plant usage frequency, therapeutic application, and economic contribution.

1.6 Study Area

The study focused on rural Rajasthan, including:

1. Jhunjhunu District: Known for strong cultural traditions and active Pansari practices.

2. Churu District: Desert region with limited access to modern healthcare; high reliance on herbal medicine.

3. Sikar District: Semi-arid agricultural region with active local herbal markets.

These districts represent ecological, socio-economic, and cultural diversity of rural Rajasthan.

1.7 Observations

1. Medicinal Plants: Over 65 plant species documented, including Aloe vera, Guduchi, Haridra, Neem, Ashwagandha, Bael, and Tulsi.

2. Preparation Techniques: Decoctions, powders, pastes, herbal oils, and infusions.

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

4. Socio-Cultural Significance: Pansaris are highly respected; knowledge is mainly transmitted within families and apprenticeships.

5. Economic Role: Herbal remedies contribute to household income; Pansaris participate in local fairs and herbal markets.

1.8 Discussion

Pansari ethnopharmacological practices demonstrate resilience and adaptability:

1. Cultural Continuity: Traditional knowledge remains culturally significant and trusted.

2. Healthcare Relevance: Pansaris provide affordable, locally accessible remedies where modern facilities are limited.

3. Economic Importance: Herbal medicine trade supports livelihoods and household income.

4. Sustainability: Many Pansaris practice sustainable harvesting to ensure continued availability of medicinal plants.

Challenges include erosion of knowledge among younger generations, competition from modern medicine, and lack of formal recognition or policy support. Integration with modern healthcare systems and formal training can preserve these practices and expand their benefits.

1.9 Results

1. Documented 65 plus medicinal plants and their therapeutic applications.

2. Recorded preparation techniques, dosage methods, and administration practices.

3. Highlighted socio-cultural, healthcare, and economic significance of Pansari practices.

4. Identified challenges in knowledge transmission and plant conservation.

5. Provided baseline data for future research, education, and policy-making.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain crucial to rural healthcare in Rajasthan. These practices embody traditional ecological knowledge, cultural heritage, and practical healthcare solutions. Despite modernization, Pansaris continue to provide essential and accessible remedies. Preservation, education, sustainable harvesting, and integration with modern healthcare are essential for continuity, biodiversity conservation, and cultural sustainability.

1.11 Recommendations

1. Documentation: Systematic recording of medicinal plants, preparation methods, and dosages.

2. Training Programs: Educate younger generations to preserve and continue traditional practices.

3. Integration: Collaborate with modern healthcare providers to validate and promote safe herbal remedies.

4. Policy Support: Recognize Pansaris formally and support sustainable plant harvesting.

5. Research: Conduct pharmacological validation of common herbal remedies for safety and efficacy.

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