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Reviving Traditional Herbal Practices for Rural Health and Economy in Shekhawati Region, Rajasthan

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Abstract: **Traditional herbal medicine forms the backbone of rural healthcare and economy in the semi-arid Shekhawati region of Rajasthan. This paper explores the ethnobotanical heritage, the socio-economic role of herbal practices, causes behind their decline, and strategies for revival. Drawing upon literature and surveys before 2015, the study finds that herbal practices are deeply linked to cultural identity and local biodiversity. However, factors such as modernization, habitat loss, and erosion of traditional knowledge have led to their underutilization. Reviving these practices through documentation, sustainable harvesting, integration with modern healthcare, and community participation can enhance rural health and provide new avenues for economic empowerment.**

Keywords: Shekhawati, traditional medicine, rural health, herbal economy, ethnobotany, Rajasthan, sustainable development

1. Introduction

Shekhawati, a distinctive region in Rajasthan, is renowned for its rich ethnobotanical diversity and centuries-old reliance on traditional herbal remedies. Local healers and rural families have treated ailments using indigenous plants found in local habitats, including field edges, wastelands, and hilly tracts. The region's semi-arid climate and often challenging access to modern healthcare make these practices especially significant. However, changing socio-economic dynamics, land use shifts, and generational change have resulted in the decline of this vital tradition.

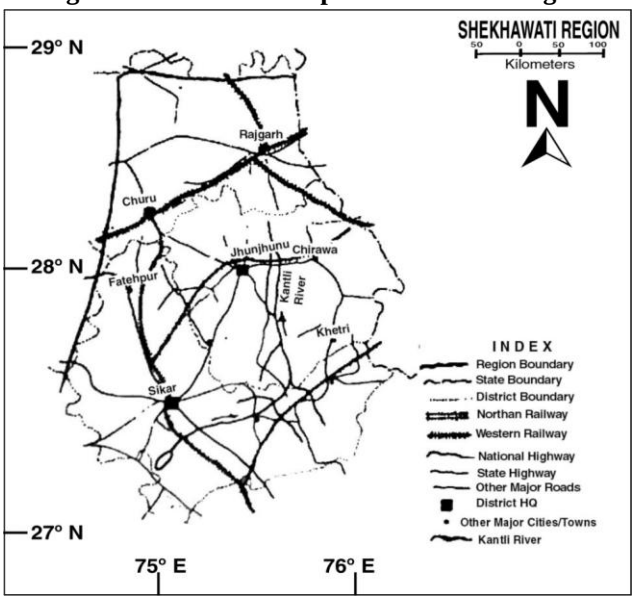
2. Methodology

This study adopts a qualitative approach, analyzing published ethnobotanical records, floristic surveys, rural health studies, and interviews with traditional knowledge holders in Shekhawati, using sources and field records prior to 2015. Special attention is given to comparative case studies from adjacent tribal and rural areas in Rajasthan.

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, 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.

4. Ethnobotanical Heritage of Shekhawati

4.1. Plant Biodiversity and Traditional Use

- Over 50 species with ethnomedicinal significance are identified in Shekhawati, including Withania somnifera (Ashwagandha), Calotropis procera, Salvadora persica, and Asparagus racemosus.
- Plants are used to treat a broad array of conditions: skin diseases, digestive disorders, reproductive health, and chronic ailments.
- Traditional healers (Vaidyas, folk-practitioners), women, and elders are principal repositories of herbal knowledge, often using multiple plant parts and preparations.

4.2. Role in Rural Health

- Herbal remedies are commonly used for both human and livestock health, especially where modern medicine is inaccessible or unaffordable.
- Community trust in herbal practices persists, particularly during health emergencies and among older generations.

5. Economic Value of Herbal Practices

5.1. Livelihood Contributions

- Households supplement rural income by collecting, processing, and selling medicinal plants either locally or via traditional market channels.
- Women and marginalized groups derive particular benefit, enhancing household resilience in times of drought or crop failure.

5.2. Potential for Rural Development

- With proper training, value addition, and sustainable harvesting, traditional herbal knowledge can be integrated into local enterprise development and eco-tourism.
- Promotion of local herbal products (teas, ointments, tooth-sticks) enhances both rural self-reliance and market potential.

6. Causes for Decline of Traditional Herbal Practices

6.1. Modernization and Generational Change

- Rapid expansion of modern medicine, migration, and shifting youth aspirations have reduced intergenerational transfer of herbal knowledge.
- Loss of respect for folk healers and the perception of herbal medicine as "backward" contribute to erosion of practices.

6.2. Ecosystem and Resource Pressures

- Habitat loss due to land-use change, overgrazing, and desertification have diminished local plant abundance.
- Overharvesting for commercial trade without sustainable management endangers several key species.

6.3. Policy and Institutional Gaps

- Inadequate documentation and protection of traditional knowledge.
- Weak policy support for herbal medicine integration in rural health systems and absence of institutional mechanisms for benefit-sharing.

7. Strategies for Revival

7.1. Documentation and Knowledge Preservation

- Ethnobotanical surveys, village workshops, and digital archives can capture vanishing herbal lore from elder healers and practitioners.
- Incentives and recognition for traditional knowledge bearers are essential.

7.2. Community and Women's Empowerment

- Support for women's groups/cooperatives to manage herbal nurseries, sustainable wildcrafting, and local processing.
- Involve youth in participatory research and conservation education.

7.3. Integrating Traditional and Modern Healthcare

- Training health workers in herbal therapeutics; integrating validated remedies into primary health services through local clinics.
- Collaboration between vaidyas, allopathic doctors, and government health schemes.

7.4. Sustainable Resource Management

- Promotion of agroforestry, cultivation of high-demand medicinal species, and habitat restoration projects in partnership with villagers.
- Community-based regulation on wild harvesting, linked to benefit-sharing through fair trade models.

7.5. Market and Policy Support

- Develop branding and certification for local herbal products, expanding access to wider markets.
- Advocate for local policy inclusion of traditional medicine as part of rural development plans and bio-cultural heritage protection.

8. Conclusions

Reviving traditional herbal practices offers a pathway for improved rural health and economic security in Shekhawati. Such revival requires not only documentation and valorization of folk knowledge, but integration with sustainable livelihoods and rural healthcare. Institutional, community, and policy support—rooted in respect for local wisdom and biodiversity—are pivotal for the future of Shekhawati's rural population.

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