

Role of Pansari and Vaidya Traditions in Conserving Ethnomedicinal Heritage of Shekhawati Region, Rajasthan

Dr. Mukesh Kumar Sharma¹, Dr. Babita²

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

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

Abstract: The Shekhawati region of Rajasthan possesses a rich heritage of ethnomedicinal knowledge, stewarded for generations by Pansaris—herbalists and traders—and Vaidyas—traditional physicians. These practitioners have maintained, protected, and transmitted invaluable expertise on local medicinal plants, healing methods, and sustainable harvest protocols. This research paper explores the enduring significance of Pansari and Vaidya traditions in safeguarding the region's biological and cultural diversity. Employing ethnobotanical surveys, oral histories, and comparative literature, the study analyzes how these healers underpin conservation, healthcare delivery, and adaptive responses to environmental pressures. The analysis reveals distinct knowledge systems, rituals, challenges posed by modernization, and strategies for integrating indigenous heritage into contemporary conservation policies. The preservation and revitalization of these traditions are essential for regional health, sustainable resource management, and cultural resilience.

Keywords: Pansari, Vaidya, Shekhawati, ethnomedicine, indigenous knowledge, conservation, medicinal plants, Rajasthan, traditional healers.

1. Introduction

Shekhawati, stretching across Jhunjhunu and Sikar districts, stands out for its ornate architecture, regional folklore, and botanical wealth. Pansaris and Vaidyas embody its living heritage—serving as herbalists, healers, teachers, and cultural mediators. Their extensive plant-based knowledge and commitment to conservation offer insights into sustainable healthcare and biodiversity protection.

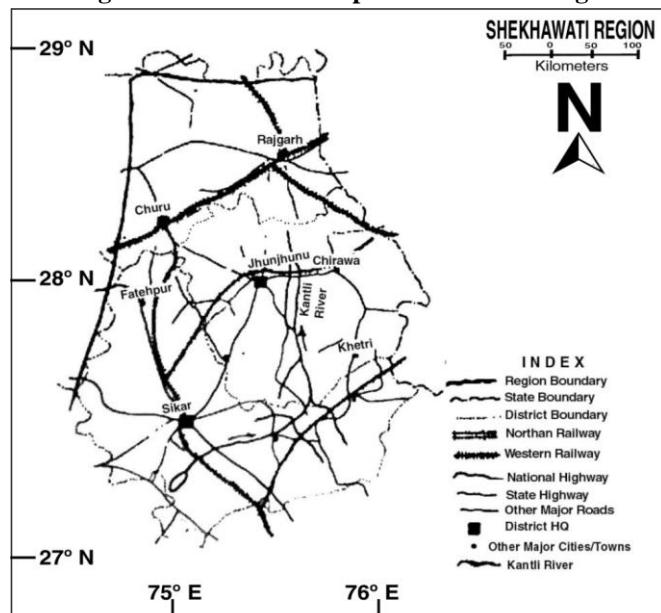
2. Historical and Geographical Spread

The tradition of Pansaris and Vaidyas traces back centuries, imbued with influences from Ayurveda, Unani, and folk healing. Pansaris historically managed apothecaries (herb shops), supplied raw materials, and provided practical advice, while Vaidyas developed diagnostic and therapeutic know-how rooted in plant lore, scriptures, and direct observation. Their activities span urban trade centers and remote villages, with particular influence in arid and semi-arid pockets such as Lohargal and Harshnath.

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 $26^{\circ}26'$ to $29^{\circ}20'$ N latitude and $74^{\circ}44'$ to $76^{\circ}34'$ E longitude on the map of Rajasthan.

Figure- 1.1 Location Map of Shekhawati Region



The area under study covers fully or partly three districts, namely Churu, Jhunjhunu 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 its 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 its 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.

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 its 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. Knowledge Systems and Methodologies

4.1. Pansari: Herbalist-Custodians

Pansaris gather, preserve, and market medicinal plants, seeds, roots, and minerals. The Pansari tradition integrates:

- Plant identification and taxonomic knowledge.
- Harvesting protocols (ethical removal, seasonality).
- Storage, drying, and preservation techniques to prevent spoilage.

- Repertoire of recipes and compound drugs.

Pansaris also function as ethnobotanical archivists, maintaining oral and sometimes written records of regionally unique plants and remedies.

4.2. Vaidya: Physician-Healers

Vaidyas embody the philosophy and practice of Ayurveda and folk medicine, combining empirical expertise with ritual, spiritual, and magico-religious elements. Their responsibilities include:

- Diagnosing illness based on locally codified symptoms and Ayurveda's tridosha theory.
- Preparing and administering plant-based remedies—decocctions, infusions, pastes, powders.
- Emphasizing holistic patient care, integrated with ritual, dietary guidance, and preventive measures.

5. Conservation Role and Ethnomedicinal Heritage

5.1. Safeguarding Regional Flora

By controlling plant collection, identifying sustainable harvest sites, and instructing collectors, Pansaris and Vaidyas directly influence conservation outcomes. Their practices:

- Promote ethical use and regeneration of key medicinal species.
- Discourage over-harvesting and destructive extraction methods.
- Emphasize the importance of protected groves, home gardens, and temple lands as reservoirs.

Their frequent advice to villagers on cultivating medicinal herbs reinforces community engagement in biodiversity conservation.

6. Transmission of Indigenous Knowledge

Knowledge transmission is multi-generational, often oral, and supplemented by apprenticeships, family records, and select documentation. Both Pansaris and Vaidyas maintain secrecy, ensuring only trusted individuals inherit complete recipes and special plant identifications.

Apprentices learn plant morphology, harvesting ethics, preparation standards, and ritual applications. Women play vital roles in childbirth and women's health, using ethnomedicine for gynecological and perinatal care.

7. Case Studies: Practices and Plant Usage

7.1. Ethnomedicinal Survey Data

Field investigations document a catalog of key species including:

Scientific Name	Local Name	Role (Pansari/Vaidya)	Conservation Practice
<i>Calligonum polygonoides</i> Linn.	Phog	Pansari—market, Vaidya—decotion	Controlled harvest, promote regrowth
<i>Cassia tora</i> Linn.	Phunwad	Vaidya—fever, Pansari—leaves supply	Best season guidance
<i>Citrullus colocynthis</i> (L.) Schard.	Gar-tumba	Pansari—trade, Vaidya—digestive	Habitat selection (riverbeds, fallow)
<i>Leucas urticaefolia</i> (Vahl) R. Br.	Darkan	Vaidya—cold/cough	Educate collectors on identification

Pansaris sustain market chains for herbal products; Vaidyas ensure contextual use of local flora, blending efficacy with cultural resonance.

8. Ritual, Custom, and Symbolism

Healing rituals blend plant therapy with spiritual invocation. Pansaris and Vaidyas, especially in village contexts, incorporate mantras, auspicious timings, and communal ceremonies when gathering or administering remedies. Ritualized plant collection in sacred groves, notably those attached to temples, strengthens continuity and community conservation.

9. Challenges and Transformations

9.1. Modernization, Decline, and Adaptation

Socioeconomic and ecological changes have affected these traditions:

- Youth migration and urbanization erode knowledge circuits.
- Encroachment by modern medicine, pharmaceuticals, and allopathy marginalizes indigenous practices.
- Habitat loss from agriculture and development reduces species abundance.
- Commercialization sometimes leads to unsustainable plant harvesting, threatening rare genera.

Despite these pressures, many practitioners adapt by recording knowledge, participating in ethnobotanical surveys, or integrating new plants and medical ideas.

9.2. Institutional and Community Responses

Community-based conservation initiatives sometimes draw upon Pansari and Vaidya expertise, especially in:

- Herbal gardens attached to schools and temples.
- Documentation and mapping of plant distribution.
- Local campaigns to prevent over-harvesting and promote sustainable forestry.
- Workshops for youth, encouraging revival of medicinal horticulture.

Collaborations between healers, researchers, NGOs, and government agencies spotlight the strategic value of integrating indigenous practices into local conservation policies.

10. Socio-Cultural Significance

10.1. Identity and Social Cohesion

The presence of Pansaris and Vaidyas reinforces local identity and solidarity, linking narrative tradition, ritual action, and adaptive response to environmental stressors. Their role as teachers, healers, and leaders is deeply woven into community life.

10.2. Links to Women's Health and Domestic Medicine

Particular importance is attached to ethnomedicinal knowledge for childbirth, children's ailments, and women's health concerns, domains where women practitioners and household remedies predominate. Pansaris often supply safe, trusted herbs for these uses, and Vaidyas instruct women in their preparation and dosage.

11. Policy Recommendations and Future Directions

To support the conservation of ethnomedicinal heritage in Shekhawati, recommendations include:

1. **Documentation:** Comprehensive recording of oral histories, plant inventories, harvesting practices, and local pharmacopoeia.
2. **Sustainable Harvest Education:** Incorporating Pansari/Vaidya guidance into public awareness campaigns and resource management plans.
3. **School and Community Gardens:** Promoting cultivation of threatened species under traditional protocols.
4. **Integration with Health Policy:** Valuing indigenous healers as stakeholders in public health and conservation planning.
5. **Research Collaboration:** Bridging gaps between local knowledge holders and academic/scientific research, protecting intellectual property rights.

12. Conclusion

Pansari and Vaidya traditions remain crucial for the survival and revitalization of Shekhawati's ethnomedicinal heritage. Their stewardship of indigenous plant wisdom not only supports community health but also underpins sustainable resource management, cultural continuity, and regional resilience. Effective conservation demands partnerships, documentation, and respect for the nuanced expertise of these practitioners. In the face of rapid social change, supporting

Pansaris and Vaidyas ensures that Shekhawati's healing traditions will continue to enrich future generations.

References

- [1.] Katewa, S. S., & Galav, P. K. (2005). Traditional herbal medicines from Shekhawati region of Rajasthan. *Indian Journal of Traditional Knowledge*, 4(3), 237-245.
- [2.] Bhasin, V. (2002). Traditional Medicine Among Tribals of Rajasthan. *Journal of Social Sciences*, 6(3), 153-172.
- [3.] Joshi, P. (1995). Ethnobotany of the Primitive Tribes in Rajasthan. Printwell.
- [4.] Chopra, R.N., Nayar, S.L., Chopra, I.C. (1956). *Glossary of Medicinal Plants of India*. CSIR.
- [5.] Charan, A.K. (1992) *Plant Geography*, Rawat Publication, Jaipur
- [6.] Jain, S. K. (1991). *Dictionary of Indian Folk Medicine and Ethnobotany*. Deep Publications.
- [7.] Government of Rajasthan (2002). *State Biodiversity Report: Traditional Knowledge Systems*.
- [8.] Sharma, M. K. (2007) *Medical Plant Geography*, Rachna Publication, Jaipur.