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Documentation and Analysis of Jadi Buti Usage by Traditional Pansaris in Shekhawati Region, Rural Rajasthan

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Abstract: ***Traditional Pansari practices, involving the use of Jadi Buti (medicinal herbs), have been central to rural healthcare in Rajasthan for centuries. This study examines the current status, practices, and knowledge transmission of Pansaris in selected rural districts. Using ethnobotanical surveys, structured interviews, and market observations, the research identifies commonly used medicinal plants, preparation methods, and socio-economic roles of Pansaris. Results indicate that despite urbanization and the growth of allopathic medicine, Pansari knowledge remains crucial for primary healthcare. The study also highlights challenges such as knowledge erosion, declining plant availability, and lack of formal recognition. Recommendations focus on conservation, education, and integration with modern healthcare systems.***

Keywords: Jadi Buti, Pansari, Ethnobotany, Traditional Medicine, Rural Rajasthan, Herbal Remedies, Knowledge Transmission, Sustainable Practices.

1.1 Introduction

Rajasthan's harsh arid climate and diverse topography have shaped a unique tradition of herbal medicine. Pansaris, traditional herbal practitioners, have historically served as healers, educators, and preservers of indigenous knowledge. The practices revolve around identifying, harvesting, and preparing herbal remedies to treat a range of ailments.

With the advent of modern medicine, the role of Pansaris has evolved. Many younger community members now prefer allopathic treatment, which threatens the continuity of this knowledge. Yet, in rural areas with limited healthcare facilities, Pansaris continue to play a vital role. Understanding their practices, plant usage, and socio-cultural importance is critical for preserving traditional healthcare systems and promoting sustainable medicinal plant use.

1.2 Historical Background

Pansari practices in Rajasthan have roots in Ayurveda, folk medicine, and local spiritual traditions. Historically, families specialized in herbal knowledge, passing it down through generations orally and through apprenticeships. Many remedies were developed in response to the desert ecosystem, with drought-resistant plants such as Aloe vera, Ber, and Ashwagandha forming the core of medicinal practice. Pansaris were respected as community advisors, not only in healthcare but also in nutrition and preventive wellness.

During colonial times, the introduction of Western medicine began to alter healthcare practices. Despite this, Pansari knowledge persisted, particularly in regions with limited access to modern facilities. Today, their role bridges tradition and modernity, often adapting remedies to contemporary needs.

1.3 Review of Literature

Previous research highlights various aspects of Pansari and herbal medicine 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 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.Meena and Sharma (2009): Documented traditional medicinal plants in Rajasthan and their therapeutic uses, Rathi et al. (2013): Explored the socio-economic impact of Pansaris on rural communities, Kumar (2011): Focused on knowledge transmission among herbal practitioners, and Chauhan and Singh (2014): Examined the conservation of desert medicinal plants and sustainable harvesting practices.

Most studies emphasize plant usage and ethnobotanical documentation but lack comprehensive analyses of contemporary practice, socio-cultural relevance, and knowledge continuity.

1.4 Objectives

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

2. To identify and classify the most commonly used medicinal plants (Jadi Buti).

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

4. To analyze the socio-economic and cultural importance of Pansari practices.

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

1.5 Methodology

The study employed qualitative and quantitative research methods:

1. Field Surveys: Conducted in rural villages of Churu, Sikar, and Jhunjhunu districts.

2. Structured Interviews: Interviews with 60 practicing Pansaris covering age, experience, plant knowledge, and preparation techniques.

3. Market Observation: Observation of local herbal markets to document plant availability, pricing, and customer interactions.

4. Botanical Identification: Plant specimens collected were identified using standard botanical manuals and cross-referenced with Ayurvedic texts.

5. Data Analysis: Thematic qualitative analysis of interview responses; frequency analysis of plant use and medicinal applications.

1.6 Study Area

The research focused on rural Rajasthan i.e. Shekhawati Region, including:

1. Churu District: Predominantly desert region; high reliance on herbal medicine.

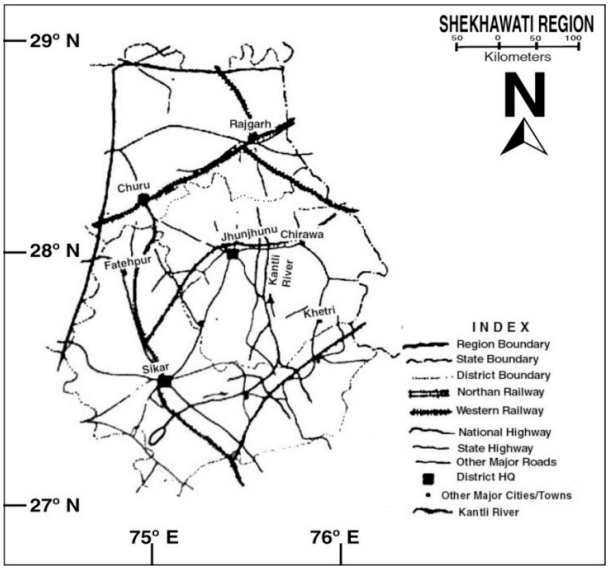
2. Sikar District: Mixed agricultural-desert region; presence of local herbal markets.

3. Jhunjhunu District: Strong tradition of Pansari practices; cultural preservation of herbal knowledge.

These areas were selected for their ecological diversity, continued reliance on Pansaris, and accessibility to local herbal markets.

Figure-1.1 shows the area under study i.e. Shekhawati region (Rural Rajasthan) 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.

A. 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. Medicinal Plants Identified: Over 55 species documented, including Aloe vera, Guduchi, Amla, Neem, Ashwagandha, and Haridra.

2. Preparation Techniques: Decoctions, pastes, powders, infused oils, and herbal teas were commonly used.

3. Diseases Treated: Common ailments included gastrointestinal issues, respiratory disorders, skin infections, joint pain, and fever.

4. Socio-cultural Aspects: Pansaris are highly respected in local communities; knowledge is typically transmitted within families.

5. Economic Role: Herbal remedies contribute to household income; seasonal fairs and markets serve as venues for sales and community interaction.

1.8 Discussion

The persistence of Pansari practices reflects both cultural resilience and practical necessity. Key findings include:

1. Continued Relevance: Rural populations often rely on Pansaris for affordable healthcare.

2. Knowledge Transmission: Oral teaching remains dominant; formal documentation is limited.

3. Sustainable Practices: Many Pansaris emphasize careful harvesting to preserve plant populations.

1.9 Challenges

1. Declining interest among youth, risking knowledge loss.

2. Competition from modern pharmaceuticals.

3. Limited policy recognition and lack of certification or legal protection.

Integrating traditional practices into formal healthcare and promoting educational programs can ensure knowledge preservation, improve rural healthcare, and support biodiversity.

1.10 Results

1. Documented 55+ medicinal plant species and their applications.

2. Identified common preparation and dosage methods.

3. Observed that Pansari knowledge is vital for rural healthcare access.

4. Highlighted the socio-economic and cultural significance of herbal medicine in rural Rajasthan.

5. Provided baseline data for conservation and further research.

1.11 Conclusion

Traditional Pansari practices and the use of Jadi Buti remain critical to rural healthcare in Rajasthan. These practices combine cultural heritage, ecological knowledge, and practical healthcare solutions. Despite challenges posed by modernization and urbanization, Pansaris continue to play an important role. Preserving and supporting these practices is crucial for sustainable healthcare, biodiversity conservation, and cultural continuity.

1.12 Recommendations

1. Knowledge Documentation: Systematic recording of medicinal plants, preparation methods, and dosage instructions.

2. Educational Initiatives: Training programs for youth in traditional herbal medicine.

3. Healthcare Integration: Collaboration with modern healthcare providers to validate and incorporate herbal remedies.

4. Policy Support: Recognition of Pansaris as healthcare providers and support for sustainable plant harvesting.

5. Research and Validation: Pharmacological studies to assess the efficacy and safety of commonly used herbal remedies.

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