

Traditional Pansari Practices and the Use of Jadi Buti in Contemporary Rajasthan: An Ethnobotanical Study

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Abstract: *Rajasthan, with its diverse climatic and ecological zones, has a rich tradition of herbal medicine and Pansari practices. The study explores the continuity and transformation of traditional medicinal practices involving Jadi Buti (herbal plants) in contemporary Rajasthan. Ethnobotanical surveys, interviews with local Pansaris (traditional herbal practitioners), and observational studies in rural and semi-urban markets were conducted to document medicinal plant usage, preparation techniques, and socio-cultural relevance. Findings reveal that while modernization and allopathic medicine influence local healthcare choices, traditional Pansari knowledge continues to play a critical role, especially in rural healthcare. The study emphasizes the need for preserving indigenous knowledge and integrating it with modern healthcare frameworks to promote sustainable medicinal practices.*

Keywords: Pansari, Jadi Buti, Ethnobotany, Traditional Medicine, Rajasthan, Herbal Practices, Indigenous Knowledge, Sustainable Healthcare.

1.1 Introduction

Traditional medicine has been an integral part of India's healthcare system for centuries. In Rajasthan, Pansari practices, which involve the use of medicinal herbs or Jadi Buti, have historically been a primary source of healthcare in both rural and urban communities. These practices encompass the collection, processing, and administration of herbal remedies for various ailments. The significance of Pansari practices extends beyond medicine; they reflect cultural, spiritual, and ecological knowledge passed through generations.

With rapid modernization and the proliferation of allopathic medicine, there is a risk of erosion of this traditional knowledge. However, in Rajasthan, many communities continue to rely on Pansaris, especially in regions where access to modern healthcare is limited. This research focuses on documenting contemporary Pansari practices, identifying commonly used medicinal plants, understanding preparation techniques, and evaluating the socio-cultural importance of these practices.

1.2 Historical Background

The origins of Pansari practices in Rajasthan can be traced back to ancient Ayurveda texts and local folk traditions. Historically, Rajasthan's arid climate and desert ecology encouraged the development of herbal medicine tailored to local conditions. Families traditionally trained in herbal medicine maintained oral and practical knowledge of plant properties and preparation methods. Pansaris served as community healers, advising on herbal remedies, nutrition, and

preventive care. Over centuries, these practices adapted to changes in social, economic, and political environments while retaining a strong link to ecological sustainability.

1.3 Review of Literature

Extensive research has been conducted on ethnobotany and traditional medicine in India. Some notable studies include: 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 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 the ethnobotanical knowledge of desert plants in Rajasthan, Kumar et al. (2012): Analyzed the role of traditional herbal medicine in rural healthcare systems, Joshi (2010): Focused on the socio-cultural significance of Pansari practices in Shekhawati region, and Choudhary and Meena (2015): Investigated the conservation status of commonly used medicinal plants in arid zones.

Despite these studies, few have comprehensively examined the continuity of Pansari practices in the context of modern healthcare and socio-economic change. This study aims to fill this gap.

1.4 Objectives

1. To document the contemporary practices of Pansaris in Rajasthan.
2. To identify and classify commonly used medicinal plants (Jadi Buti).
3. To understand preparation, administration, and dosage methods.
4. To evaluate the socio-cultural and economic significance of Pansari practices.
5. To propose recommendations for preserving and integrating traditional knowledge with modern healthcare systems.

1.5 Methodology

The study adopted a mixed-methods approach:

1. Ethnobotanical Survey: Field surveys conducted in rural and semi-urban areas of Jaipur, Jodhpur, Churu, and Sikar districts.
2. Interviews: Semi-structured interviews with 50 practicing Pansaris, including elderly and young practitioners.
3. Observation: Participant observation in local herbal markets and preparation workshops.
4. Documentation: Identification of plants using botanical manuals and cross-referencing with Ayurvedic texts.
5. Data Analysis: Qualitative analysis of traditional knowledge; quantitative analysis of plant usage frequency and socio-economic factors.

1.6 Study Area

The study was conducted in Rajasthan, focusing on four districts:

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

4. Sikar: A blend of agricultural communities and local herbal markets.

These districts represent diverse ecological zones and socio-economic contexts within Rajasthan.

1.7 Observations

1. Plant Usage: Over 60 plant species were identified, including Aloe vera, Ashwagandha, Guduchi, and Bael.
2. Preparation Methods: Decoctions, powders, pastes, and herbal oils were commonly prepared.
3. Diseases Treated: Digestive disorders, respiratory problems, skin ailments, and minor injuries were frequently addressed.
4. Socio-cultural Role: Pansaris are respected community members; herbal knowledge is often transmitted within families.
5. Economic Aspect: Herbal remedies provide supplementary income; Pansaris participate in local fairs and markets.

1.8 Discussion

The study highlights the resilience of Pansari practices despite modernization. Several factors contribute to their persistence:

1. Accessibility: Herbal remedies are affordable and available locally.
2. Cultural Trust: Communities often prefer traditional remedies for chronic or mild ailments.
3. Ecological Knowledge: Pansaris possess valuable knowledge about plant conservation and sustainable harvesting.

However, challenges include:

1. **Erosion of Knowledge:** Younger generations are less interested in traditional practices.
2. **Regulatory Issues:** Lack of formal recognition and standardization limits wider application.
3. **Competition from Allopathy:** Modern medicine often overshadows herbal remedies in urban areas.

Integrating traditional knowledge with modern healthcare could improve rural healthcare access, promote sustainable practices, and support biodiversity conservation.

1.9 Results

1. Identified 60+ medicinal plants used in Rajasthan's Pansari practices.
2. Documented traditional preparation techniques and dosage patterns.
3. Observed that rural communities still heavily rely on Pansaris for primary healthcare.
4. Highlighted the socio-economic and cultural importance of herbal medicine in Rajasthan.
5. Established baseline data for future research and conservation efforts.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain vital in Rajasthan's healthcare landscape. These practices represent a rich cultural heritage and a sustainable healthcare model. Despite modern challenges, the continued relevance of Pansaris indicates the importance of integrating traditional knowledge with modern medical frameworks. Preserving and promoting these practices can enhance community health, conserve biodiversity, and strengthen cultural identity.

1.11 Recommendations

1. Documentation: Create detailed databases of medicinal plants and preparation techniques.
2. Training Programs: Educate younger generations in traditional herbal knowledge.
3. Integration: Collaborate with modern healthcare providers to validate and promote safe practices.
4. Policy Support: Government initiatives to recognize Pansaris and provide support for sustainable harvesting.
5. Research: Conduct pharmacological studies to scientifically validate efficacy of commonly used herbs.

References

[1.]Choudhary, R., and Meena, S. (2015). Conservation status of medicinal plants in arid regions of Rajasthan. *Journal of Ethnobiology and Ethnomedicine*, 11(1), 12–25.

[2.]Charan, A.K. (1992). *Plant Geography*, Rawat Publication, Jaipur

[3.]Joshi, V. (2010). Socio-cultural significance of traditional Pansari practices in Shekhawati. *Indian Journal of Traditional Knowledge*, 9(3), 451–460.

[4.]Kumar, A., Singh, P., and Sharma, R. (2012). Role of traditional herbal medicine in rural healthcare systems of Rajasthan. *Journal of Medicinal Plants Studies*, 1(4), 45–52.

[5.]Sharma, P., and Singh, D. (2008). Ethnobotanical documentation of desert plants in Rajasthan. *Indian Journal of Ethnobotany*, 5(2), 23–34.

[6.]Sharma, M.K. (2007). *Medical Plant Geography*, Rachna Publication, Jaipur

[7.]Sharma M.K. et.al. (2014). *Medicinal Phytogeography*. M. D. Publication, Jaipur

[8.]Sharma M.K.(2013) Traditional Health Geography: Indigenous Knowledge and Ayurvedic Practices in the Shekhawati Region, Rajasthan, *Journal -IJMPR*, Volume-(1), Issue-1 (Nov.-Dec.. 2013) , 2348-0262, p.28-40.

[9.]Sharma M.K.(2014) Applied Phytogeographical Distribution of Family- wise Medicinal Plants in semi- Arid (Khetri Region, Rajasthan), *Journal -Sanchayka*, Volume-(7), Issue-1(Jan.- Mar. 2014) , 2231-3001, p.38-40.

[10.]Sharma M.K.(2014) Folk Medicinal Practices of Shekhawati Region : A Living Heritage of Traditional Healing, *Journal -IJGAES*, Volume-(2) Issue- 6 (Nov- Dec. 2014), 2348-0254, p.25-27.