

Traditional Pansari Practices and Jadi Buti: Continuity and Challenges in Modern Rajasthan

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Abstract: Pansari practices involving Jadi Buti (medicinal plants) have been an integral part of Rajasthan's healthcare system for centuries. This study investigates the continuity of these practices and the challenges faced by Pansaris in modern times. Ethnobotanical surveys, structured interviews with 60 Pansaris, and local market observations were conducted in Sikar, Jaipur, and Jodhpur districts. Results indicate that despite the rise of modern medicine, Pansaris remain essential for primary healthcare in rural and semi-urban areas. Challenges such as decreasing plant availability, knowledge erosion among younger generations, and competition from allopathic medicine were identified. Recommendations include systematic documentation, youth engagement, conservation strategies, and policy support to preserve and sustain traditional herbal practices.

Keywords: Pansari, Jadi Buti, Traditional Medicine, Ethnobotany, Rajasthan, Knowledge Preservation, Herbal Remedies, Modern Challenges.

1.1 Introduction

Traditional herbal medicine is a cornerstone of healthcare in Rajasthan, particularly in areas with limited access to modern medical facilities. Pansaris are custodians of indigenous knowledge, using local plants to treat a variety of ailments.

Modernization and urbanization have influenced healthcare choices, reducing dependence on traditional remedies. However, rural communities continue to rely on Pansaris due to affordability, accessibility, and cultural trust. Understanding the continuity and challenges of Pansari practices is crucial for preserving cultural heritage, ensuring healthcare access, and promoting sustainable medicinal plant use.

1.2 Historical Background

Pansari practices in Rajasthan have roots in Ayurveda and local folk medicine. Knowledge was historically transmitted orally within families, focusing on plant identification, preparation techniques, and dosage.

Colonial influences and modern medicine gradually changed healthcare patterns, yet rural communities continued to rely on Pansaris due to their accessibility and cost-effectiveness. Today, Pansari practices combine traditional knowledge with adaptations to modern needs, including urban markets and packaged remedies.

1.3 Review of Literature

Research on Pansari practices emphasizes ethnobotany, socio-cultural relevance, and economic importance:

The area under research work was studied by following botanists and time to time viz; first of all the Sakhawati 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 Meena (2009): Documented desert medicinal plants and traditional usage. Joshi (2011): Explored knowledge transmission and socio-cultural significance of Pansaris. Kumar et al. (2012): Studied integration of traditional medicine with modern healthcare. Choudhary and Singh (2014): Analyzed sustainable harvesting practices and conservation of medicinal plants.

Prior research often focuses on plant identification and socio-economic roles but lacks detailed exploration of continuity and modern challenges faced by Pansaris.

1.4 Objectives

1. To document the continuity of traditional Pansari practices in Rajasthan.
2. To identify commonly used medicinal plants (Jadi Buti) and their therapeutic applications.
3. To examine preparation methods, dosage, and administration practices.
4. To analyze socio-cultural, economic, and healthcare significance.
5. To assess challenges faced by Pansaris in contemporary times and propose recommendations.

1.5 Methodology

The study utilized a mixed-methods approach:

1. Ethnobotanical Surveys: Conducted in Sikar, Jaipur, and Jodhpur districts to identify medicinal plants in use.
2. Structured Interviews: 60 Pansaris interviewed regarding plant knowledge, preparation techniques, dosage, and challenges.
3. Market Observation: Local herbal markets were surveyed to assess availability, pricing, and consumer interactions.
4. Botanical Identification: Specimens identified using standard botanical manuals and Ayurvedic references.
5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of plant usage frequency and socio-economic contribution.

1.6 Study Area

The research focused on rural and semi-urban Rajasthan, including:

1. Sikar District: Semi-arid agricultural area with strong Pansari traditions.
2. Jaipur District: Urban-adjacent regions where traditional practices coexist with modern healthcare.
3. Jodhpur District: Arid desert region with reliance on medicinal plants and herbal remedies.

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

1.7 Observations

1. Medicinal Plants: Over 60 plant species documented, including Aloe vera, Ashwagandha, Guduchi, Neem, Haridra, and Tulsi.
2. Preparation Methods: Decoctions, powders, pastes, herbal oils, and teas.
3. Ailments Treated: Digestive disorders, respiratory illnesses, skin conditions, fever, joint pain, and minor injuries.

4. Socio-Cultural Significance: Pansaris are highly respected; knowledge is primarily transmitted orally within families.

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

1.8 Discussion

Pansari practices demonstrate resilience despite modernization:

1. Continuity: Traditional knowledge persists through family lineages and community respect.
2. Healthcare Contribution: Pansaris provide accessible, affordable remedies, especially in rural and semi-urban areas.
3. Economic Importance: Herbal remedies supplement household income and support local economies.
4. Sustainability Practices: Many Pansaris employ sustainable harvesting and plant conservation strategies.

Challenges include declining interest among younger generations, reduced plant availability, and competition from allopathic medicine. Addressing these challenges through education, policy support, and integration with modern healthcare is essential for sustaining these practices.

1.9 Results

1. Documented 60 plus medicinal plants and their therapeutic applications.
2. Recorded traditional preparation techniques, dosage, and administration methods.
3. Highlighted socio-cultural, healthcare, and economic significance of Pansari practices.
4. Identified challenges to continuity and sustainability.
5. Provided a foundation for future research, education, and policy support.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain central to rural healthcare and cultural identity in Rajasthan. These practices integrate ecological knowledge, cultural heritage, and practical healthcare solutions. Despite modernization, Pansaris continue to provide essential and accessible remedies. Preservation, education, sustainable harvesting, and policy support are critical to ensure continuity, sustainability, and integration with modern healthcare systems.

1.11 Recommendations

1. Knowledge Documentation: Systematically record medicinal plants, preparation methods, and dosages.
2. Youth Engagement: Encourage younger generations to learn and continue traditional herbal practices.
3. Healthcare Integration: Collaborate with modern healthcare systems to validate and promote safe herbal remedies.
4. Policy Support: Recognize Pansaris as traditional healthcare practitioners and support sustainable harvesting practices.
5. Research: Conduct pharmacological studies to assess efficacy and safety of commonly used herbs.

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