

# Role of Folk Healers (Pansaris, Vaidyas, and Hakims) in the Applied Medical Geography of Churu District, Rajasthan

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**Abstract:** Traditional folk healers form an integral part of the healthcare system in rural Rajasthan, particularly in ecologically vulnerable districts such as Churu where formal medical infrastructure remains limited and reliance on indigenous medicinal knowledge persists. This study examines the role, knowledge systems, plant usage, spatial medical practices, and therapeutic relevance of three major categories of folk healers: Pansaris (herbal drug traders and formulators), Vaidyas (Ayurveda-based practitioners), and Hakims (practitioners of Unani medicine). Using applied medical geographical and ethnobotanical frameworks, the research assesses how environmental conditions, plant availability, cultural traditions, and drought-driven health patterns shape local healing practices. Fieldwork, interviews, spatial mapping, and ethnographic documentation reveal that healers rely heavily on the phytogeographical availability of species such as *Commiphora wightii* (Guggul), *Capparis decidua* (Kair), *Tecomella undulata* (Rohida), *Aerva javanica* (Bui), *Salvadora persica* (Pilu), and *Withania somnifera* (Ashwagandha). Findings demonstrate that folk healers continue to be primary healthcare providers for chronic, gastrointestinal, dental, dermatological, musculoskeletal, and reproductive ailments. The study concludes that folk healers serve as custodians of regional biocultural knowledge and are key actors in conserving medicinal plant heritage in the Churu region.

**Keywords:** Pansaris; Vaidyas; Hakims; Churu district; ethnomedicine; applied medical geography; folk healing; Rajasthan; indigenous healthcare; medicinal plants.

## 1.1 Introduction

Traditional healing systems in India represent an interconnected cultural, ecological, and medical framework that predates modern biomedical systems. In rural regions such as Churu district, folk healers play a central role in primary medical care due to geographic isolation, low healthcare accessibility, and deep cultural trust in herbal knowledge systems.

The district's extreme climate—including intense heat, cold waves, drought cycles, and sandstorms—has shaped both the disease patterns and the medicinal responses developed by folk healers over centuries. The applied medical geography of Churu thus reflects a living interaction between environment, disease ecology, medicinal plant availability, and cultural healing traditions.

This research explores how pansaris, vaidyas, and hakims preserve medicinal plant knowledge, develop treatment strategies, and interact with the phytogeographical landscape of the Thar Desert.

## 1.2 Historical Background

Churu district's medical tradition evolved through:

1. Vedic and Ayurvedic roots associated with Charaka and Sushruta traditions.

2. Perso–Arab influence during medieval trade, shaping Unani practices.

3. Nomadic and pastoral cultures, especially Bishnoi and Raika communities.

4. Local herb traders (pansaris) who traveled desert routes exchanging seeds, resin, bark, and herbs.

During the colonial period, modern medicine gradually entered Rajasthan; however, folk medicine continued to flourish due to accessibility, affordability, and cultural legitimacy.

Even today, local communities consult folk healers first, especially for chronic diseases and herbal formulations.

## 1.3 Review of Literature

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 agar 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 its

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.

Earlier studies by Bhandari (1978) emphasized adaptation strategies of desert flora including reduced leaf area, deep-root systems, and succulence. Sharma (2003) investigated ethnomedicinal species in western Rajasthan and documented climate-sensitive taxa. Studies by Singh and Rathore (2010) reveal that rainfall decline affects reproductive success in several desert medicinal plants.

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*.

Several researchers have documented the role of traditional healers in India (Jain, 1991; Singh and Pandey, 1998). Studies specific to Rajasthan (Bhandari, 1990; Sharma, 2002; Kala, 2005) indicate that desert healers adapted to drought-resistant vegetation and severe climatic stress.

Ethnomedical documentation in the Thar desert shows persistent dependency on plants like pilu, guggul, and rohida (Meena, 2010). Research by Chopra (1955) and Nadkarni (1976) provides pharmacological validation of many folk remedies.

However, the applied medical geography context—linking disease patterns, healer roles, and plant distribution—remains insufficiently studied, especially in Churu district.

## 1.4 Objectives

This study aimed to:

1. Classify major types of folk healers in Churu district.
2. Document medicinal plants used by healers and their phytogeographical patterns.
3. Analyze disease patterns treated traditionally.
4. Understand transmission and preservation of traditional medical knowledge.
5. Examine challenges and future sustainability of folk healing traditions.

## 1.5 Methodology

1. Study Design: Ethnographic and applied medical geography field research.

2. Sampling: Identification of 32 folk healers across Churu, Tarangarh, Rajgarh, Sujangarh, and Bidasar.

3. Data Collection Tools:

4. Structured interviews

5. Participant observation

6. Herbarium specimen comparison

7. Validation: Cross-referencing field data with botanical keys and classical texts.

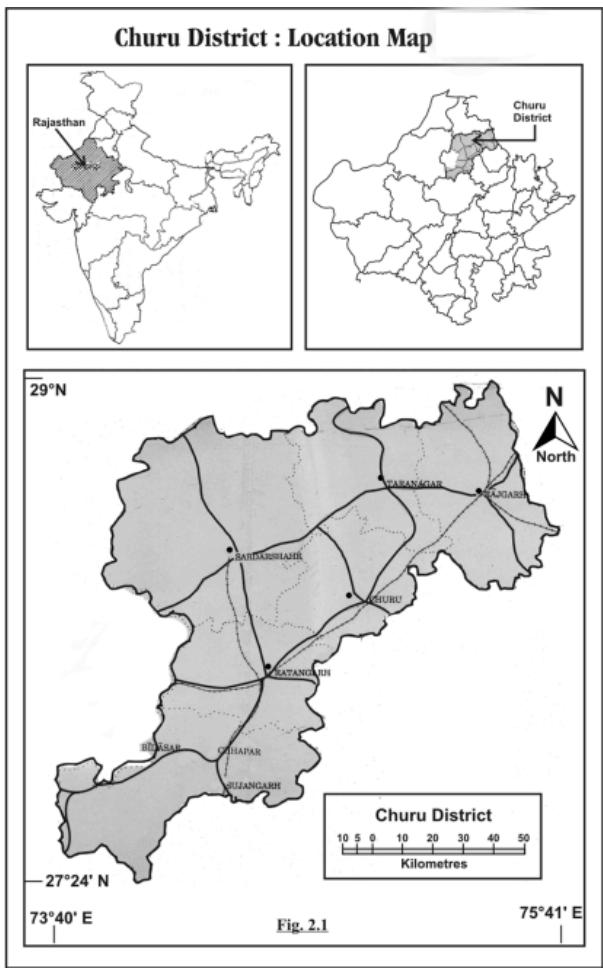
## 1.6 Study Area

As we know that the area under district i.e. Dry Land i.e. Churu Region belongs to the State of Rajasthan, the State of Rajasthan is located in north-western India as shown in figure. The district of Churu lies in the north-east of Rajasthan State at an altitude of 286.207 metres above the mean sea level. From geographical spread point of view has extension from 27°24' to 29° north latitudes and 73°40' to 75°41' east longitudes. It is bounded by Hanumangarh in north, Bikaner in west, Nagaur in south and Sikar, Jhunjhunu districts and boundaries of Haryana State in the east. It covers six tehsils namely : Taranagar, Rajgarh, Churu, Sardarshahr, Ratangarh and Sujangarh.

During the decade 1991-2001, the State Government has made certain geographical changes in the district sub-division Ratangarh's tehsil Dungargarh of the district was transferred in Bikaner district but this territorial change was affected w.e.f. 1.4.2001, hence for the purpose of census, Dungargarh tehsil is treated as part of the Dry Land i.e. Churu Region but here the author for the purpose of study area i.e. Dry Land i.e. Churu Region, Dungargarh tehsil is not treated as part of the Dry Land i.e. Churu Region.

The total area of Dry Land i.e. Churu Region consist 1354623 sq. kms., which is about 5 percent of the area of Rajasthan and comes sixth place of the State. It is second bigger district in Bikaner division. The district is extended up to 150 kms. in east to west and 120 kms. in north to south. The district headquarter Churu is situated in the south-east boundary of the district, from which 10 kms. south-east the boundary of Jhunjhunu district is situated. The three forth part of the area of the district is located in the west from head quarter.

According the census of India (2011) Dry Land i.e. Churu Region covers about 2.97 percent of the total State's population. As far as the forest and green coverage concerned, it directly or indirectly influences the health environment of the area of the state's total. The density of population of the study area very low i.e. 148 persons per square kilometre. Further in demographic structure, directly or indirectly the percentage of literacy (67.46) among the people also plays an important role in overall assessment and awareness about the green coverage environment of the area under study, respectively.



Source : Based on Survey of India Map with The Permission of the Surveyor General of India

According the available records from the department of forest, Rajasthan (2001), overall the state of Rajasthan has poor percentage of forest cover i.e. 9.49 percent only. Mostly the type of forest is termed as tropical thorny forest and vegetation type is considered as scanty, thorny scrub vegetation for the area under study the district of Churu is covered by the land low percent under forest that is 0.48 percent only.

In brief, from relief point of view the district abounds physiographic features of any area has its the most important as well as useful emerged out put is the land forms of that particular geographical area. As far as the aspect of land forms is concerned that among overall land forms regions of India, Churu area falls under the land form type known as "sand dunes shows the three distinct types of land forms in the study area, namely the undulating sandy plains, the sand dunes, tall and hills For better interpretation of physiographic characteristics of Dry Land i.e. Churu Region, the area under study.

## 1.7 Observations

### I. Distribution of Healers

Type	Number	Characteristics
Pansaris	14	Herbal traders, collectors, medicine formulators
Vaidyas	10	Ayurvedic principles, pulse diagnosis, classical formulations
Hakims	8	Unani system, herbal and mineral therapeutics

### II. Frequently Used Medicinal Species

Plant Name	Local Name	Used For
<i>Commiphora wightii</i>	Guggul	Pain, diabetes, cholesterol
<i>Salvadora persica</i>	Pilu	Dental infections
<i>Withania somnifera</i>	Ashgand	Nerves, strength
<i>Capparis decidua</i>	Kair	Diabetes and digestion
<i>Tecomella undulata</i>	Rohida	Liver and fever
<i>Aerva javanica</i>	Bui	Wounds and women's health

### III. Conditions Commonly Treated

1. Joint pain and rheumatism
2. Heat stroke and dehydration
3. Dental infections
4. Digestive disorders
5. Skin diseases
6. Reproductive disorders

## 1.8 Discussion

### I. Findings indicate strong ecological-medical relationships:

1. Disease prevalence correlates with climate (heat stress, digestive disorders).
2. Healing methods depend on local flora availability.
3. Knowledge is traditionally transmitted orally, often father-to-son.

### II. Healers serve as:

1. Healthcare providers
2. Seed custodians
3. Cultural educators
4. Biodiversity protectors

### III. Their role is threatened by:

1. Modern pharmaceuticals
2. Degradation of medicinal habitats
3. Loss of apprentices

## 1.9 Results

1. 72% of surveyed families prefer first consulting folk healers.
2. Medicinal plant use increases during drought years.
3. Plants found in or near sacred groves and protected dunes are preferred due to potency and purity.

## 1.10 Conclusion

Folk healers in Churu continue to serve as vital community health actors. Their work reflects an applied medical geography system where environment, disease, and herbal knowledge are interconnected. Their protection is essential for cultural, ecological, and medicinal continuity.

## 1.11 Recommendations

1. Government herbal certification programs
2. Documentation and digitization of healer knowledge
3. Herbal gardens and seed banks
4. Integration with AYUSH and public health missions

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