

Modern Challenges and Adaptation Strategies of Pansari Practices and Jadi Buti Usage in Rajasthan

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Abstract: Pansari practices involving Jadi Buti (medicinal plants) have historically been central to healthcare in Rajasthan. This study examines the modern challenges faced by Pansaris and the adaptation strategies they employ to sustain their traditional practices. Ethnobotanical surveys, structured interviews with 55 Pansaris, and observations of herbal markets were conducted in Jaipur, Jhunjhunu, and Churu districts. Findings reveal that modernization, urbanization, and increased reliance on allopathic medicine have created challenges, including declining plant availability, knowledge erosion, and reduced youth engagement. Despite these challenges, Pansaris continue to adapt by incorporating new plant species, modifying preparation methods, and engaging in commercial herbal trade. Recommendations focus on documentation, education, sustainable harvesting, and integration with modern healthcare to ensure the continuity and sustainability of these practices.

Keywords: Pansari, Jadi Buti, Traditional Medicine, Ethnobotany, Modern Challenges, Adaptation, Rajasthan, Herbal Practices.

1.1 Introduction

Traditional medicine remains a cornerstone of rural healthcare in Rajasthan. Pansaris are custodians of indigenous herbal knowledge, preparing remedies from locally available medicinal plants.

Modernization, urbanization, and the proliferation of allopathic medicine have altered healthcare practices. While rural populations continue to rely on Pansaris, challenges such as declining plant availability, loss of knowledge among younger generations, and reduced formal recognition threaten the sustainability of these practices.

This study aims to document these challenges, examine adaptation strategies, and propose recommendations to sustain and integrate traditional Pansari practices in contemporary healthcare.

1.2 Historical Background

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

Modern medicine's introduction led to a shift in healthcare practices, but Pansaris continued to serve as primary healthcare providers in rural areas. Over time, traditional knowledge has adapted, incorporating new medicinal plants, preparation techniques, and methods of commercialization.

1.3 Review of Literature

Previous research highlights the significance of Pansari practices and challenges faced:

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 Choudhary (2008): Documented desert medicinal plants and traditional healthcare

practices in Rajasthan. Joshi (2011): Explored knowledge transmission and socio-economic importance of Pansaris. Meena and Singh (2010): Analyzed economic contributions of herbal trade in rural communities. Kumar et al. (2012): Investigated integration of traditional medicine with modern healthcare systems.

While studies document plant usage and socio-economic aspects, limited research addresses modern challenges and adaptation strategies comprehensively.

1.4 Objectives

1. To identify modern challenges faced by Pansaris in Rajasthan.
2. To document commonly used medicinal plants (Jadi Buti) and their applications.
3. To examine preparation, dosage, and administration methods.
4. To analyze socio-cultural, economic, and healthcare significance of Pansari practices.
5. To propose strategies for sustaining traditional practices through adaptation and integration with modern healthcare.

1.5 Methodology

A mixed-methods approach was employed:

1. Ethnobotanical Surveys: Conducted in Jaipur, Jhunjhunu, and Churu districts to identify medicinal plants in use.
2. Structured Interviews: 55 Pansaris were interviewed regarding plant knowledge, preparation techniques, challenges, and adaptation strategies.
3. Market Observation: Local herbal markets were surveyed to assess availability, pricing, and consumer behavior.
4. Botanical Identification: Collected specimens were identified using botanical manuals and Ayurvedic references.
5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of plant usage frequency, adaptation trends, and economic contributions.

1.6 Study Area

The research focused on diverse regions of Rajasthan:

1. Jaipur District: Semi-urban areas with coexisting traditional and modern healthcare practices.
2. Jhunjhunu District: Rural region with strong cultural traditions and active Pansari practices.
3. Churu District: Arid desert areas with limited modern healthcare access and high reliance on herbal medicine.

These districts represent ecological, socio-economic, and cultural diversity within the state.

1.7 Observations

1. Medicinal Plants: Over 60 plant species documented, including Aloe vera, Guduchi, Ashwagandha, Bael, Neem, and Haridra.
2. Preparation Techniques: Decoctions, powders, pastes, herbal oils, and infusions.

3. Ailments Treated: Digestive disorders, respiratory illnesses, skin infections, fever, joint pain, and minor injuries.
4. Socio-Cultural Significance: Pansaris are respected community members; knowledge transmission remains primarily oral within families.
5. Economic Role: Herbal remedies support household income; Pansaris sell in local markets, fairs, and directly to households.
6. Adaptation Strategies: Incorporation of new plant species, modified preparation methods, commercialization, and participation in herbal fairs.

1.8 Discussion

Pansari practices illustrate resilience and adaptation:

1. Continuity: Knowledge persists through family traditions and apprenticeships.
2. Healthcare Relevance: Pansaris continue to provide accessible, affordable remedies where modern healthcare is limited.
3. Economic Contribution: Herbal medicine trade supplements household income and sustains rural economies.
4. Sustainability: Pansaris engage in sustainable harvesting to maintain plant availability.

Challenges include declining interest among youth, competition from modern pharmaceuticals, reduced availability of medicinal plants, and lack of policy recognition. Adaptation strategies such as integrating new plant species, urban market participation, and modern packaging help sustain practices. Formal documentation, training programs, and policy support are essential to ensure continued relevance.

1.9 Results

1. Documented 60 plus medicinal plants commonly used in modern Pansari practices.
2. Recorded traditional preparation techniques, dosage, and administration methods.
3. Highlighted socio-cultural, healthcare, and economic significance.
4. Identified modern challenges and adaptation strategies.
5. Provided a foundation for policy recommendations and future research.

1.10 Conclusion

Pansari practices and the use of Jadi Buti continue to be essential in rural healthcare and cultural identity in Rajasthan. Modern challenges such as knowledge erosion, plant scarcity, and competition from allopathic medicine threaten the continuity of these practices. Adaptation strategies, including commercialization, modified preparation, and youth engagement, help sustain traditional practices. Documentation, policy support, and integration with modern healthcare are vital for preserving and promoting Pansari knowledge and practices.

1.11 Recommendations

1. Documentation: Systematically record medicinal plants, preparation methods, and dosages.
2. Youth Engagement: Encourage younger generations to participate in Pansari 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 validate efficacy and safety of commonly used herbs.

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